



Establishment Name: 3 Oaks Park River Cabins Name: M. Ch... Turner Owner General Manager

Physical Address: Hitting St 16024 Em/Ad City: Em... Mo Zip: 64504

Mailing Address: POB 31 City: Em... Mo Zip: 64504

County: _____ This inspection is a(n) Initial Annual Follow-up Telephone: 513/226/410 No. of Stories: 2 No. of Rooms: 40 Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected: 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40
A 7B

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

INSPECTED BY (PRINT NAME and SIGN): Karen P. Durbin EPHS NUMBER: 1773 AGENCY: Lexis Co. H-113 TELEPHONE: 417/967/4101

LICENSING YEAR: 20 26 / 20 27 APPROVED YES NO DATE INSPECTED: 5/5/26 FOLLOW UP DATE: N/A

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Abigail Turner PAGE 1 OF L