



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name Bunker Hill Resort Name  Owner  General Manager Matt & Stephanie Hobson

Physical Address 6199 Bunker Hill Rd City Mtn View Zip 65548

Mailing Address HCR 67 Box 77 City - Zip -

County 203 This inspection is a(n)  Initial  Annual  Follow-up Telephone 417/934/2333 No. of Stories 1 No. of Rooms 20 Is the current lodging license displayed?  Yes  No  N/A-new

**Rooms Inspected:** \_\_\_\_\_  
**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

<b>Please check if the following local ordinances apply</b>	<b>New Lodging Establishments</b> <input type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No
	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>	<b>In</b>	<b>Out</b>	<b>NO</b>	<b>N/A</b>
1. Approved source, construction and operation	✓			
2. Complies with water quality standards	✓			
3. Chlorinator maintained and operated properly	✓			
4. Wastewater operation and maintenance	✓			
<b>Section C: Sanitation/Housekeeping</b>				
1. Walls, floors and ceilings in good repair	✓			
2. Housekeeping practices and furnishings	✓			
3. Towels and bed linens clean	✓			
4. Mattresses and box springs clean	✓			
5. Pest control procedures	✓			
6. Ice machines, scoops, liners clean & protected	✓			✓
7. Garbage storage and disposal	✓			
8. Premises maintained, plant growth controlled	✓			
<b>Food Inspection conducted according to 19CSR20-1.025</b>				
9. Food, equipment and single service/use				✓
10. Food protected from contamination				✓
11. Facilities to wash, rinse and sanitize				✓
12. Handwashing facilities/hygienic practices				✓
<b>Section D: Life Safety</b>				
1. Combustible/toxic items usage and storage	✓			
2. Building maintained to assure safe conditions	✓			
3. CO detectors hardwired, installed, good repair				✓
4. GFCI, outlets & switches installed, good repair		✓		
5. Exit signs installed, good repair	✓			
6. Emergency lighting installed, good repair	✓			
7. Electric panel protected, labeled, good repair	✓			
<b>Required Annual Third Party Inspections</b>				
1. Fire Alarm System				✓
2. Sprinkler System				✓
3. Local Fire and Building Codes/Ordinances				✓
4. Current Boiler/Pressure Vessels MDPS Certification				✓
5. Backflow Device(s) Test				✓
6. Liquid Propane Leak Test				✓
<b>Section E: Fire Safety</b>				
1. Textiles, hangings and mirrors	✓			
2. Fire extinguisher type, inspected, and location	✓			
3. Vertical openings fire-rated, self-closing	✓			
4. Doors, self-closing and fire-rated				✓
5. Smoke detectors hardwired, installed, good repair	✓			
6. Evacuation route and plan, installed, available	✓			
7. Stairs and ramps, maintained, storage	✓			
8. Means of egress, number, maintained	✓			
9. Handrails and balconies maintained and appropriate	✓			
<b>Section F: Swimming Pools/Spas</b>				
1. Fence, gate adequate, proper closure mechanism				✓
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				✓
<b>Section G: Plumbing/Mechanical</b>				
1. Equipment adequate, good repair	✓			
2. Ventilation adequate, plumbing, restrooms	✓			
3. T & P relief valves adequate, good repair	✓			
4. Relief valve discharge pipes installed, adequate	✓			
5. Backflow, air gaps, no cross connections	✓			
<b>Section H: Heating &amp; Cooling</b>				
1. Unvented fuel-burning appliance/space heater	✓			✓
2. Fire resistant room or sprinkler head				✓
3. Location of heating/cooling units	✓			
4. Ventilation of appliances and utility rooms	✓			
5. Operation and condition adequate	✓			

INSPECTED BY (PRINT NAME and SIGN) Kevin P. Dwyer EPHS NUMBER 1773 AGENCY Texas County Health Dept TELEPHONE 417/907/4121

LICENSING YEAR 2025 / 2026 APPROVED  YES  NO DATE INSPECTED 5/6/25 FOLLOW UP DATE NA

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Matt Hobson Manager PAGE 1 OF 2

