



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>Adventure River Resort</i>		Name <i>Candi Birdsong</i>		<input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager	
Physical Address <i>16392</i>		City <i> Eminence</i>		Zip <i>65466</i>	
Mailing Address <i>POB 787</i>		City <i>Ven Buren</i>		Zip <i>63965</i>	
County <i>203</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <i>573/226/5207</i>	No. of Stories <i>2</i>	No. of Rooms <i>32</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A- new

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

INSPECTED BY (PRINT NAME and SIGN) <i>Karin P. Duden</i>		EPHS NUMBER <i>1773</i>	AGENCY <i>Texas County Health Dept</i>	TELEPHONE <i>417/967/4131</i>
LICENSING YEAR <i>2024</i> / <i>2025</i>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <i>5/15/25</i>		FOLLOW UP DATE <i>N/A</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>CANDI BIRDSONG</i>				PAGE 1 OF <i>1</i>