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

| FOR CENTRAL OFFICE USE ONLY | ESTABLISHMENT NUMBER |
|---|---|
| | |

| | | | | | |
|---|---|---|---|---|---|
| Establishment Name: Reeds Cabins | | | Name: ☒ Owner ☐ General Manager — Troy Bemis | | |
| Physical Address: 9300 Hwy 119 | | City: Salem | | | Zip: 65560 |
| Mailing Address: Same as above | | City | | | Zip |
| County | This inspection is a(n): ☐ Initial ☒ Annual ☐ Follow-up | Telephone | No. of Stories: 1 | No. of Rooms: 18 | Is the current lodging license displayed? ☐ Yes ☐ No ☐ N/A- new |

| Rooms Inspected: | Water Supply | Wastewater |
|---|---|---|
| Cabins 17, 16, 14, 6, 5, 4, 3, 2, 1 | ☒ Private ☐ Public<br>Water sample taken ☐ Yes ☐ No | ☒ Private ☐ Public<br>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 | New Lodging Establishments ☒ N/A | | |
|---|---|---|---|
| ☐ Fire Safety ☐ Electrical Wiring<br>☐ Plumbing<br>☐ Swimming Pools/Spas<br>☐ Fuel Burning Appliances | Smoke detectors hardwired ☐ Yes ☐ No ☐ N/A | Swimming Pool Certified ☐ Yes ☐ No ☐ N/A | |
| | Fire alarm system installed ☐ Yes ☐ No ☐ N/A | Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No | |
| | Sprinkler system installed ☐ Yes ☐ No ☐ N/A | 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)

**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 | In | Out | NO | N/A |
|---|---|---|---|---|
| 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) | EPHS NUMBER | AGENCY | TELEPHONE |
|---|---|---|---|
| Roma Jones Roma Jones | 1168 | Dent Co. Health Center | 573-729-3106 |
| LICENSING YEAR 20 26 / 20 27 — **APPROVED ☐ YES ☒ NO** | | DATE INSPECTED 05/20/2026 | FOLLOW UP DATE 06/15/2026 |
| RECEIVED BY (PRINT NAME AND TITLE and SIGN) Troy Bemis Owner | | | **PAGE 1 OF 2** |

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| Establishment Name | Physical Address | City |
|---|---|---|
| Reeds Cabins | 9300 Hwy 119 | Salem |

| Section Reference | Observations, comments, and corrective measures |
|---|---|
| G1 | No current leak test. |
| C2 | Cabin 14 - silverware tray with debris Corrected on site |
| C2, H5 | Cabin 6 - silverware tray with debris, PTAC filter with debris, debris in microwave - all corrected on site. |
| H5 | Cabin 5 - dirty PTAC filters - corrected on site. |
| H5, C2, D7 C1 | Cabin 4 - PTAC filters dirty, water heater room with debris on floor fuse box not labeled, wall is buckled next to kitchen window. |
| D2, C2, H5 | Cabin 3 - chairs not steady, rips in fabric on chairs, oven needs cleaned PTAC filters dirty, silverware drawer with debris. |
| C2, H5 | Cabin 1 - both box springs covers with stains, PTAC filters dirty. |
| D2 | Cabin 2 - light bulb missing over vanity - corrected on site. |
| H5 | Game room - PTAC filter dirty - Corrected on site. |
| D2 | Cabin 16 + 17 facia boards need covered or replaced. |
| D2 | Cabin 14 + 15 - peeling paint on outside of cabin. |
| D2 | Cabin 3 + 4 - peeling paint on facia boards. |

| INSPECTED BY | RECEIVED BY | DATE |
|---|---|---|
| Roma Jones, Roann Kopp, Rodeson Allis | [signature] | 5-20-2026 |