



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

TIME IN 815 TIME OUT 1030
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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: HARPS FOOD STORE		OWNER: HARPS FOOD STORE		PERSON IN CHARGE: Brittany Terrell	
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 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 Date Sampled _____ Results _____	
License No. _____					

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		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			IN OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
IN	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
IN	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	Required records available, shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT	Food separated and protected						
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized						
IN	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 OUT = not in compliance
N/A = not applicable 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	Compliance	COS	R	Compliance	COS	R
X		Pasteurized eggs used where required			X		
X		Water and ice from approved source			X		
X		Adequate equipment for temperature control			X		
X		Approved thawing methods used			X		
X		Thermometers provided and accurate			X		
X		Food properly labeled; original container			X		
X		Insects, rodents, and animals not present			X		
X		Contamination prevented during food preparation, storage and display			X		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		
X		Wiping cloths: properly used and stored			X		
X		Fruits and vegetables washed before use			X		

Person in Charge / Title: **Brittany Terrell / Brittany Terrell** Date: **06/03/2022**

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: **6/17/22**



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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 Walk in Cooler		36	Egg Cooler		35	
Deli Walk in Freezer		0	Meat Display Cooler		36	
Chest Cooler for Salads		34	Meat Prep		40	
Chest Cooler for Pasta		37	Meat Walk in Cooler		34	
Dairy Cooler		36	Produce Display		40	
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.				Corrected by (date)	Initial
3-501.17	Incorrect dating on deli meat (example Ham 6-1 to 6-8) -shall be dated with 7 day discard date					BT
3-501.17	Incorrect dating on Ham salads (6/3-6/10) -Shall be dated with 7 day discard date					BT
3-51.17	Incorrect dating on sliced watermelon (6/2-6/9) Shall be dated with 7 day discard date					BT
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.				Corrected by (date)	Initial
4-601.11C	Repeat: Recall rack in Deli walk in cooler soiled with food and debris				6/17/22	BT
6-501.12A	Floors soiled with food and debris in dairy walk in cooler				6/17/22	BT
6-501.11	Holes in wall in meat prep room, repair or replace				6/17/22	BT
6-301.12	No papertowels in meat prep room				6/17/22	BT
6-301.12	No papertowels at deli handsink				6/17/22	BT
3-305.11	Boxes on floor in meat walk in cooler				6/17/22	BT
4-601.11c	Repeat for last two inspections: Fans in meat walk in cooler soiled with dust and debris				6/17/22	BT
					6/17/22	BT
4-302.14	Repeat: No sanitizer test strips found in deli					
NRI	Next Routine Inspection					
CIP	Correction in Progress					

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Brittany Terrell	Date: 06/03/2022
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008
	EPHS No. 1647
	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 6/17/22