



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

| | | | |
|---------|---------|----------|---------|
| TIME IN | 10:10am | TIME OUT | 11:55pm |
| DATE | 1-17-24 | 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 Foods, Inc. | PERSON IN CHARGE: Ashley |
| ADDRESS: 125 West Karsch | ESTABLISHMENT NUMBER: 1870 | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | PHONE: 573-756-1724 | FAX: 573-760-1774 |
| 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 type="checkbox"/> Not Applicable License No. _____ | 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 _____ |

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.

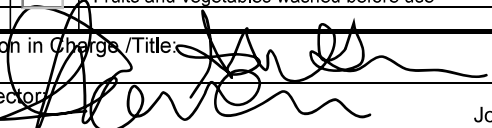

| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|-------------------------------------|
| <input checked="" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input 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 type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures | | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose and mouth | | | <input type="checkbox"/> IN <input type="checkbox"/> 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 <input type="checkbox"/> N/O | Hands clean and properly washed | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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 | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food separated and protected | | <input checked="" type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | 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
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"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage and display | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

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|------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|
| Person in Charge / Title:  | Ashley | Date: January 17, 2024 |
| 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: |



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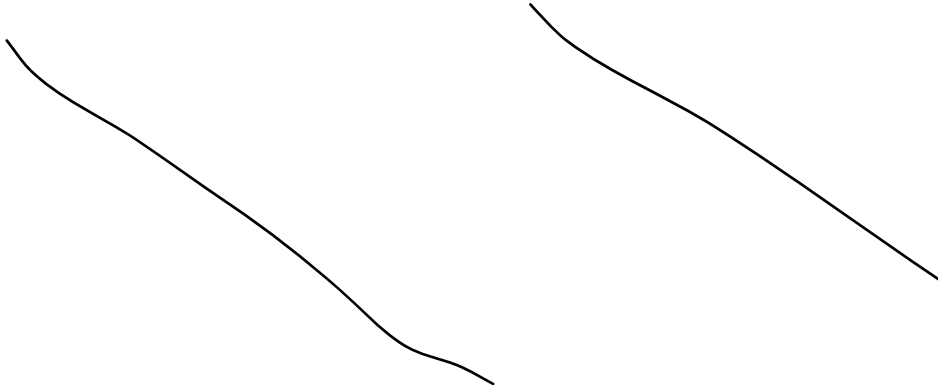

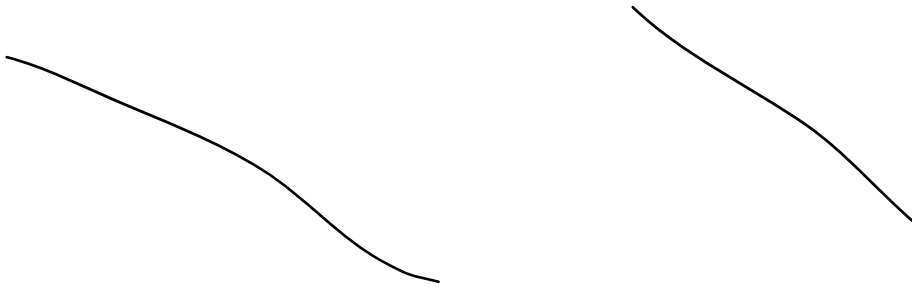
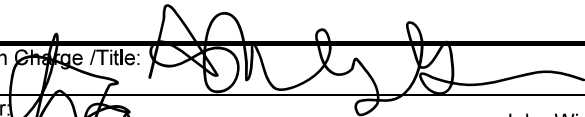

PAGE 2 of 3

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|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------|--------------------------------------------------------------------------------|-------------------|
| ESTABLISHMENT NAME Harp's | | ADDRESS 125 West Karsch | | CITY/ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Meat/cheese case: ambient, Am chesse, | | 34, 36 | Walk-in cooler: ambient, raw chicken, Am cheese | | 32, 39, 37 |
| balogna, ham, roast beef | | 35, 35, 38 | Retail salad cooler, retail sandwich cooler | | 40, 36 |
| Whole chicken from the oven | | 178 | | | |
| Hot bar: chicken strips, green beans, | | 144, 178 | | | |
| corn, mashed potatoes | | 160, 180 | | | |
| 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 | A pump bottle of hand sanitizer was observed stored in a condiment caddy at the service counter in the deli. Toxic materials shall be stored to prevent contamination of food, equipment, and single use items. COS by relocating the sanitizer. | | | | COS |
| 3-302.11 | A carton of raw eggs was observed atop containers of cherry tomatoes in the walk-in cooler. Food shall be protected from cross contamination by storing raw animal foods away from and below ready to eat foods. COS by relocating the eggs. | | | | COS |
| 3-501.16A | RETAIL & Back of House Temperatures: Retail Produce Cooler: 41, 41; Smoked and Deli Meats: 40, 37, 36; Ham Bunker: 41; Meat Retail Cooler: 40, 41, 47, 44; Cheese Cooler: 41; Dairy Walk-In: 39; Meat Cutting Room Walk-in: 38; Retail Dairy and Egg Cooler: 41, 40 The temperatures on the far left side and the far right side of the retail meat cooler was found to be at 47 and 44F respectively. Potentially Hazardous foods shall be held at or below 41F. CORRECTED ON SITE by discussion with a manager to contact a refrigerator repairman and if the repairman does not arrive within a few hours to move the meats in the ends of the coolers to the walk-in. | | | | COS |
| 7-201.11A | A container of tide pods was found stored on a shelf with food items at the discounted rack. CORRECTED ON SITE by moving the pods. | | | | COS |
| 2-301.15 | A dented can of peaches was found in the retail area. CORRECTED ON SITE by pulling the can from retail. | | | | COS |
| 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) |
| 5-501.116 | An accumulation of food debris was observed on trash cans in the deli/bakery area. Receptacles for refuse shall be cleaned at a frequency necessary to prevent a build-up of soil or becoming an attractant for pests. Please clean the trash cans. | | | | 1-31-24 |
| 6-501.111 | A minor amount of rodent droppings were observed in the bottom of counter cabinets at the deli service area. The presence of insects and rodents shall be controlled to minimize their presence on the premises. According to the deli manager, the store uses a professional pest control service to treat for insects and rodents. Continue to monitor for the presence of rodents and treat as necessary. | | | | 1-17-24 |
| 4-601.11C | An accumulation of hardened debris was observed on the surfaces of wire shelving inside the walk-in cooler in the deli. These shelves are rusting and shedding paint as well. Non food-contact surfaces shall be protected from an accumulation of dust, dirt, food residue, and debris. It is recommended that the shelving be replaced. In the mean while, it is recommended that the shelving be scraped and cleaned. | | | | 1-31-24 |
| 5-205.15B | The right-side faucet at the deli three compartment sink is leaking. A plumbing system shall be maintained in good repair. Please repair the leak. | | | | 1-31-24 |
| 6-501.12A | An accumulation of mildew was observed on the backsplash at the three compartment sink in the bakery area. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean and disinfect this area. | | | | 1-31-24 |
| 6-501.114 | A soiled, unused bread slicing machine was observed in the bakery area. The premises shall be free of items that are unnecessary to the operation and maintenance of the establishment such as equipment that is nonfunctional or no longer used. Please remove the unused equipment. | | | | 1-31-24 |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| | | | | | |
| Person in Charge / Title: Ashley | | | | Date: January 17, 2024 | |
| 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: | |



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PAGE 3 of 3

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| ESTABLISHMENT NAME Harp's | | ADDRESS 125 West Karsch | | CITY/ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
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| 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 |
| |  | | | | |
| 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 |
| 4-102.11 | Flaking paint and rusted metal patches were observed on the shelves of the retail smoked meat cooler. Surfaces of food equipment shall be kept smooth and easily cleanable. Please repair and resurface the shelves. | | | | 1/20/23 |
| 6-501.14 | A large amount of dust accumulation was observed on the intake fan for the air cooler in the meat cutting room. Air ventilation systems shall be kept clean. Please remove the excess dust. | | | | 1/17/23 |
| 5-205.15 | There was no running water available for the three vat sink at the produce cutting area and the handwashing sink only had cold running water. Plumbing systems shall be in good repair. Please restore water to these fixtures. | | | | 1/23/23  |
| |  | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| | | | | | |
| Person in Charge / Title:  | | Ashley | | Date: January 17, 2024 | |
| 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: |