



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

| | |
|-------------|---------------|
| TIME IN 930 | TIME OUT 1200 |
| PAGE 1 of 2 | |

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: HARPS FOOD STORE | OWNER: HARPS FOOD STORE | PERSON IN CHARGE: DAVE DAVIS, MGR |
| ADDRESS: BUSINESS HWY 25, P.O. BOX 384 | | COUNTY: Dunklin |
| CITY/ZIP: MALDEN, MO 63863 | PHONE: | FAX: |
| P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input 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"/> MOBILE VENDORS <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"/> TEMP.FOOD | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <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 | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | IN <input checked="" type="checkbox"/> N/O N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | IN OUT N/O <input checked="" type="checkbox"/> | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | |
| IN <input checked="" type="checkbox"/> | Adequate handwashing facilities supplied & accessible | | | <input checked="" type="checkbox"/> OUT N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | | Chemical | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="" type="checkbox"/> OUT N/A | Food additives: approved and properly used | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | IN <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used | | |
| IN <input checked="" type="checkbox"/> | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| IN OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | IN OUT <input checked="" type="checkbox"/> | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| IN <input checked="" type="checkbox"/> N/A | Food separated and protected | | | | | | |
| IN <input checked="" type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| IN OUT <input checked="" type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

The letter to the left of each item indicates that item's status at the time of the inspection.
 IN = in compliance
 N/A = not applicable
 OUT = not in compliance
 N/O = not observed

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

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|---|--|
| Person in Charge /Title: DAVE DAVIS, MGR <i>Dave Davis</i> | Date: 08/19/2019 |
| Inspector: <i>Cheryl</i> | Telephone No. 573-888-9008 |
| EPHS No. 1647 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Follow-up Date: 09/19/19 |



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|---|--------------|---|--------------------------------------|
| ESTABLISHMENT NAME HARPS FOOD STORE | | ADDRESS BUSINESS HWY 25, P.O. BOX 384 | CITY /ZIP MALDEN, MO 63863 |
| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
| DELI DISPLAY | 35 | EGG DISPLAY COOLER | 36 |
| ROTESSERIE CHICKEN/HOT HOLD | 158 | WALK IN MEAT COOLER | 38 |
| DELI WALK IN COOLER | 38 | MEAT CUTTING ROOM | 38 |
| 18 DOOR FREEZER | 10 | MEAT DISPLAY RACK | 38 |
| DAIRY COOLER | 38 | WEST FREEZER | -25 |

| Code Reference | PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
| 3-501.17 | Multiple items in deli display dated incorrectly, 7 day discard date (items were date from 08/18/19- 08/25/19, when purchasing the tag display a extra day not expiring till 8/26/19) | 9/19/19 | DD |
| 7-102.11 | Unlabeled spray bottle on shelf in deli room | 9/19/19 | DD |
| 7-202.12 | Raid pesticide in deli room, must be approved for food establishment | 9/19/19 | DD |
| 4-601.11A | Cutting boards in deli room heavily scarred, repair or replace | 9/19/19 | DD |
| 3-501.17 | Multiple items in walk in deli cooler not dated, (Bologna, cut tomatoes) | 9/19/19 | DD |
| 3-302.11 | Eggs above ready to eat foods in Dairy cooler (Pie crust, Yogurt, Biscuits) | 9/19/19 | DD |
| 3-305.18 | 4 cans of Similac Sensitive infant formula past date of June 2019, discarded | COS | DD |
| 5-403.11 | Mop water being dumped outside, must be disposed off in approved wastewater treatment system | 9/19/19 | DD |
| 3-302.11 | Eggs next to Chocolate chip cookie dough | 9/19/19 | DD |

| Code Reference | CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| 6-301.12 | no paper towels at deli hand sink | 9/19/19 | DD |
| 3-305.11 | Boxes on floor in Deli walk in cooler, must be at least 6 inches off the floor | 9/19/19 | DD |
| 4-601.11c | Fans guards soiled with dust and debris in dairy walk in cooler, clean | 9/19/19 | DD |
| 4-601.11c | Floors soiled with debris in Dairy walk in cooler | 9/19/19 | DD |
| 3-307.11 | Personal food stored with customer food in Dairy walk in cooler, must keep seperated | 9/19/19 | DD |
| 3-305.11 | Boxes on floor in Meat walk in cooler, must be at least 6 inches off the floor | 9/19/19 | DD |
| 4-601.11C | Fans guards soiled with dust and debris in meat walk in cooler | 9/19/19 | DD |
| 4-601.11C | west wall in meat cutting room soiled with black residue, clean and sanitize | 9/19/19 | DD |
| 3-304.14 | Rags in meat cutting room not stored in sanitizer | 9/19/19 | DD |
| 6-501.11 | Vegetable prep sink leaking, repair or replace | 9/19/19 | DD |
| 4-101.19 | Wooden pallets in meat cooler along with 2x4 on roof of cooler, wood must be sealed in high moisture areas | 9/19/19 | DD |
| 4-302.14 | No sanitizer strips found in all areas with 3 vat sinks | 9/19/19 | DD |
| 3-305.11B | Open bags of suger in loading area, must be covered to prevent contamination | 9/19/19 | DD |
| 5-203.13 | No mop sink | 9/19/19 | DD |
| 6-202.15 | Visible daylight through Rear East Side loading door | 9/19/19 | DD |

EDUCATION PROVIDED OR COMMENTS

Discussed with management any changes to 3 vat sink or repairs (indirect drains shall be placed)

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|--|--|
| Person in Charge /Title: DAVE DAVIS, MGR <i>David Davis</i> | Date: 08/19/2019 |
| Inspector: <i>Cheryl D...</i> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |