



SOUTHERN NEVADA HEALTH DISTRICT
FOOD ESTABLISHMENT INSPECTION

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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	
				M	M					

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 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 1 Demerits	0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)	
Section 2 Demerits	11 to 20 demerits or identical consecutive critical or major violation = B; Re-inspection after 15 days, or sooner if requested. Inspection must result in 10 demerits or less, with no identical repeat critical or major violations.	
Total Demerits	Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.	
Inspection Grade	21 to 40 demerits = C; Re-inspection after 15 days, or sooner if requested. Inspection must result in 10 demerits or less, with no identical repeat critical or major violations. Failure on re-inspection will result in a closure of the facility with associated fee and may require a supervisory conference.	
<input type="checkbox"/> This grade resulted from a repeat critical or major violation.	41 or more demerits = Closure or Imminent Health Hazard requiring closure; All food activities must remain suspended until approved by Health Authority. Re-inspection upon operator request must result in 10 demerits or less, with no identical repeat critical or major violations. Failure on re-inspection will result in continued closed status with associated fee and may require a supervisory conference.	
Fee required to be paid within 10 business days or prior to reinspection	Inspector name and phone number:	Reviewed By:
Received by (signature)	Received by (printed)	EHS (signature)