



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

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| FOR CENTRAL OFFICE USE ONLY | ESTABLISHMENT NUMBER |
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| Establishment Name <i>Circle B Campground</i> | | Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>CHR Boutins</i> | |
| Physical Address <i>18823 Circle B Rd</i> | | City <i>Emmerson</i> | Zip <i>65466</i> |
| Mailing Address | | City | Zip |
| County <i>203</i> | This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up | Telephone | No. of Stories <i>1</i> |
| | | | No. of Rooms <i>38</i> |
| | | Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new | |

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|---|---|--|
| Rooms Inspected: <i>8/7 12+10</i> <i>22</i> | Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No | Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR |
| Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/> | | |

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| Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances | New Lodging Establishments <input type="checkbox"/> N/A |
| | Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | 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 |
| | Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | Sprinkler system installed <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 |
|---|-------------------------------------|--|-------------------------------------|--------------------|
| Section A & B: Water Supply & Wastewater | In | Out | NO | N/A |
| 1. Approved source, construction and operation | | | | |
| 2. Complies with water quality standards | | | | |
| 3. Chlorinator maintained and operated properly | | | | |
| 4. Wastewater operation and maintenance | | | | |
| Section C: Sanitation/Housekeeping | | | | |
| 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 | | | | |
| Food Inspection conducted according to 19CSR20-1.025 | | | | |
| 9. Food, equipment and single service/use | | | | |
| 10. Food protected from contamination | | | | |
| 11. Facilities to wash, rinse and sanitize | | | | |
| 12. Handwashing facilities/hygienic practices | | | | |
| Section D: Life Safety | | | | |
| 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 | <input checked="" type="checkbox"/> | | | |
| 5. Exit signs installed, good repair | | | | |
| 6. Emergency lighting installed, good repair | | | | |
| 7. Electric panel protected, labeled, good repair | | | | |
| Required Annual Third Party Inspections | | | | |
| 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 | | | | |
| Section E: Fire Safety | | | | |
| 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 | | | <input checked="" type="checkbox"/> | |
| 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 | | | | |
| Section F: Swimming Pools/Spas | | | | |
| 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 | | | | |
| Section G: Plumbing/Mechanical | | | | |
| 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 | | | <input checked="" type="checkbox"/> | |
| 5. Backflow, air gaps, no cross connections | | | | |
| Section H: Heating & Cooling | | | | |
| 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 | | | | |

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| INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P Durdan</i> | EPHS NUMBER <i>1773</i> | AGENCY <i>Texas Collected Health Dept</i> | TELEPHONE <i>417/201/4121</i> |
| LICENSING YEAR 20 <i>25</i> / 20 <i>26</i> | APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE INSPECTED <i>5/13/25</i> | FOLLOW UP DATE <i>NA</i> |
| RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Audrey Grass</i> | Manager | | PAGE 1 OF <i>1</i> |