



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 Condi Birdsong
Physical Address		163 92			City Eminence Zip 65466
Mailing Address		POB 787			City Ven Buren Zip 63965
County 203	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up		Telephone 5732263227	No. of Stories 2	No. of Rooms 32 Is the current lodging license displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A- new
Rooms Inspected: XB + over the River Suite		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	New Lodging Establishments <input type="checkbox"/> N/A				
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	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				
<input type="checkbox"/> Plumbing	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				
<input type="checkbox"/> Swimming Pools/Spas	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				
<input type="checkbox"/> Fuel Burning Appliances					

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	X	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	
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		8. Means of egress, number, maintained	✓
4. Mattresses and box springs clean		9. Handrails and balconies maintained and appropriate	
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			
9. Food, equipment and single service/use		4. Lifesaving equipment adequate, good repair	
10. Food protected from contamination		5. Pool clarity, pH, disinfectant, & temp. maintained	
11. Facilities to wash, rinse and sanitize		6. Steps, ladders, and handrails installed, good repair	
12. Handwashing facilities/hygienic practices		7. Adequate ventilation	
Section D: Life Safety		8. Electrical outlets, proper protection & distance	
1. Combustible/toxic items usage and storage		9. Records maintained and signs posted	
2. Building maintained to assure safe conditions		10. First aid kit available	
3. CO detectors hardwired, installed, good repair	✓	11. Lighting adequate and in good repair	
4. GFCI, outlets & switches installed, good repair	✓	Section G: Plumbing/Mechanical	
5. Exit signs installed, good repair		1. Equipment adequate, good repair	
6. Emergency lighting installed, good repair		2. Ventilation adequate, plumbing, restrooms	
7. Electric panel protected, labeled, good repair		3. T & P relief valves adequate, good repair	✓
Required Annual Third Party Inspections		4. Relief valve discharge pipes installed, adequate	
1. Fire Alarm System		5. Backflow, air gaps, no cross connections	
2. Sprinkler System		Section H: Heating & Cooling	
3. Local Fire and Building Codes/Ordinances		1. Unvented fuel-burning appliance/space heater	
4. Current Boiler/Pressure Vessels MDPS Certification		2. Fire resistant room or sprinkler head	
5. Backflow Device(s) Test		3. Location of heating/cooling units	
6. Liquid Propane Leak Test		4. Ventilation of appliances and utility rooms	
INSPECTED BY (PRINT NAME and SIGN)		EPHS NUMBER	AGENCY
Kevin P Darden 9/25		1773	Texas County Health Dept
LICENSING YEAR 2029 / 2025	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED 5/15/25	TELEPHONE 417 967 4131
RECEIVED BY (PRINT NAME AND TITLE and SIGN)		FOLLOW UP DATE N/A	
CHNDI Birds...		PAGE 1 OF 1	