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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER

Establishment Name: Reed's Cabins
Name: ☒ Owner ☐ General Manager — Troy Bemis
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 17, 16, 14, 6, 5, 4, 3, 2, 1

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 ☐ 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): Roma Jones Roma Jones — EPHS NUMBER: 1168 — AGENCY: Dent Co. Health Center — TELEPHONE: 573-729-3106

LICENSING YEAR: 20 26 / 20 27 — **APPROVED** ☒ **YES** ☐ **NO** — DATE INSPECTED: 6/15/2026 — FOLLOW UP DATE: Next reg. inspection

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Troy Bemis Owner Troy Bemis

Missouri Department of Health and Senior Services
Bureau of Environmental Health Services
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Establishment Name	Physical Address	City
Reeds Cabins	9300 Hwy 119	Salem

Section Reference	Observations, comments, and corrective measures
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
	All three above items Must be done by next inspection!

INSPECTED BY	RECEIVED BY	DATE
Thomas Jones		6-15-2026