



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <u>Broken Arrow</u>		Name <u>Tina McQuerry</u>		☒ Owner	☐ General Manager
Physical Address <u>18227 Broken Arrow Loop</u>		City <u>Emmett</u>		Zip <u>65466</u>	
Mailing Address		City		Zip	
County	This inspection is a(n) ☐ Initial ☒ Annual ☐ Follow-up	Telephone <u>407/830/5078</u>	No. of Stories <u>1</u>	No. of Rooms <u>9</u>	Is the current lodging license displayed? ☐ Yes ☐ No ☐ N/A- new

Rooms Inspected: <u>Topic, 3, 4, 5, 1</u>	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	Swimming Pool Certified ☐ Yes ☐ No ☐ N/A
	Fire alarm system installed ☐ Yes ☐ No ☐ N/A	Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No
	Sprinkler system installed ☐ Yes ☐ No ☐ N/A	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	Section E: Fire Safety		
1. Approved source, construction and operation	1. Textiles, hangings and mirrors		
2. Complies with water quality standards	2. Fire extinguisher type, inspected, and location		
3. Chlorinator maintained and operated properly	3. Vertical openings fire-rated, self-closing		
4. Wastewater operation and maintenance	4. Doors, self-closing and fire-rated		
Section C: Sanitation/Housekeeping	5. Smoke detectors hardwired, installed, good repair		
1. Walls, floors and ceilings in good repair	6. Evacuation route and plan, installed, available		
2. Housekeeping practices and furnishings	7. Stairs and ramps, maintained, storage		
3. Towels and bed linens clean	8. Means of egress, number, maintained		
4. Mattresses and box springs clean	9. Handrails and balconies maintained and appropriate		
5. Pest control procedures	Section F: Swimming Pools/Spas		
6. Ice machines, scoops, liners clean & protected	1. Fence, gate adequate, proper closure mechanism		
7. Garbage storage and disposal	2. Boundary line, pool depth properly marked		
8. Premises maintained, plant growth controlled	3. Deck is clean and in good repair		
Food Inspection conducted according to 19CSR20-1.025	4. Lifesaving equipment adequate, good repair		
9. Food, equipment and single service/use	5. Pool clarity, pH, disinfectant, & temp. maintained		
10. Food protected from contamination	6. Steps, ladders, and handrails installed, good repair		
11. Facilities to wash, rinse and sanitize	7. Adequate ventilation		
12. Handwashing facilities/hygienic practices	8. Electrical outlets, proper protection & distance		
Section D: Life Safety	9. Records maintained and signs posted		
1. Combustible/toxic items usage and storage	10. First aid kit available		
2. Building maintained to assure safe conditions	11. Lighting adequate and in good repair		
3. CO detectors hardwired, installed, good repair	Section G: Plumbing/Mechanical		
4. GFCI, outlets & switches installed, good repair	1. Equipment adequate, good repair		
5. Exit signs installed, good repair	2. Ventilation adequate, plumbing, restrooms		
6. Emergency lighting installed, good repair	3. T & P relief valves adequate, good repair		
7. Electric panel protected, labeled, good repair	4. Relief valve discharge pipes installed, adequate		
Required Annual Third Party Inspections	5. Backflow, air gaps, no cross connections		
1. Fire Alarm System	Section H: Heating & Cooling		
2. Sprinkler System	1. Unvented fuel-burning appliance/space heater		
3. Local Fire and Building Codes/Ordinances	2. Fire resistant room or sprinkler head		
4. Current Boiler/Pressure Vessels MDPS Certification			
5. Backflow Device(s) Test	3. Location of heating/cooling units		
6. Liquid Propane Leak Test	4. Ventilation of appliances and utility rooms		
	5. Operation and condition adequate		

INSPECTED BY (PRINT NAME and SIGN) <u>Kevin P Durdan R PM</u>		EPHS NUMBER <u>1773</u>	AGENCY <u>Texas C/H/Th Dept</u>	TELEPHONE <u>407/267/4131</u>
LICENSING YEAR 20 <u>25</u> / 20 <u>26</u>	APPROVED ☐ YES ☒ NO	DATE INSPECTED <u>6/12/25</u>		FOLLOW UP DATE <u>7/23/25</u>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <u>Tina McQuerry</u>				PAGE 1 OF <u>2</u>



Establishment Name <i>Boulton Arrow</i>	Physical Address <i>18227 Boulton Arrow Loop</i>	City <i>Eminence</i>
Section Reference	Observations, comments, and corrective measures	
<i>C-4</i>	<i>Ants in Teepee please kill them and make better 5th. Remove</i>	
<i>D-4</i>	<i>Faulty or missing GFCI in #1 & 5 both in Bath room</i>	
<i>E-5 -</i>	<i>Smoke detector in Teepee not functioning on connection to Building pulled down. Repair or Replace</i>	
<i>E-2</i>	<i>Fire Extinguisher in 5 is out of Date by 2 years have service company look at all of them</i>	
<i>E-9</i>	<i>No Hand rails on new concrete steps for 7 & 2</i>	
<i># 7 needs BHES insp. letter</i>		
INSPECTED BY <i>[Signature]</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>6/12/25</i>