



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
Name <input type="text"/> Owner <input type="checkbox"/> General Manager <i>Jonathan Stewart</i>	Zip <input type="text"/> <i>65466</i>
Establishment Name <input type="text"/> <i>Riverside Resort</i>	City <input type="text"/> <i>Erinence</i>
Physical Address <input type="text"/> <i>19159 State Hwy 19</i>	City <input type="text"/>
Mailing Address <input type="text"/>	Zip <input type="text"/>

County <input type="text"/> <i>Shannon</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <input type="text"/> <i>573-226-3291</i>	No. of Stories <input type="text"/> <i>1</i>	No. of Rooms <input type="text"/> <i>27</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new
Rooms Inspected: <input type="text"/> <i>New units</i>		Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Wastewater <input type="checkbox"/> Private <input checked="" 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		New Lodging Establishments		<input type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Plumbing		Fire alarm system installed <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
<input type="checkbox"/> Swimming Pools/Spas		Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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)

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	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	Section E: Fire Safety
2. Complies with water quality standards	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Textiles, hangings and mirrors
3. Chlorinator maintained and operated properly	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Fire extinguisher type, inspected, and location
4. Wastewater operation and maintenance	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Vertical openings fire-rated, self-closing
Section C: Sanitation/Housekeeping			
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	4. Doors, self-closing and fire-rated
2. Housekeeping practices and furnishings	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	5. Smoke detectors hardwired, installed, good repair
3. Towels and bed linens clean	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	6. Evacuation route and plan, installed, available
4. Mattresses and box springs clean	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	7. Stairs and ramps, maintained, storage
5. Pest control procedures	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	8. Means of egress, number, maintained
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	9. Handrails and balconies maintained and appropriate
7. Garbage storage and disposal	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	Section F: Swimming Pools/Spas
8. Premises maintained, plant growth controlled	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Fence, gate adequate, proper closure mechanism
Food inspection conducted according to 19CSR20-1.025			
9. Food, equipment and single service/use	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Boundary line, pool depth properly marked
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Deck is clean and in good repair
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	4. Lifesaving equipment adequate, good repair
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	5. Pool clarity, pH, disinfectant, & temp. maintained
Section D: Life Safety			
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	6. Steps, ladders, and handrails installed, good repair
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	7. Adequate ventilation
3. CO detectors hardwired, installed, good repair	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	8. Electrical outlets, proper protection & distance
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	9. Records maintained and signs posted
5. Exit signs installed, good repair	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	10. First aid kit available
6. Emergency lighting installed, good repair	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	11. Lighting adequate and in good repair
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input type="checkbox"/> NO <input type="checkbox"/> N/A	Section G: Plumbing/Mechanical

Required Annual Third Party Inspections		Section H: Heating & Cooling	
1. Fire Alarm System	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>
2. Sprinkler System	<input type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	3. Location of heating/cooling units	<input type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	5. Operation and condition adequate	<input type="checkbox"/>
6. Liquid Propane Leak Test	<input type="checkbox"/>		

INSPECTED BY (PRINT NAME and SIGN)		EPHS NUMBER <input type="text"/> <i>1173</i>	AGENCY <input type="text"/> <i>BEAS</i>	TELEPHONE <input type="text"/> <i>417-234-1863</i>
LICENSING YEAR <input type="text"/> <i>2025</i> / <input type="text"/> <i>2026</i>		DATE INSPECTED <input type="text"/> <i>10/7/25 desk approval</i>		FOLLOW UP DATE <input type="text"/>
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				PAGE 1 OF <input type="text"/> <i>2</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN)				



INSPECTED BY

INSPECTED BY
Erica Fox
MQ 580-2569 (6-16)

MO 580-2559 (6-16)

RECEIVED BY

RECEIVED BY *Franklin to*
Franklin Stewart
Central/Central Office Black & White Office

DATE

DATE
10/7/25

E9.02A