



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Rivers Edge</i>				Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Emily Johnmyer</i>
Physical Address <i>16372 Tom Aker</i>		City <i>Emerson</i>		Zip <i>63466</i>
Mailing Address		City		Zip
County <i>St. Louis</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573/226/3233</i>	No. of Stories <i>2</i>	No. of Rooms <i>32</i>
Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new				
Rooms Inspected: <i>Building 2, 3, 11, and 14 Rivers Edge, Building BC 7, 109, HC 11, AC 13</i>		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		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		In	Out	NO N/A
1. Approved source, construction and operation			<input checked="" type="checkbox"/>	Section E: Fire Safety
2. Complies with water quality standards		<input checked="" type="checkbox"/>		1. Textiles, hangings and mirrors <input checked="" type="checkbox"/>
3. Chlorinator maintained and operated properly		<input checked="" type="checkbox"/>		2. Fire extinguisher type, inspected, and location <input checked="" type="checkbox"/>
4. Wastewater operation and maintenance		<input checked="" type="checkbox"/>		3. Vertical openings fire-rated, self-closing <input checked="" type="checkbox"/>
Section C: Sanitation/Housekeeping				4. Doors, self-closing and fire-rated <input checked="" type="checkbox"/>
1. Walls, floors and ceilings in good repair		<input checked="" type="checkbox"/>		5. Smoke detectors hardwired, installed, good repair <input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings		<input checked="" type="checkbox"/>		6. Evacuation route and plan, installed, available <input checked="" type="checkbox"/>
3. Towels and bed linens clean		<input checked="" type="checkbox"/>		7. Stairs and ramps, maintained, storage <input checked="" type="checkbox"/>
4. Mattresses and box springs clean		<input checked="" type="checkbox"/>		8. Means of egress, number, maintained <input checked="" type="checkbox"/>
5. Pest control procedures		<input checked="" type="checkbox"/>		9. Handrails and balconies maintained and appropriate <input checked="" type="checkbox"/>
6. Ice machines, scoops, liners clean & protected			<input checked="" type="checkbox"/>	Section F: Swimming Pools/Spas
7. Garbage storage and disposal		<input checked="" type="checkbox"/>		1. Fence, gate adequate, proper closure mechanism <input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled		<input checked="" type="checkbox"/>		2. Boundary line, pool depth properly marked <input checked="" type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use			<input checked="" type="checkbox"/>	3. Deck is clean and in good repair <input checked="" type="checkbox"/>
10. Food protected from contamination				4. Lifesaving equipment adequate, good repair <input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize				5. Pool clarity, pH, disinfectant, & temp. maintained <input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices				6. Steps, ladders, and handrails installed, good repair <input checked="" type="checkbox"/>
Section D: Life Safety				
1. Combustible/toxic items usage and storage		<input checked="" type="checkbox"/>		7. Adequate ventilation <input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions		<input checked="" type="checkbox"/>		8. Electrical outlets, proper protection & distance <input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair		<input checked="" type="checkbox"/>		9. Records maintained and signs posted <input checked="" type="checkbox"/>
4. GFCI, outlets & switches installed, good repair		<input checked="" type="checkbox"/>		10. First aid kit available <input checked="" type="checkbox"/>
5. Exit signs installed, good repair				11. Lighting adequate and in good repair <input checked="" type="checkbox"/>
6. Emergency lighting installed, good repair			<input checked="" type="checkbox"/>	Section G: Plumbing/Mechanical
7. Electric panel protected, labeled, good repair		<input checked="" type="checkbox"/>		1. Equipment adequate, good repair <input checked="" type="checkbox"/>
Required Annual Third Party Inspections				
1. Fire Alarm System			<input checked="" type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms <input checked="" type="checkbox"/>
2. Sprinkler System		<input checked="" type="checkbox"/>		3. T & P relief valves adequate, good repair <input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances		<input checked="" type="checkbox"/>		4. Relief valve discharge pipes installed, adequate <input checked="" type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification		<input checked="" type="checkbox"/>		5. Backflow, air gaps, no cross connections <input checked="" type="checkbox"/>
5. Backflow Device(s) Test			<input checked="" type="checkbox"/>	Section H: Heating & Cooling
6. Liquid Propane Leak Test		<input checked="" type="checkbox"/>		1. Unvented fuel-burning appliance/space heater <input checked="" type="checkbox"/>
INSPECTED BY (PRINT NAME and SIGN) <i>Ronald D. Dwyer DEP</i>		EPHS NUMBER <i>1773</i>	AGENCY <i>Texas Cottrell</i>	TELEPHONE <i>417/762/4001</i>
LICENSING YEAR <i>2025</i>		DATE INSPECTED <i>8/20/24</i>		FOLLOW-UP DATE <i>9/15/24</i>
APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Johnmyer</i>				
PAGE 1 OF <u>2</u>				



Establishment Name <i>Rivers Edge</i>	Physical Address <i>16392 Tom Akers</i>	City <i>Eminence</i>
Section Reference	Observations, comments, and corrective measures	
A-1	<i>Pex Pipe Run on top of ground does not adequately protect Drinking water from contamination</i>	
D-3	<i>CO Detector Required For Gas Fire place in River house</i>	
D-4	<i>NO GFCI in kitchen of Over the River Side</i>	
E 5	<i>Smoke detectors not functional/installed in OTR (Both Beds)</i>	
	<i>XB All 3 beds</i>	
G-4	<i>River House kitchen Relief valve/ discharge pipe on hot water tank not installed XB</i>	
E-8	<i>Means of Egress shall not be blocked while Building is occupied</i>	
	<i>OTR has a stick blocking Sliding glass door from opening</i>	
	<i>Check other rooms as well. Fix patio door track & remove sticks.</i>	
	<i>X</i>	
INSPECTED BY <i>R. P. R.</i>	RECEIVED BY	DATE <i>8/20/14</i>
MO 580-2569 (6-16)	Distribution: White/Owner Canary/Central Office Pink/Local Office	E9.02A