



Missouri Department of Health and Senior Services
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
 LODGING ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NUMBER
 017-01542

ESTABLISHMENT NAME EC Reeds Mercantile & Hotel		NAME OF OWNER/CONTACT PERSON Christy Shields GM	
MAILING ADDRESS 4896 HWY 34 West		CITY Glen Allen	ZIP CODE 63751
PHYSICAL ADDRESS 301 First Street		CITY Marble Hill	ZIP CODE 63764

COUNTY Bollinger	THIS INSPECTION IS A(N) Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/>	TELEPHONE 572-238-3276	NO. OF STORES 1	NO. OF ROOMS 14	ROOMS INSPECTED 5
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Please check Yes or No next to each item.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005	<input checked="" type="checkbox"/>			Is the water supply private		<input checked="" type="checkbox"/>
				Is the water supply public	<input checked="" type="checkbox"/>	
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.				Water sample taken		<input checked="" type="checkbox"/>
Do the following local ordinances apply?				SEWAGE/WASTEWATER		
Fire safety			<input checked="" type="checkbox"/>	Is the Sewage/Wastewater private		<input checked="" type="checkbox"/>
Electrical wiring			<input checked="" type="checkbox"/>	Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	
Fuel burning appliances			<input checked="" type="checkbox"/>	SWIMMING POOLS/SPAS		
Plumbing			<input checked="" type="checkbox"/>	Indoor pool		<input checked="" type="checkbox"/>
Swimming pools/spas			<input checked="" type="checkbox"/>	Outdoor pool		<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>			Spa		<input checked="" type="checkbox"/>
				Pool larger than 2000 square feet		<input checked="" type="checkbox"/>

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)

Yes = In Compliance No = Not in Compliance, explain on additional page(s) NB = Not Observed NA = Not Applicable

SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
1. Approved source, construction & operation	<input checked="" type="checkbox"/>				2. Doors and locks permitted	<input checked="" type="checkbox"/>			
2. Complies with chemical, bad & rad standards				<input checked="" type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input checked="" type="checkbox"/>			
3. Chlorinator maintained & operating properly				<input checked="" type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input checked="" type="checkbox"/>			
SECTION B: SEWAGE & WASTEWATER					SECTION F: SWIMMING POOLS/SPAS				
1. Operating satisfactorily	<input checked="" type="checkbox"/>				5. Vertical openings protected	<input checked="" type="checkbox"/>			
SECTION C: SANITATION/HOUSEKEEPING					6. Doors, self closing & fire rated	<input checked="" type="checkbox"/>			
1. Walls, floors & ceilings in good repair	<input checked="" type="checkbox"/>				7. Smoke detectors installed, good repair	<input checked="" type="checkbox"/>			
2. Proper housekeeping practices	<input checked="" type="checkbox"/>				8. Fire alarm & sprinkler systems tested & approved	<input checked="" type="checkbox"/>			
3. Towels & bed linens clean	<input checked="" type="checkbox"/>				9. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>			
4. Mattresses & box springs clean	<input checked="" type="checkbox"/>				10. Stairs and ramps maintained, good repair	<input checked="" type="checkbox"/>			
5. No evidence of rodents & insects	<input checked="" type="checkbox"/>				11. Means of egress, number, maintained	<input checked="" type="checkbox"/>			
6. Ice machines, scoops, liners, clean & protected				<input checked="" type="checkbox"/>	SECTION G: PLUMBING/MECHANICAL				
7. Garbage & refuse properly maintained	<input checked="" type="checkbox"/>				1. Equipment adequate, good repair	<input checked="" type="checkbox"/>			
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>				2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>			
9. Food sources, sound condition, approved	<input checked="" type="checkbox"/>				3. Boilers/pressure vessels MDPS certified				<input checked="" type="checkbox"/>
10. Food protected from contamination	<input checked="" type="checkbox"/>				4. T & P relief valves adequate, good repair				<input checked="" type="checkbox"/>
11. Proper facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>				5. Relief valve discharge pipes installed, adequate				<input checked="" type="checkbox"/>
12. Proper hygienic practices	<input checked="" type="checkbox"/>				6. Proper air gaps, no cross connections	<input checked="" type="checkbox"/>			
SECTION D: LIFE SAFETY					SECTION H: HEATING & COOLING				
1. Combustible/toxic items properly used and stored	<input checked="" type="checkbox"/>				1. Unvented fuel-burn appliance/space heater approved				<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>				2. Fire resistant room or sprinkler head/detector	<input checked="" type="checkbox"/>			
3. CO detectors installed, good repair	<input checked="" type="checkbox"/>				3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>			
4. GFCI and proper wiring installed, good repair	<input checked="" type="checkbox"/>				4. Ventilation of appliances & utility rooms	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>				5. Operation & condition adequate	<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>				6. Proper safety valve, thermo control, elect, switch	<input checked="" type="checkbox"/>			
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>				SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)				
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)					1. Complies with local building codes, fire codes & ordinances				
1. Smoke detectors hardwired & maintained					<input checked="" type="checkbox"/>				
2. Fire alarm system installed & maintained									
3. Sprinkler system installed & maintained									

INSPECTED BY <i>Kevin S. Cooper</i>	EPHS NUMBER 1753	AGENCY Bollinger County	TELEPHONE 573-238-2817
LICENSING YEAR 2024	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED 7 Sept 23	SCHEDULED FOLLOW UP DATE <i>N/A</i>
RECEIVED BY <i>[Signature]</i>		DATE 7 Sept 2023	

