



FOOD ESTABLISHMENT INSPECTION

SOUTHERN NEVADA HEALTH DISTRICT

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280 SOUTH DECATUR BLVD • LAS VEGAS, NV • 89107 • 702-759-1258 (DIRECT PLAN REVIEW) • 702-759-1110 (DIRECT FOOD OPS) • 702-759-1000 (24 HOURS)

FACILITY INFORMATION

PERMIT #	ESTABLISHMENT NAME	PHONE #	EST. SQUARE FOOTAGE	PRIMARY EHS							
PR0121294	TAQUERIA SAN MIGUEL TAQUERIA SAN MIGUEL PUSF	(702) 201-3507		EE7000853							
ADDRESS 3025 N LAS VEGAS BLVD North Las Vegas, NV 89030-5714		RISK CAT. 2	P.E. CODE 1122	DISTRICT 30	LOCATION	PERMIT STATUS ACTIVE					
NEVADA CLEAN INDOOR AIR ACT: <input checked="" type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT		CONTACT PERSON: Alicia Jimenez Hernandez									
CURRENT SERVICE	EHS	SERVICE	DATE	TIME IN	TIME OUT	DEMERITS	FINAL GRADE	TRAVEL MIN	INSPECTION RESULT	SEWER	WATER
	EE7001215	Reinspection	6/30/2022	6:30PM	8:00PM	14	Closed	30	Closed with Fees	M	M

SPECIAL NOTES: Commissary: Golden Market Deli and Vegas King

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

Imminent Health Hazards-Notify SNHD and Cease Operations as Directed

OUT

A	Interruption of electrical service		<input type="checkbox"/>				
B	No potable water or hot water		<input type="checkbox"/>				
C	Gross unsanitary occurrences or conditions including pest infestation		<input type="checkbox"/>				
D	Sewage or liquid waste not disposed of in an approved manner		<input type="checkbox"/>				
E	Lack of adequate refrigeration		<input type="checkbox"/>				
F	Lack of adequate employee toilets and handwashing facilities		<input type="checkbox"/>				
G	Misuse of poisonous or toxic materials		<input type="checkbox"/>				
H	Suspected foodborne illness outbreak		<input type="checkbox"/>				
I	Emergency such as fire and/or flood		<input type="checkbox"/>				
J	Other condition or circumstance that may endanger public health		<input type="checkbox"/>				

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

IN OUT COS NO NA R

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.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Handwashing (as required, when required, proper glove use, no bare hand contact of ready to eat foods). Foodhandler health restrictions as required.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Hot and cold running water from approved source as required.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Imminently dangerous cross connection or backflow. Waste water and sewage disposed into public sewer or approved facility.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Food wholesome; not spoiled, contaminated, or adulterated.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	PHF/TCSs cooked and reheated to proper temperatures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	■	<input type="checkbox"/>	<input type="checkbox"/>
8	PHF/TCSs properly cooled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	■	<input type="checkbox"/>	<input type="checkbox"/>
9	PHF/TCSs at proper temperatures during storage, display, service, transport, and holding.	<input type="checkbox"/>	■	■	<input type="checkbox"/>	<input type="checkbox"/>	■

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

IN OUT COS NO NA R

10	Food and warewashing equipment approved, properly designed, constructed and installed.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Food protected from potential contamination during storage and preparation.	<input type="checkbox"/>	■	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Food protected from potential contamination by chemicals. Toxic items properly labeled, stored and used.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Food protected from potential contamination by employees and consumers.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Handwashing facilities adequate in number, stocked, accessible, and limited to handwashing only.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Effective pest control measures. Animals restricted as required.	<input type="checkbox"/>	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	■
17	Hot and cold holding equipment present; properly designed, maintained and operated.	<input type="checkbox"/>	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	■
18	Accurate thermometers (stem & hot/cold holding) provided and used.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	PHF/TCSs properly thawed. Fruits and vegetables washed prior to preparation or service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	■	<input type="checkbox"/>	<input type="checkbox"/>
20	Single use items not reused or misused.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Person in charge available and knowledgeable/management certification. Foodhandler card as required. Facility has an effective employee health policy.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Backflow prevention devices and methods in place and maintained.	■	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 3 - Good Food Management Practices to Prevent Unsanitary Conditions

IN

OUT

NA

24	Acceptable personal hygiene practices, clean outer garments, proper hair restraints used. Living quarters and child care completely separated from food service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Non-PHF and food storage containers properly labeled and dated as required. Food stored off the floor when required. Non-PHF/TCS not spoiled and within shelf-life. Proper retail storage of chemicals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and operated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Appropriate sanitizer test kits provided and used. Equipment and ware washing thermometer(s) are required. Wiping cloths and linens stored and used properly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Small wares and portable appliances approved, properly designed, in good repair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Utensils, equipment, and single serve items properly handled, stored, and dispensed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Nonfood contact surfaces and equipment properly constructed, installed, maintained and clean.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Restrooms, mop sink, and custodial areas maintained and clean. Premises maintained free of litter, unnecessary equipment, or personal effects. Trash areas adequate, pest proof, and clean.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Facility in sound condition and maintained (floors, walls, ceilings, plumbing, lighting, ventilation, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEMPERATURE OBSERVATIONS

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

Item	Location	Measurement	Comment
cooked beef		42.00 F	ch
pork		167.00 F	hh



VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS

Item No	Observations & Corrective Actions
9	<p>Violation: PHF (TCS) between 41 degrees F and 135 degrees F except during preparation, cooking, cooling or when time is used as a control.</p> <p>Inspector Observation: 1) Multiple TCS foods stored out of temperature control inside the undercounter 2 door reach-in unit: sour cream = 48 degrees F, beans = 54 degrees F, rice = 51 degrees F COS: voluntarily discarded</p> <p>2) TCS salsas commercially manufactured held inside the accessory make table unit measured at 48 degrees F COS: salsas allowed to be placed on time as a control</p> <p>Corrective Action: Maintain hot foods at 135 degrees F or warmer and cold foods at 41 degrees F or colder. (3-501.16; 3-501.14; 3-502)</p>
11	<p>Violation: Dirty and/or unapproved material used to cover food or line a food contact surface.</p> <p>Inspector Observation: Towels used to cover ready to eat foods and the masa COS: towels removed from product</p> <p>Corrective Action: Protect food from contamination. Use clean approved food contact surface. (3-302; 3-303; 3-304; 3-30)</p>
16	<p>Violation (REPEAT): Pests observed in facility.</p> <p>Inspector Observation: Excessive amount of flies observed throughout unit</p> <p>Corrective Action: Implement a fly management plan and DEEP CLEAN trailer. Institute effective pest control measures to prevent the entry of pests and eliminate the presence of any observed pest activity. (6-202.13; 6-202.15; 6-501)</p> <p>Violation: Open windows are not screened.</p> <p>Inspector Observation: Window above 3 comp sink observed open without a screen COS: window closed</p> <p>Corrective Action: Provide proper pest control. Provide screen. (6-202.13; 6-202.15; 6-501)</p>
17	<p>Violation (REPEAT): Ice used to supplement mechanical refrigeration, except as allowed.</p> <p>Inspector Observation: Ice observed inside make table accessory unit being used to supplement refrigeration</p> <p>Corrective Action: Mechanical refrigeration must be capable of maintaining foods within required temperature limits (41 degrees F) by design. Maintain equipment in good repair and use only as designed. (4-2; 3-501.11; 6-202.11)</p> <p>Violation (REPEAT): Hot and cold holding equipment with mechanical problems or in obvious disrepair which cannot maintain temperature.</p> <p>Inspector Observation: Undercounter 2-door reach-in unit measured fluctuating between 47 degrees F - 54 degrees F per min/max thermometer</p> <p>Corrective Action: Equipment red-tagged, remove equipment from service until approved for use by SNHD. Repair equipment to maintain foods at required temperatures (=41 degrees F). If placed back in service without Health Authority approval, the facility may be downgraded to the next lower grade and applicable fees assessed (8-208.11). (4-2; 3-501.11; 6-202.11)</p>

Overall Inspection Comments:

Joint inspection with Sr. EHS Jake B.

EHS arrived for scheduled reinspection.

Establishment closed. A closure fee of \$1400 has been assessed. Facility is CLOSED and SHALL REMAIN CLOSED until approved to operate by the Health Authority, fee of \$1400 is paid, and all of the violations are corrected.

All food activities MUST remain suspended until corrective actions have been taken to eliminate/correct the hazard(s).

The invoice may be paid in person or online at: <https://www.southernnevadahealthdistrict.org/payment/ehinvoice>.



Contact EHS Rabea at 702.759.0639 OR email sharif@snhd.org to schedule an appointment for a reinspection once the fee has been paid and violations are corrected.

Ensure to contact a certified pest control operator to implement a fly management plan. Ensure to show the service report to the Health Authority at the time of the next inspection.



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

Section 1 Demerits	5	<p>0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)</p> <p>11 to 20 demerits or identical consecutive critical or major violation = B; Re-inspection after 15 business 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 "C" grade with associated fee and may require a supervisory conference.</p> <p>21 to 40 demerits = C; Re-inspection after 15 business 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.</p> <p>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.</p>
Section 2 Demerits	9	
Total Demerits	14	
Initial Inspection Grade	Closed	
<input checked="" type="checkbox"/> This grade resulted from a repeat critical or major violation.		
Reinspection Fee:	\$1,400.00	
Fee required to be paid within 10 business days or prior to reinspection	Inspector name: Rabea Sharif	

Received by (signature)	Received by (printed)	EHS (signature)
	Epitacio Navarrete Pacheco Owner	 Rabea Sharif

Your signature on this form: 1) Does not constitute agreement with its contents. The permit holder or authorized representative may contact the Environmental Health Division to discuss this report. They may also appeal any notice or inspection findings if a written request for a hearing is filed within 15 business days. Until a decision is rendered by this department, the contents of this report shall remain in effect; and 2) Acknowledges that this inspection report will be distributed by either email, fax, or postal delivery (of your choosing) within 1 business day.

INSPECTOR VERIFICATION

VERIFICACIÓN DEL INSPECTOR

**Want to verify if your
health inspector is with the
Southern Nevada Health District?**

Visit www.snhd.info/verifybadge or scan the
QR Code below, then enter the inspector
badge number found on the front of badge.

**¿Quiere verificar si su
inspector de salud es
empleado de Distrito de
Salud del Sur de Nevada?**

Visite www.snhd.info/verifybadge
o escanee el código QR a
continuación, luego ingrese
el número de placa del inspector
(que se encuentra en la parte
delantera de la placa).



www.snhd.info/verifybadge

[NOTICE OF BUSINESS CLOSURE FORM](#)

[ESTABLISHMENT FILE UPDATE FORM](#)