



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

|         |               |          |         |
|---------|---------------|----------|---------|
| TIME IN | 3:32 pm       | TIME OUT | 4:54 pm |
| DATE    | Jan. 13, 2018 | 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:<br>Hilltop Lodge   | OWNER:<br>Lake Timberline Property Owners Assn., Inc.  | PERSON IN CHARGE:<br>Christy Jenkins  |
| ADDRESS:<br>2149 Marilyn Drive   | ESTABLISHMENT NUMBER:<br>2444  | COUNTY:<br>St. Francois   |
| CITY/ZIP:<br>Bonne Terre 63628   | PHONE:<br>(314)625-7399  | FAX:<br>none  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____   |  | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L   |
| ESTABLISHMENT TYPE<br><input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS |  |   |
| FROZEN DESSERT<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE<br>Date Sampled <u>12/18/2017</u> Results <u>Satisfactory</u> |

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 N/O N/A    | Proper hot holding temperatures  |     |   |
|  | Good Hygienic Practices   |     |   | <input checked="" type="checkbox"/> OUT N/A        | Proper cold holding temperatures   |     |   |
| IN <input checked="" type="checkbox"/> N/O         | Proper eating, tasting, drinking or tobacco use   | ✓   |   | IN OUT <input checked="" type="checkbox"/> N/A     | Proper date marking and disposition  |     |   |
| <input checked="" type="checkbox"/> OUT N/O        | No discharge from eyes, nose and mouth  |     |   | IN OUT N/O <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"/>             | Toxic substances properly identified, stored and used  | ✓   |   |
| <input checked="" type="checkbox"/> OUT            | Food in good condition, safe and unadulterated  |     |   |  | Conformance with Approved Procedures   |     |   |
| IN OUT N/O <input checked="" type="checkbox"/> N/A | 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   |     |   |  | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>COS=Corrected On Site      R=Repeat Item |     |   |
| 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"/> N/O     | 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 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
|                                     |                          | Prevention of Food Contamination  |     |   |                                     |                          | Physical Facilities   |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present   |     |   | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

|  |                 |  |
|--|-----------------|--|
| Person in Charge / Title<br><i>Christy Jenkins</i> | Christy Jenkins | Date: January 13, 2018   |
| Inspector:<br><i>Rose Mier</i>                     | Rose Mier       | Telephone No. (573)431-1947  |
|  | EPHS No. 1390   | 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<br>Hilltop Lodge | ADDRESS<br>2149 Marilyn Drive | CITY / ZIP<br>Bonne Terre 63628 |
|-------------------------------------|-------------------------------|---------------------------------|

| FOOD PRODUCT/LOCATION     | TEMP. in ° F | FOOD PRODUCT/ LOCATION           | TEMP. in ° F |
|---------------------------|--------------|----------------------------------|--------------|
| Spaghetti sauce, stovetop | 191          | GE refrigerator/freezer, ambient | 39/2         |
|                           |              | Whirlpool freezer, ambient       | 10           |
|                           |              | Salad in refrigerator            | 40           |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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.**

|           |  |     |  |
|-----------|--|-----|--|
| NOTE      | Staff stated that leftover foods may be cooled and frozen for future use. Food that is potentially hazardous shall be cooled from 135F to 70F within two hours, then from 70F to 41F within another four hours (a total of six hours). If the first benchmark is not met, food may be reheated to 165F for 15 seconds and begin the cooling process again. If the second benchmark is not met, discard the food. To facilitate cooling, ice may be added as an ingredient, food can be divided into shallow portions and the container placed in ice water, large cuts of meat sliced and layered in a shallow container, stir the food; if container is covered, provide vents for steam to escape. Please use a thermometer and monitor time and temperature during the cooling process. When food is cooled and placed in the refrigerator, please date the food with the day of preparation; that is day one. Once thawed, the food may be stored for an additional six days (seven days total from day of preparation to disposal). |     |  |
| 3-302.11A | Raw shell eggs were stored above ready-to-eat food in the GE refrigerator. Raw animal-derived foods shall be stored separately from or below all other food. CORRECTED ON SITE by moving eggs to lowest shelf inside drawer.   | COS |  |
| 7-201.11B | Two canisters of methanol (to warm chafing dishes) were stored on a box of foil sheets in the room storing cleaning supplies and single-use items. Toxic items shall be stored separately from or below single-use items. CORRECTED ON SITE by moving canisters to shelf below the box of foil.  | COS |  |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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.**

|           |   |  |    |
|-----------|---|--|----|
| 2-401.11B | An employee soda was stored on the counter with food. Employees may drink from a covered container during food preparation as long as hands are washed after drinking and the container is stored where food, clean equipment, clean linens, and single-use items cannot be contaminated. CORRECTED ON SITE by moving soda to bar area. |  | CJ |
|-----------|---|--|----|

EDUCATION PROVIDED OR COMMENTS

— A line through an item on page 1 indicates that the item was either not observed or is not applicable.

|   |                 |  |
|---|-----------------|--|
| Person in Charge / Title:<br><i>Christy Jenkins</i> | Christy Jenkins | Date:<br>January 13, 2018  |
| Inspector:<br><i>Rose Mier</i>                      | Rose Mier       | Telephone No. (573)431-1947  |
|   |                 | EPHS No. 1390  |
|   |                 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   |                 | Follow-up Date:  |