



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name	Adventure River Resort			Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager Carolyn Truett Birdsong
Physical Address	16392 Tom Akers			City Eminence Zip 65466
Mailing Address				City
County 203	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone 573/226/3233	No. of Stories 2	No. of Rooms 32
Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new				
Rooms Inspected: Mobile 3+7 with 100% Beach Cab 5/14/12 Bring 100% River XC/D		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) <input type="checkbox"/> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet				
Please check if the following local ordinances apply		New Lodging Establishments <input type="checkbox"/> N/A		
<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		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
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		✓		✓
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				✓
INSPECTED BY (PRINT NAME and SIGN)		EPHS NUMBER	AGENCY	TELEPHONE
Karen P Durkin RPK		1773	Tex County Health Dept	417-787-4131
LICENSING YEAR 2025 120 26		DATE INSPECTED 8/4		FOLLOW UP DATE 8/27/25
APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				PAGE 1 OF 1
RECEIVED BY (PRINT NAME AND TITLE and SIGN)				
Carolyn Truett Birdsong				



Establishment Name <i>Aspen River Resort</i>	Physical Address <i>16312 Tom Akers</i>	City <i>Emerson</i>
Section Reference	Observations, comments, and corrective measures	
C-2	<p>Non-Falsihable wrapped cups in guest rooms</p> <p>Small Refuse w/ wrapped cups.</p>	
D-5	<p>No Exit sign in River Cabin building</p> <p>→ Place one at each end of emergency power</p>	
D-6	<p>Better Boarded up emergency lighting required</p> <p>→ Exit not open to grade</p> <p>→ 2 White Boxes</p> <p>→ All Boxes + Fridge Covered</p> <p>→ River Cabin at either end</p>	
INSPECTED BY <i>J. H. H.</i>	RECEIVED BY	DATE <i>8/11/25</i>

INSPECTED BY

RECEIVED BY

DATE

MO 580-2569 (6-16)

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

E9.02A