



Establishment Name Riverside Resort Name Owner General Manager Jonathan Stewart

Physical Address 19159 State Hwy 19 City Eminence Zip 65466

Mailing Address _____ City _____ Zip _____

County Shannon This inspection is a(n) Initial Annual Follow-up Telephone 573-226-3291 No. of Stories 1 No. of Rooms 27 Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected: All new units
 Water Supply: Private Public
 Water sample taken Yes No
 Wastewater: Private Public
 Regulated by: DHSS DNR
 Swimming Pools/Spas (check all that apply)
 Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

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
Smoke detectors hardwired <input checked="" 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 checked="" type="checkbox"/> N/A	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
New Lodging Establishments <input type="checkbox"/> N/A		Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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)

Section A & B: Water Supply & Wastewater	In=In Compliance				Out=Not In Compliance, explain on additional page(s)				NO=Not Observed				N/A=Not Applicable				
	In	Out	NO	N/A	In	Out	NO	N/A	In	Out	NO	N/A	In	Out	NO	N/A	
1. Approved source, construction and operation	X																
2. Complies with water quality standards																	
3. Chlorinator maintained and operated properly																	
4. Wastewater operation and maintenance																	
Section C: Sanitation/Housekeeping																	
1. Walls, floors and ceilings in good repair		X															
2. Housekeeping practices and furnishings																	
3. Towels and bed linens clean																	
4. Mattresses and box springs clean																	
5. Pest control procedures																	
6. Ice machines, scoops, liners clean & protected																	
7. Garbage storage and disposal																	
8. Premises maintained, plant growth controlled																	
Food Inspection conducted according to 19CSR20-1.025																	
9. Food, equipment and single service/use																X	
10. Food protected from contamination																	
11. Facilities to wash, rinse and sanitize																	
12. Handwashing facilities/hygienic practices																	
Section D: Life Safety																	
1. Combustible/toxic items usage and storage		X															
2. Building maintained to assure safe conditions		X															
3. CO detectors hardwired, installed, good repair		X															
4. GFCI, outlets & switches installed, good repair																	
5. Exit signs installed, good repair		X															
6. Emergency lighting installed, good repair																	
7. Electric panel protected, labeled, good repair		X															
Required Annual Third Party Inspections																	
1. Fire Alarm System																	
2. Sprinkler System																	
3. Local Fire and Building Codes/Ordinances																	
4. Current Boiler/Pressure Vessels MDPS Certification																	
5. Backflow Device(s) Test																	
6. Liquid Propane Leak Test																	
Section E: Fire Safety																	
1. Textiles, hangings and mirrors																	
2. Fire extinguisher type, inspected, and location																	
3. Vertical openings fire-rated, self-closing																	
4. Doors, self-closing and fire-rated																	
5. Smoke detectors hardwired, installed, good repair																	
6. Evacuation route and plan, installed, available																	
7. Stairs and ramps, maintained, storage																	
8. Means of egress, number, maintained																	
9. Handrails and balconies maintained and appropriate																X	
Section F: Swimming Pools/Spas																	
1. Fence, gate adequate, proper closure mechanism																	X
2. Boundary line, pool depth properly marked																	
3. Deck is clean and in good repair																	
4. Lifesaving equipment adequate, good repair																	
5. Pool clarity, pH, disinfectant, & temp. maintained																	
6. Steps, ladders, and handrails installed, good repair																	
7. Adequate ventilation																	
8. Electrical outlets, proper protection & distance																	
9. Records maintained and signs posted																	
10. First aid kit available																	
11. Lighting adequate and in good repair																	
Section G: Plumbing/Mechanical																	
1. Equipment adequate, good repair																	X
2. Ventilation adequate, plumbing, restrooms																	
3. T & P relief valves adequate, good repair																	
4. Relief valve discharge pipes installed, adequate																	
5. Backflow, air gaps, no cross connections																	
Section H: Heating & Cooling																	
1. Unvented fuel-burning appliance/space heater																	X
2. Fire resistant room or sprinkler head																	
3. Location of heating/cooling units																	
4. Ventilation of appliances and utility rooms																	
5. Operation and condition adequate																	

INSPECTED BY (PRINT NAME and SIGN) Craig Fox EPHS NUMBER 1173 AGENCY BEHS TELEPHONE 417-234-1863

LICENSING YEAR 20 25 / 120 26 APPROVED YES NO DATE INSPECTED 9-11-25 FOLLOW UP DATE _____

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Emailed to Jonathan Stewart at Stewart 91@hotmail.com PAGE 1 OF 2



Establishment Name <i>Riverside Resort</i>	Physical Address <i>1989 State Hwy 19</i>	City <i>Eminence</i>
---	--	-------------------------

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-9	Balcony not at appropriate height and spacing for safety regulations.
<p>This was a follow-up inspection to an initial inspection and also an initial inspection of one new unit.</p>	

INSPECTED BY <i>Craig Fox</i>	RECEIVED BY <i>Emailed to Jonathan Stewart</i>	DATE <i>9-11-25</i>
----------------------------------	---	------------------------