



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 15:09 TIME OUT 15:48  
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED 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 CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <b>Old Lutesville Emporium</b>		OWNER: <b>Lori Vandeven</b>		PERSON IN CHARGE: <b>Valeriia Nagornykh</b>	
ADDRESS: <b>203/205 First St.</b>				COUNTY: <b>Bollinger</b>	
CITY/ZIP: <b>Marble Hill MO. 63764</b>		PHONE:	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input checked="" type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN	<input type="checkbox"/> MOBILE VENDORS
PURPOSE					
<input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. _____				Date Sampled _____ Results _____	

**RISK FACTORS AND INTERVENTIONS**

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance		Demonstration of Knowledge		COS	R	Compliance		Potentially Hazardous Foods		COS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper cooking, time and temperature			
<b>Employee Health</b>											
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper cooling time and temperatures			
<b>Good Hygienic Practices</b>											
IN	OUT	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT N/A	Proper hot holding temperatures			
IN	OUT	<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	OUT N/O N/A	Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>											
<input checked="" type="checkbox"/>	OUT	N/O	Hands clean and properly washed			IN	OUT	<input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/>	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT		Adequate handwashing facilities supplied & accessible			IN	OUT	<input checked="" type="checkbox"/>	N/A	Highly Susceptible Populations	
<b>Approved Source</b>											
<input checked="" type="checkbox"/>	OUT		Food obtained from approved source			IN	OUT	<input checked="" type="checkbox"/>	Chemical		
IN	OUT	N/O	<input checked="" type="checkbox"/>	Food received at proper temperature				<input checked="" type="checkbox"/>	OUT	Food additives: approved and properly used	
<input checked="" type="checkbox"/>	OUT		Food in good condition, safe and unadulterated					Toxic substances properly identified, stored and used			
IN	OUT	N/O	N/A	Required records available: shellstock tags, parasite destruction				<input checked="" type="checkbox"/>	OUT	N/A	Conformance with Approved Procedures
<b>Protection from Contamination</b>											
<input checked="" type="checkbox"/>	OUT	N/A	Food separated and protected			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance      OUT = not in compliance N/A = not applicable      N/O = not observed					
<input checked="" type="checkbox"/>	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food								

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water		COS	R	IN	OUT	Proper Use of Utensils		COS	R						
<input checked="" type="checkbox"/>		Pasteurized eggs used where required				<input checked="" type="checkbox"/>		In-use utensils: properly stored									
<input checked="" type="checkbox"/>		Water and ice from approved source				<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled									
<b>Food Temperature Control</b>																	
<input checked="" type="checkbox"/>		Adequate equipment for temperature control				<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used									
<input checked="" type="checkbox"/>		Approved thawing methods used				<input checked="" type="checkbox"/>		Gloves used properly									
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<b>Utensils, Equipment and Vending</b>											
		Food Identification				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used									
<input checked="" type="checkbox"/>		Food properly labeled, original container				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used									
<b>Prevention of Food Contamination</b>																	
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean									
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		Physical Facilities									
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure									
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices									
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed									
						<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned									
						<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained									
						<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean									

Person in Charge /Title: <b>Valeriia Nagornykh</b>		Date: <b>10 May 23</b>	
Inspector: <i>[Signature]</i>	Telephone No. <b>573-238-2817</b>	EPHS No. <b>1753</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	



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ESTABLISHMENT NAME Old Lutesville Emporium		ADDRESS 203/205 First St.		CITY /ZIP Marble Hill MO. 63764	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Refrigerator		35			

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>		

**EDUCATION PROVIDED OR COMMENTS**

Education offered in regard to proper cooking temps, storage of supplies and product. Date marking, wash, rinse and sanitize procedures also covered.

Person in Charge / Title: Valeriia Nagornykh		Date: 10 May 23	
Inspector: <i>[Signature]</i>	Telephone No. 573-238-2817	EPHS No. 1753	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	