



Establishment Name Leaves Stone Lodge Name Owner General Manager Samuel + Mary Marks

Physical Address 333 N 2nd St, Columbia, MO City Empire Zip 64704

Mailing Address PO Box 333 City Empire Zip 64704

County Franklin This inspection is a(n) Initial Annual Follow-up Telephone 816-338-9800 No. of Stories 2 No. of Rooms 1 Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected:	Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler system installed <input 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 Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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	In	Out	NO	N/A
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	In	Out	NO	N/A
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	In	Out	NO	N/A
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 hardwired, 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	In	Out	NO	N/A
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"/>			
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>			
2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>			
3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>			
4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>			
5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>			
6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>			
7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>			
8. Means of egress, number, maintained	<input checked="" type="checkbox"/>			
9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>			
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>			
2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>			
3. Deck is clean and in good repair	<input checked="" type="checkbox"/>			
4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>			
5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/>			
6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>			
7. Adequate ventilation	<input checked="" type="checkbox"/>			
8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>			
9. Records maintained and signs posted	<input checked="" type="checkbox"/>			
10. First aid kit available	<input checked="" type="checkbox"/>			
11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>			
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, good repair	<input checked="" type="checkbox"/>			
2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>			
3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>			
4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>			
5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>			
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>			
2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>			
3. Location of heating/cooling units	<input checked="" type="checkbox"/>			
4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>			
5. Operation and condition adequate	<input checked="" type="checkbox"/>			

INSPECTED BY (PRINT NAME and SIGN) Samuel + Mary Marks EPHS NUMBER 1093 AGENCY Franklin Co Health Dept TELEPHONE 816-338-9800

LICENSING YEAR 20 20 / 20 22 APPROVED YES NO DATE INSPECTED 4-23-26 FOLLOW UP DATE 4-10-26

RECEIVED BY (PRINT NAME AND TITLE and SIGN) _____ PAGE 1 OF _____

