



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <i>Red River Motel</i>				Name ☐ Owner ☐ General Manager <i>Don & Trudy</i>																																																																																																																																																																																																																																																																																																																																																										
Physical Address <i>10372 Tina Allen</i>		City <i>Edwards</i>		Zip <i>64501</i>																																																																																																																																																																																																																																																																																																																																																										
Mailing Address		City		Zip																																																																																																																																																																																																																																																																																																																																																										
County <i>203</i>	This inspection is a(n) ☐ Initial ☐ Annual ☒ Follow-up	Telephone <i>816/221-7233</i>	No. of Stories <i>2</i>	No. of Rooms <i>12</i>	Is the current lodging license displayed? ☐ Yes ☐ No ☐ N/A - new																																																																																																																																																																																																																																																																																																																																																									
Rooms Inspected: <i>101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112</i>		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)																																																																																																																																																																																																																																																																																																																																																														
<table border="1"><thead><tr><th></th><th>In=In Compliance</th><th>Out=Not In Compliance, explain on additional page(s)</th><th>NO=Not Observed</th><th>N/A=Not Applicable</th></tr></thead><tbody><tr><td colspan="5">Section A & B: Water Supply & Wastewater</td></tr><tr><td>1. Approved source, construction and operation</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Complies with water quality standards</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Chlorinator maintained and operated properly</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Wastewater operation and maintenance</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Section C: Sanitation/Housekeeping</td></tr><tr><td>1. Walls, floors and ceilings in good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Housekeeping practices and furnishings</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Towels and bed linens clean</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Mattresses and box springs clean</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Pest control procedures</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Ice machines, scoops, liners clean & protected</td><td></td><td></td><td></td><td></td></tr><tr><td>7. Garbage storage and disposal</td><td></td><td></td><td></td><td></td></tr><tr><td>8. Premises maintained, plant growth controlled</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Food Inspection conducted according to 19CSR20-1.025</td></tr><tr><td>9. Food, equipment and single service/ware</td><td></td><td></td><td></td><td></td></tr><tr><td>10. Food protected from contamination</td><td></td><td></td><td></td><td></td></tr><tr><td>11. Facilities to wash, rinse and sanitize</td><td></td><td></td><td></td><td></td></tr><tr><td>12. Handwashing facilities/hygienic practices</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Section D: Life Safety</td></tr><tr><td>1. Combustible/toxic items usage and storage</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Building maintained to assure safe conditions</td><td></td><td></td><td></td><td></td></tr><tr><td>3. CO detectors hardwired, installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>4. GFCI, outlets & switches installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Exit signs installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Emergency lighting installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>7. Electric panel protected, labeled, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Required Annual Third Party Inspections</td></tr><tr><td>1. Fire Alarm System</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Sprinkler System</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Local Fire and Building Codes/Ordinances</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Current Boiler/Pressure Vessels MDPS Certification</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Backflow Device(s) Test</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Liquid Propane Leak Test</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Section E: Fire Safety</td></tr><tr><td>1. Textiles, hangings and mirrors</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Fire extinguisher type, inspected, and location</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Vertical openings fire-rated, self-closing</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Doors, self-closing and fire-rated</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Smoke detectors hardwired, installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Evacuation route and plan, installed, available</td><td></td><td></td><td></td><td></td></tr><tr><td>7. Stairs and ramps, maintained, storage</td><td></td><td></td><td></td><td></td></tr><tr><td>8. Means of egress, number, maintained</td><td></td><td></td><td></td><td></td></tr><tr><td>9. Handrails and balconies maintained and appropriate</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="5">Section F: Swimming Pools/Spas</td></tr><tr><td>1. Fence, gate adequate, proper closure mechanism</td><td></td><td></td><td></td><td></td></tr><tr><td>2. Boundary line, pool depth properly marked</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Deck is clean and in good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Lifesaving equipment adequate, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Pool clarity, pH, disinfectant, & temp. maintained</td><td></td><td></td><td></td><td></td></tr><tr><td>6. 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INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P. Dunn</i>		EPHS NUMBER <i>1775</i>	AGENCY <i>Don & Trudy</i>	TELEPHONE <i>816/221-7233</i>																																																																																																																																																																																																																																																																																																																																																										
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