

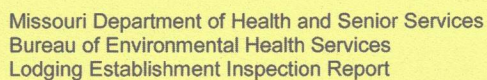


Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <i>Broken Arrow Campground</i>		Name ☒ Owner ☐ General Manager <i>Tina McQuerry</i>																																																																																																																																																																																																																																																																																																																																																										
Physical Address <i>18227 Broken Arrow Loop</i>		City <i>Eminence</i>	Zip <i>65466</i>																																																																																																																																																																																																																																																																																																																																																									
Mailing Address		City	Zip																																																																																																																																																																																																																																																																																																																																																									
County <i>203</i>	This inspection is a(n) ☒ Initial ☐ Annual ☐ Follow-up	Telephone	No. of Stories <i>1</i> No. of Rooms <i>9</i> Is the current lodging license displayed? ☐ Yes ☐ No ☐ N/A- new																																																																																																																																																																																																																																																																																																																																																									
Rooms Inspected: <i>#7</i>		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 Swimming Pool Certified ☐ 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)																																																																																																																																																																																																																																																																																																																																																												
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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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