



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Riverside Resort LLC</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Jonathan Stewart</i>	
Physical Address 19159 Hwy 19		City <i>Eminence</i>	
Mailing Address		City	
County	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>533/226/3129</i>	No. of Stories <i>1</i> No. of Rooms <i>27</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>Motel 1,2,5,7,8 Beards</i> <i>Cub. h 1,3,4,3 5</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 checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Complies with water quality standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Textiles, hangings and mirrors <input checked="" type="checkbox"/>
3. Chlorinator maintained and operated properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire extinguisher type, inspected, and location <input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Vertical openings fire-rated, self-closing <input type="checkbox"/>
			4. Doors, self-closing and fire-rated <input type="checkbox"/>
			5. Smoke detectors hardwired, installed, good repair <input type="checkbox"/>
			6. Evacuation route and plan, installed, available <input checked="" type="checkbox"/>
			7. Stairs and ramps, maintained, storage <input checked="" type="checkbox"/>
			8. Means of egress, number, maintained <input checked="" type="checkbox"/>
			9. Handrails and balconies maintained and appropriate <input checked="" type="checkbox"/>
Section C: Sanitation/Housekeeping			
1. Walls, floors and ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Housekeeping practices and furnishings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Towels and bed linens clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Pest control procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	<input type="checkbox"/>	
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Section F: Swimming Pools/Spas			
1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	
3. Deck is clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	
4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pool clarity, pH, disinfectant, & temp. maintained	<input type="checkbox"/>	<input type="checkbox"/>	
6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	
7. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
8. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	
9. Records maintained and signs posted	<input type="checkbox"/>	<input type="checkbox"/>	
10. First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	
11. Lighting adequate and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	
Section G: Plumbing/Mechanical			
1. Equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	
2. Ventilation adequate, plumbing, restrooms	<input type="checkbox"/>	<input type="checkbox"/>	
3. T & P relief valves adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	
4. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>	<input type="checkbox"/>	
5. Backflow, air gaps, no cross connections	<input type="checkbox"/>	<input type="checkbox"/>	
Section H: Heating & Cooling			
1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>	<input type="checkbox"/>	
2. Fire resistant room or sprinkler head	<input type="checkbox"/>	<input type="checkbox"/>	
3. Location of heating/cooling units	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ventilation of appliances and utility rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Operation and condition adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Required Annual Third Party Inspections			
1. Fire Alarm System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Current Boiler/Pressure Vessels MDPs Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P Durden R-PLR</i>		EPHS NUMBER <i>1773</i>	AGENCY <i>Texis County Health</i>
LICENSING YEAR 2025 12026		DATE INSPECTED <i>6/5/25</i>	TELEPHONE <i>417/567/4131</i>
APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOLLOW UP DATE <i>7/2/21</i>	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Jonathan Stewart Owner</i>		PAGE 1 OF <u>2</u>	



Establishment Name	Physical Address	City
River Side Resort	19157 Hwy 19	Emmelle
Section Reference	Observations, comments, and corrective measures	
D-4	Faulty GFCI in Room 1, Cabin 3 wired backward	
C-1	Walls, Floors & Ceiling in disrepair Room 1 Caulk no longer present around sink & shower. Room 2 Base trim to Restroom door not cleanable Cabin 1 Exterior door has small amount of light coming under it.	
C-2	Housekeeping practices. Ice Built up in Refrigerator of R1, 2, C3, 4, C1 Spider web in top corner of closet in C1 & corner of Restroom in R1 Bath	
D-3	Carbon monoxide (CO) detectors in Laundry not hardwired - may use Combo Smoke & CO Alarm	
D-4	Emergency Exit Sign & Lighting should be installed w/ battery Backup outside all exits that include any stairs to grades	
D-5+6	Electric Panel protected labeled & in good repair Laundry - Breakers in electrical panel not labeled Cabin 5 - Cover plate missing from A/C outlet Blank missing from Electrical Panel	
E5 E5	Room 7 - Plastic around electric outlet in Restroom is loose Smoke detectors not hardwired in Room 1 (CO) in Laundry - may combine w/ CO detector Cabin 2	
H-4	Insufficient Ventilation in Laundry room Install laundry door between bath & laundry	
INSPECTED BY	RECEIVED BY	DATE