



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name Riverside Resort LLC				Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager Jonathan & Jordan Stewart																																																																																																																																																																																																																																																																																																																																																												
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Mailing Address				City		Zip																																																																																																																																																																																																																																																																																																																																																										
County	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up		Telephone 573/226/3291	No. of Stories 1	No. of Rooms 27	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new																																																																																																																																																																																																																																																																																																																																																										
Rooms Inspected: 1, 2, 7, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27				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) 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 <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				New Lodging Establishments <input type="checkbox"/> N/A Smoke detectors hardwired <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 Sprinkler system installed <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 Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No 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)																																																																																																																																																																																																																																																																																																																																																																
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Towels and bed linens clean</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Mattresses and box springs clean</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Pest control procedures</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Ice machines, scoops, liners clean & protected</td><td></td><td></td><td></td><td></td></tr><tr><td>7. Garbage storage and disposal</td><td></td><td></td><td></td><td></td></tr><tr><td>8. Premises maintained, plant growth controlled</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Food Inspection conducted according to 19CSR20-1.025</td></tr><tr><td>9. Food, equipment and single service/use</td><td></td><td></td><td></td><td></td></tr><tr><td>10. Food protected from contamination</td><td></td><td></td><td></td><td></td></tr><tr><td>11. Facilities to wash, rinse and sanitize</td><td></td><td></td><td></td><td></td></tr><tr><td>12. Handwashing facilities/hygienic practices</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Section D: Life Safety</td></tr><tr><td>1. Combustible/toxic items usage and storage</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Building maintained to assure safe conditions</td><td></td><td></td><td></td><td></td></tr><tr><td>3. CO detectors hardwired, installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>4. GFCI, outlets & switches installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Exit signs installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Emergency lighting installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>7. Electric panel protected, labeled, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Required Annual Third Party Inspections</td></tr><tr><td>1. Fire Alarm System</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Sprinkler System</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Local Fire and Building Codes/Ordinances</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Current Boiler/Pressure Vessels MDPS Certification</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Backflow Device(s) Test</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Liquid Propane Leak Test</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Section E: Fire Safety</td></tr><tr><td>1. Textiles, hangings and mirrors</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Fire extinguisher type, inspected, and location</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Vertical openings fire-rated, self-closing</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Doors, self-closing and fire-rated</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Smoke detectors hardwired, installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>6. 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Relief valve discharge pipes installed, adequate</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Backflow, air gaps, no cross connections</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Section H: Heating & Cooling</td></tr><tr><td>1. Unvented fuel-burning appliance/space heater</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Fire resistant room or sprinkler head</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Location of heating/cooling units</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Ventilation of appliances and utility rooms</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Operation and condition adequate</td><td></td><td></td><td></td><td></td></tr></tbody></table>									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					1. Approved source, construction and operation					2. Complies with water quality standards					3. 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