



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

PRINT


RESET

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name Riverside Resort LLC				Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager Jonathan Stewart	
Physical Address 19159 State Highway 19,			City Eminence		Zip 65466
Mailing Address			City		Zip
County Shannon	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input 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 checked="" type="checkbox"/> N/A- new
Rooms Inspected: New Cabins 7-11 and stagecoach room			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 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 <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 checked="" 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 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		In	Out	NO	N/A
1. Approved source, construction and operation		<input checked="" type="checkbox"/>			
2. Complies with water quality standards		<input checked="" type="checkbox"/>			
3. Chlorinator maintained and operated properly					<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance		<input checked="" type="checkbox"/>			
Section C: Sanitation/Housekeeping					
1. Walls, floors and ceilings in good repair		<input checked="" type="checkbox"/>			
2. Housekeeping practices and furnishings		<input checked="" type="checkbox"/>			
3. Towels and bed linens clean		<input checked="" type="checkbox"/>			
4. Mattresses and box springs clean		<input checked="" type="checkbox"/>			
5. Pest control procedures			<input checked="" type="checkbox"/>		
6. Ice machines, scoops, liners clean & protected					<input checked="" type="checkbox"/>
7. Garbage storage and disposal		<input checked="" type="checkbox"/>			
8. Premises maintained, plant growth controlled		<input checked="" type="checkbox"/>			
Food Inspection conducted according to 19CSR20-1.025					
9. Food, equipment and single service/use		<input checked="" type="checkbox"/>			
10. Food protected from contamination		<input checked="" type="checkbox"/>			
11. Facilities to wash, rinse and sanitize					<input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices					<input checked="" type="checkbox"/>
Section D: Life Safety					
1. Combustible/toxic items usage and storage		<input checked="" type="checkbox"/>			
2. Building maintained to assure safe conditions		<input checked="" type="checkbox"/>			
3. CO detectors hard wired, installed, good repair		<input checked="" type="checkbox"/>			
4. GFCI, outlets & switches installed, good repair			<input checked="" type="checkbox"/>		
5. Exit signs installed, good repair					<input checked="" type="checkbox"/>
6. Emergency lighting installed, good repair			<input checked="" type="checkbox"/>		
7. Electric panel protected, labeled, good repair			<input checked="" type="checkbox"/>		
Required Annual Third Party Inspections					
1. Fire Alarm System					<input checked="" type="checkbox"/>
2. Sprinkler System					<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances					<input checked="" type="checkbox"/>
4. Current Boiler/pressure vessels MDPS Certification					<input checked="" type="checkbox"/>
5. Backflow Device(s) Test					<input checked="" type="checkbox"/>
6. Liquid Propane Leak Test					<input checked="" type="checkbox"/>
INSPECTED BY (PRINT NAME and SIGN) Blaine Gotto and Craig Fox		EPHS NUMBER 1748		AGENCY DHSS-BEHS	
LICENSING YEAR 20 25 / 20 26		DATE INSPECTED 6/5/25		TELEPHONE 573-291-2839	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Jonathan Stewart		FOLLOW UP DATE TBD		PAGE 1 OF 2	
APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		emailed to stewart_91@hotmail.com			



Establishment Name Riverside Resort LLC	Physical Address 19159 State Highway 19,	City Eminence
Section Reference	Observations, comments, and corrective measures	
	Cabin 7	
	D4 outlets close to the kitchen sink and the restroom sink are not provided with GFCI protection	
	G5 The T&P relief valve discharge pipe on the hot water heater is not rated for 210F	
	E5 No hardwired smoke detector w/battery back up provided in the bedroom	
	Cabin 8	
	D4 GFCI outlet provided in the restroom is not functioning properly (did not trip when tested)	
	Cabin 11	
	E2 Fire extinguisher provided is not 5lb 2A10BC	
	D4 GFCI protection not provided for outlets near the sinks in the kitchen and restroom	
	E5 No hard wired smoke detectors w/battery back up provided in the bedroom	
	D7 Breakers for the electrical panel were not labeled	
	Stagecoach Unit	
	C5 Some evidence of insects at this time	
	E2 Fire extinguisher provided is not 5lb 2A-10BC	
	G2 no mechanical ventilation provided in the restroom	
	E5 no hardwired smoke detector w/battery back up provided	
	G5 the T&P relief valve discharge pipe on the hot water heater is not rated for 210F	
	D6 Emergency lighting with battery back up not provided for multiple exterior exits that include stairs to grade.	
	19 CSR 20-3.050(2)(B)-6 Must provide either an occupancy permit for the new cabins or if local jurisdiction does not issue occupancy permits, certification that cabins have been designed and erected in accordance with the 2002 Edition (or more current) of a national code(s) regarding life safety, structural, electrical, plumbing, mechanical and architectural elements of the establishment. Certification to these facts will be accepted by a professional engineer, architect or the general contractor responsible for the construction of the establishment being licensed.	
	Note: The hot water heaters for cabins 9 and 11 were not accessible, they will need to be inspected during the follow up inspection. Make sure the T&P relief valve discharge pipe is rated for 210F	
<div style="text-align: center;"> APPROVED</div>		
INSPECTED BY Blaine Gotto and Craig Fox	RECEIVED BY emailed to Jonathan Stewart	DATE 6/6/25