

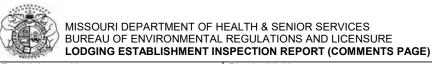
FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name Red Cedar Lodge				Name ☐ Owner ☑ General Manager Raj Patel			
Physical Address 7036 U.S. Highway 67		Bonne Terre				^{Zip} 63628	
Mailing Address 3411 Rosener		City Park Hills				Zip 63601	
County This inspection is a(n) 187 Initial Annual	8900	No. of Stories 2	No. of Rooms 41		nt lodging licen		
Rooms Inspected:		Water Supply			Vastewater		
15, 16,18,21, 22, 33, 28, 26, 24	 Private	□Public			▼ Public		
15, 10,10,21, 22, 33, 20, 20, 24	Water sample	3				☑DNR	
				heck all that a			
		Indoor pool	Outdoor p	oool□ Spa l	Pool lar	ger than 200	0 square feet 🔲
Please check if the following local ordinances apply	New Lodging Estab	lishments	□ N/A				
☐ Fire Safety ☐ Electrical Wiring							
Plumbing	Fire alarm system insta	illed 🔲 Ye				nal Standards o	or Occupancy
Swimming Pools/Spas	Sprinkler system install	ed 🔲 Ye	es 🔲 No 🔲 N	Permit N/A Historical B	Luilding	Yes L	No No N/A
Fuel Burning Appliances							
based on an inspection this day, the ite	ms marked "Out" below to comply with any time	dentity noncomp	liance in operations specified in	tions or tacilities v n this notice may	vhich must be o	corrected prior t	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 Ou Section A & B: Water Supply & Wast	t=Not In Compliance, e ewater In Out		onal page(s) Section E: Fire	NO=Not OI	oserved N	I/A=Not Applic	Out NO N/A
Approved source, construction and or	peration ×			gings and mirrors		×	
2. Complies with water quality standards			2. Fire extinguisher type, inspected, and location				
Chlorinator maintained and operated properly Wastewater operation and maintenance			3. Vertical openings fire-rated, self-closing			×	
Section C: Sanitation/Housekeeping		4. Doors, self-closing and fire-rated 5. Smoke detectors hardwired, installed, good repair					
1. Walls, floors and ceilings in good repa			oute and plan, ins		e 🗖		
2. Housekeeping practices and furnishings			7. Stairs and ramps, maintained, storage				
3. Towels and bed linens clean 4. Mattresses and box springs clean			Means of egress, number, maintained Handrails and balconies maintained and appropriate				
Wattresses and box springs clean Pest control procedures			Section F: Swimming Pools/Spas				
6. Ice machines, scoops, liners clean & protected		x 1	1. Fence, gate adequate, proper closure mechanism				
7. Garbage storage and disposal 8. Premises maintained, plant growth controlled			Boundary line, pool depth properly marked Dock is clean and in good renair.				×
8. Premises maintained, plant growth controlled 3. Deck is clean and in good repair Food Inspection conducted according to 19CSR20-1.025 4. Lifesaving equipment adequate, good repair							
9. Food, equipment and single service/use		X 5	5. Pool clarity, pH, disinfectant, & temp. maintained				
10. Food protected from contamination			6. Steps, ladders, and handrails installed, good repair				×
11. Facilities to wash, rinse and sanitize 12. Handwashing facilities/hygienic practices			7. Adequate ventilation 8. Electrical outlets, proper protection & distance				×
Section D: Life Safety			Records maintained and signs posted				
Combustible/toxic items usage and storage			10. First aid kit available				×
Building maintained to assure safe conditions CO detectors hardwired, installed, good repair			11. Lighting adequate and in good repair Section G: Plumbing/Mechanical				
4. GFCI, outlets & switches installed, good repair			Equipment adequate, good repair				
5. Exit signs installed, good repair			2. Ventilation adequate, plumbing, restrooms				×
6. Emergency lighting installed, good repair 7. Electric panel protected, labeled, good repair			3. T & P relief valves adequate, good repair 4. Relief valve discharge pipes installed, adequate			,to	
Required Annual Third Party Inspect				gaps, no cross co		ate _	×
1. Fire Alarm System		× S	Section H: Hea	ating & Cooling			
2. Sprinkler System				l-burning applian		er	×
 Local Fire and Building Codes/Ordina Current Boiler/Pressure Vessels MDF 			z. Fire resistant	room or sprinkler	nead		
Certification			3. Location of he	eating/cooling uni	ts		
5. Backflow Device(s) Test				appliances and u			×
6. Liquid Propane Leak Test INSPECTED BY (PRINT NAME an	d SIGNI)		NUMBER A	d condition adequ	ıate	TELEPHON	
Nicholas Joggerst Mall	1687		Francois County	Health Center			
LICENSING YEAR			DATE INSPECTED			FOLLOW UP DATE	
	PPROVED 🗵 Y	ES 🗆 NO) 6	/21/2022		N/A	
RECEIVED BY (PRINT NAME AND TITLE and SIGN)					PAGE 1 OF	2	
Raj Patel						The second secon	
MO 580-0883 (6-16)	Distribution: White/	Owner Canary/	Central Office	Pink/Local Office			E9.02

Time In:12:00pm

Time Out:1:10pm



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Establishment Name:	Physical Address:	City:
Red Cedar Lodge	7036 U.S. Highway 67	Bonne Terre

SECTION REFERENCE

OBSERVATIONS AND ADDITIONAL COMMENTS

Room 21:

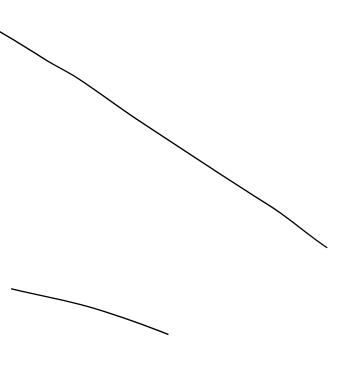
C5: Live roaches were observed in the room near the bed. COS staff supplied up to date pest control measures from Terminix serviced 6/6/2022 and are on a monthly schedule.

Room 24/26

C1: The floor was found to have burn marks. Walls ceilings and floors shall be in good condition. Please repair by the next routine.

Fire extinguisher inspections done by L and K safety on 5-31-2022.

Water sample taken and found to be satisfactory by the state public health lab



Received by:

Nicholas Joggerst

Date: 6/21/2022

Raj Patel

Date: 6/21/2022