



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name Reeds Cabins Name Owner 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) Initial Annual Follow-up Telephone 573-548-2222 No. of Stories 1 No. of Rooms 18 Is the current lodging license displayed? Yes No N/A- new

Rooms Inspected: Cabins 6, 11, 12, 13, 14, 15, 16, 17, 18

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 <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 type="checkbox"/> N/A			
	Smoke detectors hardwired <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		
	Fire alarm system installed <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		
	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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	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	In	Out	NO	N/A	Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair					5. Smoke detectors hardwired, installed, good repair				
2. Housekeeping practices and furnishings					6. Evacuation route and plan, installed, available				
3. Towels and bed linens clean					7. Stairs and ramps, maintained, storage				
4. Mattresses and box springs clean					8. Means of egress, number, maintained				
5. Pest control procedures					9. Handrails and balconies maintained and appropriate				

Section D: Life Safety	In	Out	NO	N/A	Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Combustible/toxic items usage and storage					1. Fence, gate adequate, proper closure mechanism				
2. Building maintained to assure safe conditions					2. Boundary line, pool depth properly marked				
3. CO detectors hardwired, installed, good repair					3. Deck is clean and in good repair				
4. GFCI, outlets & switches installed, good repair					4. Lifesaving equipment adequate, good repair				
5. Exit signs installed, good repair					5. Pool clarity, pH, disinfectant, & temp. maintained				

Section E: Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A	Section H: Heating & Cooling	In	Out	NO	N/A
9. Food, equipment and single service/use					1. Unvented fuel-burning appliance/space heater				
10. Food protected from contamination					2. Fire resistant room or sprinkler head				
11. Facilities to wash, rinse and sanitize					3. Location of heating/cooling units				
12. Handwashing facilities/hygienic practices					4. Ventilation of appliances and utility rooms				

Section F: Required Annual Third Party Inspections	In	Out	NO	N/A
1. Fire Alarm System				
2. Sprinkler System				
3. Local Fire and Building Codes/Ordinances				
4. Current Boiler/Pressure Vessels MDPS Certification				
5. Backflow Device(s) Test				
6. Liquid Propane Leak Test				

Section G: EPHS NUMBER	AGENCY	TELEPHONE
<u>1168</u>	<u>Dent Co. Health Center</u>	<u>573-729-3106</u>

INSPECTED BY (PRINT NAME and SIGN) Roma Jones DATE INSPECTED 6-28-2023

LICENSING YEAR 20 23 / 20 24 APPROVED YES NO FOLLOW UP DATE _____

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Kelly Fackert Owner PAGE 1 OF 1

