



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
-----------------------------	----------------------

Establishment Name <i>Cedar Stone Lodge</i>				Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Sharon & Mandy McHes</i>
Physical Address <i>15233 Cedar Stone</i>		City <i>Emerson</i>		Zip <i>67466</i>
Mailing Address <i>P.O. Box 338</i>		City <i>-</i>		Zip <i>-</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	No. of Stories <i>2</i>	No. of Rooms <i>17</i>
Rooms Inspected: <i>5 bldg</i>		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) <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				Section E: Fire Safety
2. Complies with water quality standards				1. Textiles, hangings and mirrors
3. Chlorinator maintained and operated properly				2. Fire extinguisher type, inspected, and location
4. Wastewater operation and maintenance				3. Vertical openings fire-rated, self-closing
Section C: Sanitation/Housekeeping				4. Doors, self-closing and fire-rated
1. Walls, floors and ceilings in good repair				5. Smoke detectors hardwired, installed, good repair
2. Housekeeping practices and furnishings				6. Evacuation route and plan, installed, available
3. Towels and bed linens clean				7. Stairs and ramps, maintained, storage
4. Mattresses and box springs clean				8. Means of egress, number, maintained
5. Pest control procedures				9. Handrails and balconies maintained and appropriate
6. Ice machines, scoops, liners clean & protected				Section F: Swimming Pools/Spas
7. Garbage storage and disposal				1. Fence, gate adequate, proper closure mechanism
8. Premises maintained, plant growth controlled				2. Boundary line, pool depth properly marked
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use				3. Deck is clean and in good repair
10. Food protected from contamination				4. Lifesaving equipment adequate, good repair
11. Facilities to wash, rinse and sanitize				5. Pool clarity, pH, disinfectant, & temp. maintained
12. Handwashing facilities/hygienic practices				6. Steps, ladders, and handrails installed, good repair
Section D: Life Safety				7. Adequate ventilation
1. Combustible/toxic items usage and storage				8. Electrical outlets, proper protection & distance
2. Building maintained to assure safe conditions				9. Records maintained and signs posted
3. CO detectors hardwired, installed, good repair				10. First aid kit available
4. GFCI, outlets & switches installed, good repair		✓		11. Lighting adequate and in good repair
5. Exit signs installed, good repair		✓		Section G: Plumbing/Mechanical
6. Emergency lighting installed, good repair		✓		1. Equipment adequate, good repair
7. Electric panel protected, labeled, good repair				2. Ventilation adequate, plumbing, restrooms
Required Annual Third Party Inspections				3. T & P relief valves adequate, good repair
1. Fire Alarm System				4. Relief valve discharge pipes installed, adequate
2. Sprinkler System				5. Backflow, air gaps, no cross connections
3. Local Fire and Building Codes/Ordinances				Section H: Heating & Cooling
4. Current Boiler/Pressure Vessels MDPS Certification				1. Unvented fuel-burning appliance/space heater
5. Backflow Device(s) Test				2. Fire resistant room or sprinkler head
6. Liquid Propane Leak Test				3. Location of heating/cooling units
INSPECTED BY (PRINT NAME and SIGN) <i>Karen P. Dunbar 2/9/21</i>		EPHS NUMBER <i>1773</i>	AGENCY <i>Texas Co Health Dept</i>	TELEPHONE <i>417/921/4131</i>
LICENSING YEAR <i>2025 120 26</i>		DATE INSPECTED <i>10/3/25</i>		FOLLOW UP DATE <i>NA</i>
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PAGE 1 OF <i>1</i>		
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Donna Appling</i>				