



SOUTHERN NEVADA HEALTH DISTRICT
FOOD ESTABLISHMENT INSPECTION

330 SOUTH VALLEY VIEW BLVD • LAS VEGAS, NV • 89107 • 702-759-0588 (DIRECT) • 702-759-1000 (24 HOURS)

FACILITY INFORMATION

PERMIT #	ESTABLISHMENT NAME	PHONE #	COMPLIANCE SCHEDULE DUE	PRIMARY EHS
ADDRESS		DISTRICT	LOCATION	MILES

NEVADA CLEAN INDOOR AIR ACT: COMPLIANCE REQUIRED EXEMPT

CONTACT PERSON:

CURRENT SERVICE	EHS	SERVICE	DATE	TIME IN	TIME OUT	TRAVEL MIN	DEMERITS	GRADE	HEALTH CARDS	RESULT
	OPEN TIME	CLOSE TIME	CAPACITY	SEWER	WATER	PERMIT STATUS	FUTURE ACTION	ACTION	DATE	

SPECIAL NOTES

In = In compliance OUT = Not In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation

Imminent Health Hazards - Notify SNHD and cease Operations as Directed

- | | |
|--|--|
| <input type="checkbox"/> Interruption of electrical service | <input type="checkbox"/> Lack of adequate employee toilets and handwashing facilities. |
| <input type="checkbox"/> No potable water or hot water | <input type="checkbox"/> Misuse of poisonous and toxic materials |
| <input type="checkbox"/> Gross unsanitary occurrence or conditions including pest infestation. | <input type="checkbox"/> Suspected foodborne illness outbreak |
| <input type="checkbox"/> Sewage or liquid waste not disposed of in an approved manner | <input checked="" type="checkbox"/> Emergency such as fire and/or flood |
| <input type="checkbox"/> Lack of adequate refrigeration | <input type="checkbox"/> Other condition or circumstance that may endanger public health |

SECTION 1 - The Critical Violations listed below are to be assessed 5 demerits for each violation

1	Verifiable time as a control with approved procedure when in use. Operational plan, waiver or variance approved and followed when required. Operating within the parameters of the health permit.	1	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
2	Handwashing (as required, when required, proper glove use, no bare hand contact of ready to eat foods). Foodhandler health restrictions as required.	2	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
3	Commercially manufactured food from approved source with required labels. Parasite destruction as required. Potentially hazardous foods/time temperature control for safety (PHF/TCS) received at proper temperature.	3	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
4	Hot and cold running water from approved source as required.	4	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
5	Imminently dangerous cross connection or backflow. Waste water and sewage disposed into public sewer or approved facility.	5	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
6	Food wholesome; not spoiled, contaminated, or adulterated.	6	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
7	PHF/TCSs cooked and reheated to proper temperatures.	7	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
8	PHF/TCSs properly cooled.	8	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
9	PHF/TCSs at proper temperatures during storage, display, service, transport, and holding.	9	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R

SECTION 2 - The Major Violations listed below are to be assessed 3 demerits for each violation

10	Food and warewashing equipment approved, properly designed, constructed and installed.	10	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
11	Food protected from potential contamination during storage and preparation.	11	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
12	Food protected from potential contamination by chemicals. Toxic items properly labeled, stored and used.	12	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
13	Food protected from potential contamination by employees and consumers.	13	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
14	Kitchenware and food contact surfaces of equipment properly washed, rinsed, sanitized and air dried. Equipment for warewashing operated and maintained. Sanitizer solution provided and maintained as required.	14	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
15	Handwashing facilities adequate in number, stocked, accessible, and limited to handwashing only.	15	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
16	Effective pest control measures. Animals restricted as required.	16	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
17	Hot and cold holding equipment present; properly designed, maintained and operated.	17	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
18	Accurate thermometers (stem & hot/cold holding) provided and used.	18	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
19	PHF/TCSs properly thawed. Fruits and vegetables washed prior to preparation or service.	19	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
20	Single use items not reused or misused.	20	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
21	Person in charge available and knowledgeable/management certification. Foodhandler card as required. Facility has an effective employee health policy.	21	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
22	Backflow prevention devices and methods in place and maintained.	22	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R
23	Grade card and required signs posted conspicuously. Consumer advisory as required. Records/logs maintained and available when required. NCIAA compliant. PHFs labeled and dated as required. Food sold for offsite consumption labeled properly.	23	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> R



SECTION 3 - Good Food Management Practices to Prevent Unsanitary Conditions

Table with 3 columns: Item Number, Description, and checkboxes for IN, OUT, and NA. Items 24-32 cover hygiene, storage, facilities, sanitization, and equipment.

Temperatures

Table with 9 columns: Food, Temperature, Code, Food, Temperature, Code, Food, Temperature, Code.

CT = Cooking temp., HH = Hot Holding temp., CH = Cold Holding temp., RH = ReHeat temp., TC = Time as Control temp., COOL = Cooling temp.

Observations and Corrective Actions

Table with 2 columns: Violation and Corrective Action.

Food establishment regulations (2010) and educational materials available at www.SouthernNevadaHealthDistrict.org/ferl

Demerit scale and signature section. Includes boxes for Section 1/2 Demerits, Total Demerits, Inspection Grade, Fee required, and signature lines for Received by (signature), Received by (printed), EHS (signature), and Reviewed By.