

FOR CENTRAL OFFICE USE ONLY

**ESTABLISHMENT NUMBER** 

Establishment Name Shad Lan Resort							Name Owner General Manager							
Physical Address 19/05 Hun 19					City Eminence Zip 54							54	66	
Mailing Address					City						Zip			
County This inspection is a(n) Telephone F13/226/3843						No. of Stories 2 No. of Rooms Is the current lodging license displayed?  ☐ Yes ☐ No ☐ N/A- new								
Rooms Inspected:	oly Wastewater													
□ Priva					□ Private □ Public									
Wate				r sampl	nple taken ☐ Yes ☐ No Regulated by: ☐ DHSS						DNR			
Swir				ming I	ing Pools/Spas (check all that apply)									
					Outdoor pool  Spa Pool larger than 2000 square feet									
Please check if the following local ordinances apply  New Lodging Establishments   N/A														
☐ Fire Safety ☐ Electrical Wiring	Smoke detectors hardwired				/es □ No □ N/A Swimming Pool Certified □ \				ed 🗆 Yes	3 🗆	No	□ N/	/A	
□ Plumbing	Fire alarm system installed						N/A Building Certified to National Standard							
☐ Swimming Pools/Spas							Permit				□ No			
☐ Fuel Burning Appliances Sprinkler system installed			led		'es □ No	□ N/A	Historica	Building	□ Ye	s 🗆	No	□ N	/A	
Based on an inspection this day, the items marked "Out" below identify noncompliance in o							or facilities	s which must l	be correcte	d prior to	o issu	ance o	or	
renewal of your lodging license. Failure	to comply with	any time	e limits f	or correc	ctions specific	ed in this	notice ma	ay result in rev	ocation of	your lod	ging li	cense		
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)														
								Observed	N/A=Not			NO	NI/A	
Section A & B: Water Supply & Wast  1. Approved source, construction and or		Out	NO	N/A	Section E: 1. Textiles, h			re		In	Out	NO	N/A	
Complies with water quality standards									ntion					
Chlorinator maintained and operated properly					Fire extinguisher type, inspected, and location     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				Means of egress, number, maintained     Handrails and balconies maintained and appropriate										
Mattresses and box springs clean     Pest control procedures				Section F: Swimming Pools/Spas										
6. Ice machines, scoops, liners clean & protected				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									
Food, equipment and single service/use     To. Food protected from contamination					Pool clarity, pH, disinfectant, & temp. maintained     Steps, ladders, and handrails installed, good repair									
11. Facilities to wash, rinse and sanitize					7. Adequate ventilation									
12. Handwashing facilities/hygienic practices					Electrical outlets, proper protection & distance									
Section D: Life Safety					9. Records maintained and signs posted									
Combustible/toxic items usage and storage					10. First aid kit available									
Building maintained to assure safe conditions					11. Lighting adequate and in good repair									
3. CO detectors hardwired, installed, good repair					Section G: Plumbing/Mechanical  1. Equipment adequate, good repair									
GFCI, outlets & switches installed, good repair     Exit signs installed, good repair					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				1.00	5. Backflow, air gaps, no cross connections									
1. Fire Alarm System					Section H:	Heating	& Cooling	9						
2. Sprinkler System				Unvented fuel-burning appliance/space heater     Fire registest room or sprinkler head										
Local Fire and Building Codes/Ordinances     Current Boiler/Pressure Vessels MDPS					2. Fire resistant room or sprinkler head									
Certification					3. Location of heating/cooling units									
Backflow Device(s) Test					Ventilation of appliances and utility rooms									
6. Liquid Propane Leak Test					5. Operation	and con	ndition ade							
INSPECTED BY (PRINT NAME and SIGN)			EPHS	NUMBER	AGEN	CY			PHONE	111	7/			
Kenr P Durde ILM				17	773 (10/1) 40/9									
LICENSING YEAR					DATE	ATE INSPECTED			FOLLOW UP DATE					
20 / APPROVED YES IN					0	1/30/25 (1/4)								
RECEIVED BY (PRINT NAME AND TITLE and SIGN)						PAGE 1 O					<u></u>			
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