



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

TIME IN 1000	TIME OUT 1330
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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>Harps Food Store #292</b>		OWNER: <b>Harps Food Store, Inc.</b>	PERSON IN CHARGE: <b>Helen Wellington</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 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. <b>NA</b>			

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 Hygienic Practices			IN <input checked="" type="checkbox"/> T N/A	Proper cold holding temperatures		
IN OUT <input checked="" type="checkbox"/> <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"/> <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"/> T	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			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		
IN <input checked="" type="checkbox"/> T	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			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"/> T N/A	Food separated and protected						
IN <input checked="" type="checkbox"/> T N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/> <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		
		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		
	<input checked="" type="checkbox"/>	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		

Person in Charge /Title: <b>Helen Wellington</b>	Date: <b>12/12/2022</b>
Inspector: <i>[Signature]</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No. <b>573-888-9008</b>	Follow-up Date: <b>12/28/22</b>
EPHS No. <b>1647</b>	



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F
			Produce Prep Room Cooler		36
Chest Cooler		34	Walk in Cooler		36
Meat Display		37	Meat Prep Room		50
Deli Display		35	Walk in Freezer		0
Produce Display Cooler		41	Dairy Cooler		36
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)
3-501.16B	Meat prep room temperature at time of inspection 50 degrees, shall be held 41 degrees or below				12/28/22 HW
4-601.11A	Produce scales and produce packager soiled with food and debris				12/28/22 HW
3-302.11	Raw whole shell eggs above ready to eat food in produce cooler				12/28/22 HW
6-501.111	Observed mice feces throughout facility ( Meat room, Produce room, shelving for potato chips				12/28/22 HW
	floor next to deli, storage room, race ways under customer display coolers, 2 ltr soda rack				12/28/22 HW
6-501.111	Multiple dead flies and bug fragments on shelving in customer produce cooler				12/28/22 HW
*	Discussed with management: Pest control needs to come out immediately to reevaluate the situation if current control measures are not working, then they need to look at different resolution. All points of entry that have been noted from pest control shall be corrected to prevent any further entry of pest. Any shelving used to store food products should be washed, rinsed and sanitized to remove any evidence of pest including urine, feces or hair. All food items showing potential contamination from pest shall be removed from shelving.				HW
	Core items below				
3-304.14	Wiping cloths laying on countertops in produce and meat, shall be placed in sanitizer when not in use				12/28/22 HW
6-501.111	Old shelving stacked up between coolers on outside, remove harborage conditions				12/28/22 HW
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)
6-202.15	Gap between and above on meat prep doors on east side of room				12/28/22 HW
4-101.19	Raw wood for header boards exposed on new folding doors in meat prep room				12/28/22 HW
3-305.11	Boxes on floor in walk in freezer, shall be at least 6 inches off the floor				12/28/22 HW
6-501.11	Coving peeling off of walls in meat prep room				12/28/22 HW
6-501.11	Ceiling panels loose and falling out in meat prep room				12/28/22 HW
6-202.15	Hole in wall in meat prep room, repair				12/28/22 HW
6-301.12	No paper towels in meat prep room				12/28/22 HW
4-302.14	No test strips for checking sanitizer in meat or produce room				12/28/22 HW
6-501.16	Mops laying in bucket, shall be hung when not in use				12/28/22 HW
6-202.15	Meat cooler doors going to cooler not closing properly				12/28/22 HW
6-202.15	Loading dock door has gap below (Correction in progress)				12/28/22 HW
6-201.11	Walls soiled in produce room				12/28/22 HW
6-501.111	Eliminating harborage conditions (stock room full of boxes and debris not allowing pest control to be effective)				12/28/22 HW
6-501.11	Multiple wet and sagging ceiling tiles throughout facility				12/28/22 HW
6-501.111	Outside near loading dock door soiled with trash and debris				12/28/22 HW
6-201.11	On outside of building hole in wall where drain pipe comes out on west wall				12/28/22 HW
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: <b>Helen Wellington</b>				Date: <b>12/12/2022</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>12/28/22</b>	