



Establishment Name <i>Broken Arrow Campground</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Tina McQuerry</i>	
Physical Address <i>18227 Arrowhead Loop</i>		City <i>Emery, MO</i>	Zip <i>65464</i>
Mailing Address		City	Zip
County	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>9</i> Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>5, T/P</i>	Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input 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"/>		

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		
	Fire alarm system installed <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		
	Sprinkler 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		

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		In	Out	NO	N/A
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		<input checked="" type="checkbox"/>		
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		<input checked="" type="checkbox"/>		
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		<input checked="" type="checkbox"/>		
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		<input checked="" type="checkbox"/>			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		<input checked="" type="checkbox"/>			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		<input checked="" type="checkbox"/>			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) <i>Kevin P. Dark</i>	EPHS NUMBER <i>1777</i>	AGENCY <i>Texas Co Health Dept</i>	TELEPHONE <i>417/967/4121</i>
LICENSING YEAR 20 <i>25</i> / 20 <i>26</i>	DATE INSPECTED <i>8/18/25</i>		FOLLOW UP DATE
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>OWNER</i>			PAGE 1 OF <i>1</i>