



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

TIME IN 900 TIME OUT 1100  
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: <b>Harps Food Store #292</b>		OWNER: <b>Harps Food Store, Inc.</b>		PERSON IN CHARGE: <b>Jennifer Ogeltvie</b>	
ADDRESS: <b>104 W Hwy 162</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>Clarkton, MO 63837</b>		PHONE: <b>573-448-5363</b>		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 type="checkbox"/> Routine <input checked="" 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 Date Sampled _____	
License No. <b>NA</b>		PRIVATE 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						IN	OUT	<input checked="" type="checkbox"/>	N/A	Proper hot holding temperatures						
				Good Hygiene Practices						<input checked="" type="checkbox"/>	OUT		N/A	Proper cold holding temperatures						
IN	OUT	<input checked="" type="checkbox"/>		Proper eating, tasting, drinking or tobacco use						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper date marking and disposition						
IN	OUT	<input checked="" type="checkbox"/>		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"/>	OUT		Adequate handwashing facilities supplied & accessible						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered						
				Approved Source										Chemicals						
<input checked="" type="checkbox"/>	OUT			Food obtained from approved source						IN	OUT	<input checked="" type="checkbox"/>		Food additives: approved and properly used						
IN	OUT	<input checked="" type="checkbox"/>	N/A	Food received at proper temperature						<input checked="" type="checkbox"/>	OUT			Toxic substances properly identified, stored and used						
<input checked="" type="checkbox"/>	OUT			Food in good condition, safe and unadulterated										Compliance 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						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										
IN	<input checked="" type="checkbox"/>	N/A		Food separated and protected																
<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		
<input checked="" type="checkbox"/>		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				<input checked="" type="checkbox"/>	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		
<input checked="" type="checkbox"/>		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		
<input checked="" type="checkbox"/>		Prevention of Food Contamination				<input checked="" type="checkbox"/>	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		

Person in Charge / Title: <b>Jennifer Ogeltvie</b>		Date: <b>12/7/2020</b>	
Inspector: <i>[Signature]</i>	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <b>2/25/2020</b>

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

TIME IN 900	TIME OUT 1100
-------------	---------------

PAGE 2 of 2

[illegible]