



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 Name 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: 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: ☐ Fire Safety ☐ Electrical Wiring ☐ Plumbing ☐ Swimming Pools/Spas ☐ Fuel Burning Appliances
New Lodging Establishments ☐ N/A
Smoke detectors hardwired ☒ Yes ☐ No ☐ N/A Swimming Pool Certified ☐ Yes ☐ No ☒ N/A
Fire alarm system installed ☐ Yes ☐ No ☒ N/A Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No ☒ N/A
Sprinkler system installed ☐ Yes ☐ No ☒ N/A Historical Building ☐ Yes ☐ No ☒ 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)

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	In Out NO N/A
1. Approved source, construction and operation	<input checked="" type="checkbox"/>	1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>
2. Complies with water quality standards	<input type="checkbox"/>	2. Fire extinguisher type, inspected, and location	<input type="checkbox"/>
3. Chlorinator maintained and operated properly	<input type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input type="checkbox"/>
4. Wastewater operation and maintenance	<input type="checkbox"/>	4. Doors, self-closing and fire-rated	<input type="checkbox"/>
Section C: Sanitation/Housekeeping		5. Smoke detectors hardwired, installed, good repair	<input type="checkbox"/>
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>	6. Evacuation route and plan, installed, available	<input type="checkbox"/>
2. Housekeeping practices and furnishings	<input type="checkbox"/>	7. Stairs and ramps, maintained, storage	<input type="checkbox"/>
3. Towels and bed linens clean	<input type="checkbox"/>	8. Means of egress, number, maintained	<input type="checkbox"/>
4. Mattresses and box springs clean	<input type="checkbox"/>	9. Handrails and balconies maintained and appropriate	<input type="checkbox"/>
5. Pest control procedures	<input type="checkbox"/>	Section F: Swimming Pools/Spas	
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input type="checkbox"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>
8. Premises maintained, plant growth controlled	<input type="checkbox"/>	3. Deck is clean and in good repair	<input type="checkbox"/>
Food inspection conducted according to 19CSR20-1.025		4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<input type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	7. Adequate ventilation	<input type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input type="checkbox"/>
Section D: Life Safety		9. Records maintained and signs posted	<input type="checkbox"/>
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	10. First aid kit available	<input type="checkbox"/>
2. Building maintained to assure safe conditions	<input type="checkbox"/>	11. Lighting adequate and in good repair	<input type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input type="checkbox"/>	Section G: Plumbing/Mechanical	
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" type="checkbox"/>
5. Exit signs installed, good repair	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input type="checkbox"/>
6. Emergency lighting installed, good repair	<input type="checkbox"/>	3. T & P relief valves adequate, good repair	<input type="checkbox"/>
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>
Required Annual Third Party Inspections		5. Backflow, air gaps, no cross connections	<input type="checkbox"/>
1. Fire Alarm System	<input checked="" type="checkbox"/>	Section H: Heating & Cooling	
2. Sprinkler System	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input type="checkbox"/>
6. Liquid Propane Leak Test	<input type="checkbox"/>	5. Operation and condition adequate	<input type="checkbox"/>

INSPECTED BY (PRINT NAME and SIGN) _____ EPHS NUMBER 1173 AGENCY BEAS TELEPHONE 417-234-1863

LICENSING YEAR 2025 / 2026 APPROVED ☒ YES ☐ NO DATE INSPECTED 10/7/25 FOLLOW UP DATE _____

RECEIVED BY (PRINT NAME AND TITLE and SIGN) emailed to Jonathan Stewart PAGE 1 OF 2

Establishment Name Riverside Permt	Physical Address 19159 State Hwy 19	City Eminence
Section Reference	Observations, comments, and corrective measures	
	<p>All corrections were made to the facility.</p> <p>City Utilities</p>	
INSPECTED BY Craig Fox	RECEIVED BY Angela Stewart	DATE 10/7/25