



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

Scanned & re-mailed 8-8-2024 by

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name Montauk ONP LLC		Name <input type="checkbox"/> Owner <input checked="" type="checkbox"/> General Manager Melissa Wildhaber	
Physical Address 420 CR 6670		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 573-548-2434	No. of Stories 2
		No. of Rooms 48	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: Rooms Motel 12 + 14 Cabins 4, 7, 9, 10, 11, 13, 25 + 29	Water Supply <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	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

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
1. Approved source, construction and operation	✓			
2. Complies with water quality standards				✓
3. Chlorinator maintained and operated properly				✓
4. Wastewater operation and maintenance				✓
Section C: Sanitation/Housekeeping				
1. Walls, floors and ceilings in good repair		✓		
2. Housekeeping practices and furnishings	✓			
3. Towels and bed linens clean	✓			
4. Mattresses and box springs clean	✓			
5. Pest control procedures		✓		
6. Ice machines, scoops, liners clean & protected				✓
7. Garbage storage and disposal	✓			
8. Premises maintained, plant growth controlled		✓		
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use				✓
10. Food protected from contamination				✓
11. Facilities to wash, rinse and sanitize				✓
12. Handwashing facilities/hygienic practices				✓
Section D: Life Safety				
1. Combustible/toxic items usage and storage	✓			
2. Building maintained to assure safe conditions		✓		
3. CO detectors hardwired, installed, good repair	✓			
4. GFCI, outlets & switches installed, good repair		✓		
5. Exit signs installed, good repair	✓			
6. Emergency lighting installed, good repair	✓			
7. Electric panel protected, labeled, good repair	✓			
Required Annual Third Party Inspections				
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 E: Fire Safety				
1. Textiles, hangings and mirrors				✓
2. Fire extinguisher type, inspected, and location				✓
3. Vertical openings fire-rated, self-closing				✓
4. Doors, self-closing and fire-rated				✓
5. Smoke detectors hardwired, installed, good repair				✓
6. Evacuation route and plan, installed, available				✓
7. Stairs and ramps, maintained, storage				✓
8. Means of egress, number, maintained				✓
9. Handrails and balconies maintained and appropriate				✓
Section F: Swimming Pools/Spas				
1. Fence, gate adequate, proper closure mechanism				
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
Section G: Plumbing/Mechanical				
1. Equipment adequate, good repair				✓
2. Ventilation adequate, plumbing, restrooms				✓
3. T & P relief valves adequate, good repair				✓
4. Relief valve discharge pipes installed, adequate				✓
5. Backflow, air gaps, no cross connections				✓
Section H: Heating & Cooling				
1. Unvented fuel-burning appliance/space heater				✓
2. Fire resistant room or sprinkler head				✓
3. Location of heating/cooling units				✓
4. Ventilation of appliances and utility rooms				✓
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 24 / 20 25	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 8-7-2024	FOLLOW UP DATE Sept. 18, 2024
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Melissa Wildhaber GM		Melissa Wildhaber	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES

LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

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ESTABLISHMENT NAME Montauk ONP, LLC	PHYSICAL ADDRESS 420 CR 6670	CITY Salem
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
H5, C5	Motel Room 12 - Ptac filter dirty, dead spider in sink.
H5	Motel Room 14 - Ptac filter dirty + cracked on the edge.
E5	Boiler room - smoke detector missing.
H5	Cabin 7 - cold air return vent dirty.
C8 C5	Cabin 9 + 10 - service closet behind cabins - drain clogged, mouse droppings present.
C4, C8	Cabin 9 - damage to screen on door, outlet to right of kitchen sink not working.
H5, C8	Cabin 14 - Ptac filter dirty, glass laying behind windows behind cabin, bathroom sink leaking.
C-8	Cabin 13 + 14 - utility closet to these to cabins floor is wet.
E9, H5	Cabin 13 - retaining wall on left side of cabin leaning, Ptac filter dirty + moldy and unit has debris on it.
C1	Cabin 25 - cold air return vent is dirty.
E9, D2, C1, C5	Cabin 29 - first postout on deck to the left is loose. Utility closet is dirty and has dead bugs on floor.
G1	No current Propane Leak test.

INSPECTED BY Doma Jones	DATE 8-7-2024
RECEIVED BY Melissa Wedhauer	DATE 8-7-2024