



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-Reed GM | |
| MAILING ADDRESS 4896 HWY 34 West | | CITY Glen Allen | ZIP CODE 63751 |
| PHYSICAL ADDRESS 301 First Street | | CITY Marble Hill | ZIP CODE 63764 |

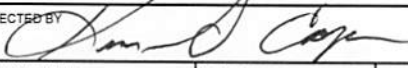
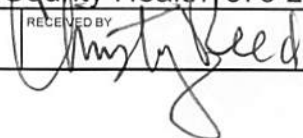
| | | | | | |
|----------------------------|--|----------------------------------|---------------------------|---------------------------|--|
| COUNTY Bollinger | THIS INSPECTION IS A(N) Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> | TELEPHONE 573-238-3276 | NO. OF STORES 2 | NO. OF ROOMS 14 | ROOMS INSPECTED 4, 5, 7, 9, 12 |
|----------------------------|--|----------------------------------|---------------------------|---------------------------|--|

| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the water supply private | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If built after October 31, 2005, does it have certification to national standards or an occupancy permit. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the water supply public | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | Water sample taken | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do the following local ordinances apply? | | | | SEWAGE/WASTEWATER | | |
| Fire safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the Sewage/Wastewater private | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical wiring | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the Sewage/Wastewater public | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fuel burning appliances | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SWIMMING POOLS/SPAS | | |
| Plumbing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Indoor pool | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming pools/spas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Outdoor pool | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spa | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | Pool larger than 2000 square feet | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Doors and locks permitted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Complies with chemical, bad & rad standards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Textiles, hangings and mirrors proper | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Chlorinator maintained & operating properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Fire extinguisher type, inspected, location | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION B: SEWAGE & WASTEWATER | | | | | 5. Vertical openings protected | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Operating satisfactorily | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Doors, self closing & fire rated | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION C: SANITATION/HOUSEKEEPING | | | | | 7. Smoke detectors installed, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Walls, floors & ceilings in good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Fire alarm & sprinkler systems tested & approved | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Proper housekeeping practices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Evacuation route and plan, installed, available | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Towels & bed linens clean | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Stairs and ramps maintained, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mattresses & box springs clean | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Means of egress, number, maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. No evidence of rodents & insects | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SECTION F: SWIMMING POOLS/SPAS | | | | |
| 6. Ice machines, scoops, liners, clean & protected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Fence, gate adequate, proper closure mechanism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Garbage & refuse properly maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Boundary line, pool depth properly marked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Premises, plant growth controlled | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Lifesaving equipment adequate, good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Food sources, sound condition, approved | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Pool clarity, pH, disinfectant, temp maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Food protected from contamination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Steps, ladders, deck installed, good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Proper facilities to wash, rinse and sanitize | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Adequate ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Proper hygienic practices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Electrical outlets, proper protection & distance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SECTION D: LIFE SAFETY | | | | | 8. Records maintained & signs posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. Combustible/toxic items properly used and stored | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SECTION G: PLUMBING/MECHANICAL | | | | |
| 2. Building maintained to assure safe conditions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Equipment adequate, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. CO detectors installed, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Ventilation adequate, plumbing, restrooms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. GFCI and proper wiring installed, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Boilers/pressure vessels MDPS certified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Exit signs installed, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. T & P relief valves adequate, good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Emergency lighting installed, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Relief valve discharge pipes installed, adequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Electric panel protected, labeled, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Proper air gaps, no cross connections | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY) | | | | | SECTION H: HEATING & COOLING | | | | |
| 1. Smoke detectors hardwired & maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Unvented fuel-burn appliance/space heater approved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Fire alarm system installed & maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Fire resistant room or sprinkler head/detector | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sprinkler system installed & maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Proper location of heating/cooling units | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS) | | | | | 4. Ventilation of appliances & utility rooms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Complies with local building codes, fire codes & ordinances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Operation & condition adequate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | 6. Proper safety valve, thermo control, elect, switch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| INSPECTED BY  | EPHS NUMBER 1753 | AGENCY Bollinger County Health | TELEPHONE 573-238-2817 |
| LICENSING YEAR 2025 | APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE INSPECTED 24 Oct 24 | SCHEDULED FOLLOW UP DATE N/A |
| | | RECEIVED BY  | DATE 24 Oct 24 |

