



FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

|   |  |   |   |  |  |  |   |
|---|--|---|---|--|--|--|---|
| Establishment Name<br><i>Riverside Resort LLC</i>   |  |   |   | Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager<br><i>Jonathan &amp; Joyce Stewart</i> |  |  |   |
| Physical Address<br><i>19159 Hwy 19</i>   |  | City<br><i>Eminence</i>                                 |   | Zip<br><i>65466</i>  |  |  |   |
| Mailing Address   |  | City  |   |  |  | Zip  |   |
| County  | This inspection is a(n)<br><input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up |   | Telephone<br><i>573/226/3291</i>  | No. of Stories<br><i>1</i>   | No. of Rooms<br><i>27</i>                                    | Is the current lodging license displayed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new                    |   |
| Rooms Inspected:<br><i>1,2,7,6,6,10,11,12,13,4,5</i>  |  |   | Water Supply<br><input type="checkbox"/> Private <input type="checkbox"/> Public<br>Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Wastewater<br><input type="checkbox"/> Private <input type="checkbox"/> Public<br>Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR |   |
| Swimming Pools/Spas (check all that apply)<br>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 |
| 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  | Section E: Fire Safety   |   |
| 1. Approved source, construction and operation  |  |   |   |  |  | 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  |  |   |   |  |  |  |   |
| 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   |  |   |   |  |  |  |   |
| 1. Fire Alarm System  |  |   |   |  |  | 3. T & P relief valves adequate, good repair   |   |
| 2. Sprinkler System   |  |   |   |  |  | 4. Relief valve discharge pipes installed, adequate  |   |
| 3. Local Fire and Building Codes/Ordinances   |  |   |   |  |  | 5. Backflow, air gaps, no cross connections  |   |
| 4. Current Boiler/Pressure Vessels MDPS Certification   |  |   |   |  |  | Section H: Heating & Cooling   |   |
| 5. Backflow Device(s) Test  |  |   |   |  |  | 1. Unvented fuel-burning appliance/space heater  |   |
| 6. Liquid Propane Leak Test   |  |   |   |  |  | 2. Fire resistant room or sprinkler head   |   |
| INSPECTED BY (PRINT NAME and SIGN)<br><i>Kevin P. Durden K. P. Durden</i>   |  |   |   |  |  |  |   |
| EPHS NUMBER<br><i>1713</i>  |  | AGENCY<br><i>Texas City Health Dept.</i>                |   | TELEPHONE<br><i>917/967/4151</i>   |  |  |   |
| LICENSING YEAR<br><i>2025/2026</i>  |  | DATE INSPECTED<br><i>8/20/25</i>                        |   | FOLLOW UP DATE<br><i>NA</i>  |  |  |   |
| APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |   |  |  |  |   |
| RECEIVED BY (PRINT NAME AND TITLE and SIGN)<br><i>Jonathan Stewart</i>  |  |   |   |  |  |  |   |
| PAGE 1 OF <u>1</u>  |  |   |   |  |  |  |   |