



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <b>Riverside Resort</b>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <b>Jonathan Stewart</b>	
Physical Address <b>19159 State Hwy 19</b>		City <b>Eminence</b>	Zip <b>65466</b>
Mailing Address		City	Zip
County <b>Shannon</b>	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <b>573-226-3291</b>	No. of Stories <b>1</b> No. of Rooms <b>27</b> Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new
Rooms Inspected: <b>All new units</b>		Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" 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	<input checked="" type="checkbox"/> Smoke detectors hardwired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Swimming Pools/Spas	<input type="checkbox"/> Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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"/> In <input type="checkbox"/> Out	1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
2. Complies with water quality standards	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
Section C: Sanitation/Housekeeping		5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
3. Towels and bed linens clean	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	8. Means of egress, number, maintained	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
4. Mattresses and box springs clean	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
5. Pest control procedures	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Section F: Swimming Pools/Spas	
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
7. Garbage storage and disposal	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	3. Deck is clean and in good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
Food Inspection conducted according to 19CSR20-1.025		4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
9. Food, equipment and single service/use	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
10. Food protected from contamination	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	7. Adequate ventilation	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
Section D: Life Safety		9. Records maintained and signs posted	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	10. First aid kit available	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	11. Lighting adequate and in good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Section G: Plumbing/Mechanical	
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	1. Equipment adequate, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
5. Exit signs installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
Required Annual Third Party Inspections		5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
1. Fire Alarm System	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	Section H: Heating & Cooling	
2. Sprinkler System	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
3. Local Fire and Building Codes/Ordinances	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	3. Location of heating/cooling units	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
5. Backflow Device(s) Test	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
6. Liquid Propane Leak Test	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out	5. Operation and condition adequate	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out
INSPECTED BY (PRINT NAME and SIGN) <b>Craig Fox Craig Fox</b>		EPHS NUMBER <b>1173</b>	AGENCY <b>BEHS</b>
LICENSING YEAR <b>20 25 120 26</b>		DATE INSPECTED <b>9-11-25</b>	TELEPHONE <b>417-234-1863</b>
APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOLLOW UP DATE	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <b>Emailed to Jonathan Stewart at Stewart 91@hotmail.com</b>		PAGE 1 OF <b>2</b>	





Establishment Name <b>Riverside Resort</b>	Physical Address <b>1859 State Hwy 19</b>	City <b>Eminence</b>
Section Reference	Observations, comments, and corrective measures	

D-4 GFCI not functioning properly in Unit 11.

D-6 Emergency lighting not functioning properly at new house unit.

E-4 Balcony not at appropriate height and spacing for safety regulations.

This was a follow-up inspection to an initial inspection and also an initial inspection of one new unit.

INSPECTED BY

**Craig Fox**

RECEIVED BY

**Emailed to Jonathan Stewart**

DATE

**9-11-25**