



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

| | | | |
|---------|---------|----------|---------|
| TIME IN | 10:10am | TIME OUT | 12:00pm |
| DATE | 6-9-23 | PAGE | 1 of 3 |

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: Harp's | OWNER: Harp's | PERSON IN CHARGE: Mark Halter |
| ADDRESS: 301 T. J. Stewart Drive | ESTABLISHMENT NUMBER: 0858 | COUNTY: 187 |
| CITY/ZIP: Park Hills, 63601 | PHONE: 573-431-1702 | FAX: 573-431-2762 |
| 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 checked="" 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable | 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 | | | <input checked="" type="checkbox"/> OUT N/O 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 <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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"/> <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 <input checked="" type="checkbox"/> N/A | 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"/> N/A | 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 | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | IN OUT N/O <input checked="" type="checkbox"/> 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"/> 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"/> <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used | | <input checked="" type="checkbox"/> |
| IN <input checked="" type="checkbox"/> | Food in good condition, safe and unadulterated | <input checked="" type="checkbox"/> | | | 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"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| <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. | | |
| <input checked="" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized | | | | IN = in compliance OUT = not in compliance | | |
| IN OUT <input checked="" type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | N/A = not applicable N/O = not observed | | |
| | | | | | COS=Corrected On Site R=Repeat Item | | |

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 | | |

| | | |
|-------------------------|---------------|--|
| Person in Charge Title: | Mark Halter | Date: June 9, 2023 |
| Inspector: | John Wiseman | Telephone No. (573) 431-1947 |
| | EPHS No. 1507 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: _____ |



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

PAGE 2 of 3

| | | | | | |
|---|--|------------------------------------|---|--|-------------------|
| ESTABLISHMENT NAME Harp's | | ADDRESS 301 T. J. Stewart Drive | | CITY/ZIP Park Hills, 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Meat Room | | | Cake cooler: cream cheese cake | | 42 |
| Produce Cooler: Watermelon/lettuce | | 41/41 | Produce cooler 2: Cut Broccoli/Cream cheese dip | | 40/41 |
| Meat display: hot dogs/bacon/turkey bacon | | 35/38/36 | Coffin cooler Pork (amb.) | | 39 |
| Deli meats: Polish sausage/turkey/ham | | 38/39/40 | Cheese cooler: swiss/american/Eggs | | 39/40/38 |
| Dairy cooler: milk/ creamer | | 34/36 | | | |
| 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) |
| 7-201.11B | Deli/Bakery Hot Bar: ambient = 170F, gravy = 149F, eggs = 145F Hot cabinet: ambient = 160F, fried chicken = 197F Cold table: ambient = 34F, sliced tomatoes = 37F Meat/Cheese cases: ambient = 32F, ham = 32F, cheese = 32F, turkey = 32F Walk-in cooler: ambient = 36F, raw chicken = 36F, mac & cheese = 37F Pizza cold table: ambient = 32F, pizza meat = 36F, mushrooms = 34F Chicken strips from fryer = 204F Retail sandwich cooler = 40F, Retail salad cooler = 34F, Retail cake cooler = 30F | | | | |
| 3-501.17A | A bottle of pump hand lotion was stored in a metal hotel pan with food items at the central work table in the deli kitchen. Toxic materials shall be stored to prevent contamination of food, equipment, and single use items. COS by relocating the lotion. | | | | COS |
| | A container of torn lettuce and an open package of commercially packaged hard boiled eggs were observed in the deli walk-in cooler without a discard date. Ready to eat potentially hazardous foods held refrigerated shall be marked with a discard date that is not greater than six days from the date of preparation or opening from a manufacturer sealed package. COS by dating the foods. | | | | COS |
| 4-601.11A | The deli slicer located in the meat cutting room was observed with an accumulation of food debris on the slicing blade. Food contact surfaces shall be cleaned as often as necessary. | | | | |
| 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) |
| | | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| str205@harpfood.com | | | | | |
| Person in Charge /Title: | | Mark Halter | | Date: June 9, 2023 | |
| Inspector: | John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: |



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

| | | | | | |
|---------------------------------------|---|------------------------------------|------------------------|--|-------------------|
| ESTABLISHMENT NAME Harp's | | ADDRESS 301 T. J. Stewart Drive | | CITY/ZIP Park Hills, 63601 | |
| FOOD PRODUCT/LOCATION Chest Cooler | | TEMP. in ° F 34-39-40 | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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) |
| 3-302.11 | There was raw pork product observed stored above ready to eat beef product in the reach in meat cooler. Raw foods shall be stored below RTE foods. | | | | Initial |
| 7-102.11 | There was an unlabeled spray bottle that was observed in the rear of the food establishment near the walk in produce cooler. Working chemical spray bottles shall have labeling of what the contents are. | | | | |
| 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) |
| | | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| | | | | | |
| Person in Charge /Title: | | Mark Halter | | Date: June 9, 2023 | |
| Inspector: | John Wiseman | Telephone No. (573)-431-1947 | EPHS No. 1507 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: |