



Establishment Name Snady Lane Resort Name Owner General Manager Robert Martin

Physical Address 19105 Hwy 15 City Emigmoor Zip 65466

Mailing Address City Zip

County 203 This inspection is a(n) Initial Annual Follow-up Telephone 573/226/3893 No. of Stories 2 No. of Rooms 26 Is the current lodging license displayed? Yes No N/A- new

Rooms Inspected: 5/6, 7
11, 11b, 12, 13
102, 104, 106

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
Fire alarm system installed Yes No N/A
Sprinkler system installed Yes No N/A

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

INSPECTED BY (PRINT NAME and SIGN) Kenneth D. Durbin R-Pharm EPHS NUMBER 1773 AGENCY Texas Co Health TELEPHONE

LICENSING YEAR 20 26 / 20 27 APPROVED YES NO DATE INSPECTED 3/31/26 FOLLOW UP DATE

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Robert Martin Owner PAGE 1 OF 2



| | | |
|--|---|------------------------|
| Establishment Name <i>Shady Lane Resort</i> | Physical Address <i>19105 Hwy 19</i> | City <i>Emmence</i> |
|--|---|------------------------|

| Section Reference | Observations, comments, and corrective measures |
|-------------------|--|
| C-2 | Measuring 11" at Motel is faulty Refrigerator's have built up ice in freezer → Please defrost #6 11, B 6 |
| D-4 | Faulty CO-DET in kitchen hooked to Whichever in 13, 106 104 on vents, etc |
| F-2 | Fire Extinguisher out of date → Fire Service (you're due in Mo.) 13, 11 102, 104, 106 |
| F-5 | Faulty Smoke detector in 13, 11B, 11 102 |
| E-6 | NO Evacuation Plan in 104 |
| E-5 | Railing on balcony at 11 has hole greater than 4", → Please Repair |
| D-7 | missing Light bulbs in B 13 center fan 11 |
| D-5 D-6 | Emergency Light + Exit sign at 11 End of 11 hallway light is not working |

| | | |
|------------------------------------|-----------------------------------|------------------------|
| INSPECTED BY <i>[Signature]</i> | RECEIVED BY <i>[Signature]</i> | DATE <i>3/31/26</i> |
|------------------------------------|-----------------------------------|------------------------|