



Establishment Name: Echo Bluff State Park Lodge Name: Owner General Manager Tami Gibson

Physical Address: 3485 Echo Bluff DR City: Franklin Zip: 64401

Mailing Address: _____ City: _____ Zip: _____

County: 203 This inspection is a(n) Initial Annual Follow-up Telephone: 573/531/7003 No. of Stories: 2 No. of Rooms: 33 Is the current lodging license displayed? Yes No N/A- new

Rooms Inspected: 100, 203, 211, 214, 215, 404, 407, 208, 201, 600
Meeting

Water Supply Private Public
Water sample taken Yes No

Wastewater Private Public
Regulated by: DHSS DNR

Swimming Pools/Spas (check all that apply)
Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

Please check if the following local ordinances apply

Fire Safety Electrical Wiring
 Plumbing
 Swimming Pools/Spas
 Fuel Burning Appliances

New Lodging Establishments N/A

Smoke detectors hardwired Yes No N/A
Fire alarm system installed Yes No N/A
Sprinkler system installed Yes No N/A

Swimming Pool Certified Yes No N/A
Building Certified to National Standards or Occupancy Permit Yes No
Historical Building Yes No N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A
1. Approved source, construction and operation	X			
2. Complies with water quality standards	X			
3. Chlorinator maintained and operated properly	X			
4. Wastewater operation and maintenance	X			
Section C: Sanitation/Housekeeping	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair	X			
2. Housekeeping practices and furnishings	X			
3. Towels and bed linens clean	X			
4. Mattresses and box springs clean	X			
5. Pest control procedures	X			
6. Ice machines, scoops, liners clean & protected	X			
7. Garbage storage and disposal	X			
8. Premises maintained, plant growth controlled	X			
Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use	X			
10. Food protected from contamination	X			
11. Facilities to wash, rinse and sanitize	X			
12. Handwashing facilities/hygienic practices	X			
Section D: Life Safety	In	Out	NO	N/A
1. Combustible/toxic items usage and storage	X			
2. Building maintained to assure safe conditions	X			
3. CO detectors hardwired, installed, good repair	X			
4. GFCI, outlets & switches installed, good repair	X			
5. Exit signs installed, good repair	X			
6. Emergency lighting installed, good repair	X			
7. Electric panel protected, labeled, good repair	X			
Required Annual Third Party Inspections	In	Out	NO	N/A
1. Fire Alarm System	X			
2. Sprinkler System	X			
3. Local Fire and Building Codes/Ordinances	X			
4. Current Boiler/Pressure Vessels MDPS Certification	X			
5. Backflow Device(s) Test	X			
6. Liquid Propane Leak Test	X			
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors	X			
2. Fire extinguisher type, inspected, and location	X			
3. Vertical openings fire-rated, self-closing	X			
4. Doors, self-closing and fire-rated	X			
5. Smoke detectors hardwired, installed, good repair	X			
6. Evacuation route and plan, installed, available	X			
7. Stairs and ramps, maintained, storage	X			
8. Means of egress, number, maintained	X			
9. Handrails and balconies maintained and appropriate	X			
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism				X
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, good repair	X			
2. Ventilation adequate, plumbing, restrooms	X			
3. T & P relief valves adequate, good repair	X			
4. Relief valve discharge pipes installed, adequate	X			
5. Backflow, air gaps, no cross connections	X			
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater	X			
2. Fire resistant room or sprinkler head	X			
3. Location of heating/cooling units	X			
4. Ventilation of appliances and utility rooms	X			
5. Operation and condition adequate	X			

INSPECTED BY (PRINT NAME and SIGN): Kerrie P. Darden EPHS NUMBER: 1777 AGENCY: Texu Co Health TELEPHONE: 417/907/4101

LICENSING YEAR: 20 20 / 20 25 APPROVED YES NO DATE INSPECTED: 7/31/24 FOLLOW UP DATE: NA

RECEIVED BY (PRINT NAME AND TITLE and SIGN): _____ PAGE 1 OF 1