



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Montauk ONP LLC Name: Owner General Manager Darlene Griffith

Physical Address: 420 CR 6670 City: Salem Zip: 65560

Mailing Address: same as above City: Zip:

County: 065 This inspection is a(n) Initial Annual Follow-up Telephone: 573-548-2434 No. of Stories: 2 No. of Rooms: 48 Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: Room 9, 7, 2, 18 Cabins 5, 2, 33, 29, 24, 22

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	<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		Section E: Fire Safety	
1. Approved source, construction and operation	In Out NO N/A	1. Textiles, hangings and mirrors	In Out NO N/A
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): Koma Jones EPHS NUMBER: 1168 AGENCY: Dent Co. Health Center TELEPHONE: 573-729-3106

LICENSING YEAR: 20 23 / 20 24 APPROVED YES NO DATE INSPECTED: 8-23-2023 FOLLOW UP DATE:

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Darlene Griffith office mgr PAGE 1 OF 1

