



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name

Name ☒ Owner ☐ General Manager

Physical Address

City

Zip

Mailing Address

City

Zip

County 207 This inspection is a(n) ☐ Initial ☒ Annual ☐ Follow-up Telephone 573/226/3233 No. of Stories 2 No. of Rooms 32 Is the current lodging license displayed? ☒ Yes ☐ No ☐ N/A- new

Rooms Inspected:

Water Supply

Wastewater

☐ Private ☒ Public

☐ Private ☒ Public

Water sample taken ☐ Yes ☐ No

Regulated by: ☐ DHSS ☐ DNR

Swimming Pools/Spas (check all that apply)

Indoor pool ☐ 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
☐ Plumbing
☐ Swimming Pools/Spas
☐ Fuel Burning Appliances

- Smoke detectors hardwired ☐ Yes ☐ No ☐ N/A
Fire alarm system installed ☐ Yes ☐ No ☐ N/A
Sprinkler system installed ☐ Yes ☐ No ☐ N/A

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

INSPECTED BY (PRINT NAME and SIGN)

EPHS NUMBER

AGENCY

TELEPHONE

LICENSING YEAR

APPROVED ☐ YES ☒ NO

DATE INSPECTED

FOLLOW-UP DATE

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

PAGE 1 OF 2



Establishment Name <i>Rivers Edge</i>	Physical Address <i>16392 Tom Akes</i>	City <i>Emineau</i>
Section Reference	Observations, comments, and corrective measures	
A-1	Pex Pipe Run on top of ground does not adequately protect Drinking water from contamination	
D-3	CO Detector Required For Gas Fire place in River house	
D-4	NO GFCI in kitchen of Over the River Site	
E-5	Smoke detectors not functional / installed in OTR (Both Beds)	
	XB All 3 beds	
G-4	River House kitchen Relief Valve discharge pipe on hot water heater not installed XB	
E-8	Means of Egress shall not be blocked while Building is occupied.	
	OTR has a stick blocking Sliding glass door from opening	
	Check other Rooms as well. fix patio door lock & Remove Sticks.	
	X	
INSPECTED BY <i>R. P. R.</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>8/20/24</i>