



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name Reeds Cabins		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager Kelly Fackert	
Physical Address 9300 Hwy 119		City Salem	Zip 65560
Mailing Address Same as above		City	Zip
County 065	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone 573-548-2222	No. of Stories 1
		No. of Rooms 18	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: Cabins 6, 11, 12, 13, 14, 15, 16, 17, 18	Water Supply <input checked="" 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 checked="" 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 type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input checked="" type="checkbox"/> N/A	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire alarm system installed <input type="checkbox"/> Yes <input 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 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 type="checkbox"/> N/A
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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	Section E: Fire Safety	In Out NO N/A
1. Approved source, construction and operation		1. Textiles, hangings and mirrors	
2. Complies with water quality standards		2. Fire extinguisher type, inspected, and location	
3. Chlorinator maintained and operated properly		3. Vertical openings fire-rated, self-closing	
4. Wastewater operation and maintenance		4. Doors, self-closing and fire-rated	
Section C: Sanitation/Housekeeping		5. Smoke detectors hardwired, installed, good repair	
1. Walls, floors and ceilings in good repair		6. Evacuation route and plan, installed, available	
2. Housekeeping practices and furnishings		7. Stairs and ramps, maintained, storage	
3. Towels and bed linens clean		8. Means of egress, number, maintained	
4. Mattresses and box springs clean		9. Handrails and balconies maintained and appropriate	
5. Pest control procedures		Section F: Swimming Pools/Spas	
6. Ice machines, scoops, liners clean & protected		1. Fence, gate adequate, proper closure mechanism	
7. Garbage storage and disposal		2. Boundary line, pool depth properly marked	
8. Premises maintained, plant growth controlled		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		10. First aid kit available	
2. Building maintained to assure safe conditions		11. Lighting adequate and in good repair	
3. CO detectors hardwired, installed, good repair		Section G: Plumbing/Mechanical	
4. GFCI, outlets & switches installed, good repair		1. Equipment adequate, good repair	
5. Exit signs installed, good repair		2. Ventilation adequate, plumbing, restrooms	
6. Emergency lighting installed, good repair		3. T & P relief valves adequate, good repair	
7. Electric panel protected, labeled, good repair		4. Relief valve discharge pipes installed, adequate	
Required Annual Third Party Inspections		5. Backflow, air gaps, no cross connections	
1. Fire Alarm System		Section H: Heating & Cooling	
2. Sprinkler System		1. Unvented fuel-burning appliance/space heater	
3. Local Fire and Building Codes/Ordinances		2. Fire resistant room or sprinkler head	
4. Current Boiler/Pressure Vessels MDPS Certification		3. Location of heating/cooling units	
5. Backflow Device(s) Test		4. Ventilation of appliances and utility rooms	
6. Liquid Propane Leak Test		5. Operation and condition adequate	

INSPECTED BY (PRINT NAME AND SIGN) Roma Jones (Roma Jones)	EPHS NUMBER 1168	AGENCY Dent County Health	TELEPHONE 573-729-3106
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LICENSING YEAR 20 23 / 20 24	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 5-31-2023	FOLLOW UP DATE June 28, 2023
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Kelly Fackert Owner			PAGE 1 OF 2

