SND Southern Nevada Health District

SOUTHERN NEVADA HEALTH DISTRICT

FOOD ESTABLISHMENT INSPECTION

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

						FACILIT	Y INFORM	IATION						314				
PEF	RMIT #	ESTABL	ISHMENT NAME	STACHARD.		The state of the s		PHONE #				EST. SQ	UARE F	OOTAGE	a contractor	PRIMARY	EHS	
1	01294	197	recia (EL	buen	Pasto	, Pusi							v				
ADD	DRESS 52	SE. 9.	BONGA	121	7			RISK CAT.	F	P.E. Co	de	DISTRI	CT L	OCATION		MILE	S	
NEV	ADA CLEAN INDOOR	RAIRACT: COMPLIAN	ICE REQUIRED	O E	XEMPT	6		CONTACT F	PERSON	1:			2.46		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ш	EHS	SERVICE	DATE		TIN	ME IN	TIME O	IT TRA	AVEL MI	N DEN	MERITS	GRADE	HEALT	TH CARD	S RESU	JLT .	/	
SERVIC	1175	916	09/18	/19		1:20	124	5 1	5		n	Tomas		2-	- NEO	86	5	
0	PEN TIME	CLOSE TIME	CAPACI	Υ	SEWER	WATER	PERMIT	STATUS	-	FUTURE	ACT	ION /				DAT		
epe	CIAL NOTES		18		М	IVI	1		7)	FA		5/						
	CIAL PROCESSES:										CYNEROLE .				WATER OF THE PARTY	CH COMMON		NAME OF TAXABLE PARTY.
			ent Healt	n Haz		Control of the Contro			e Op	era	ions	as Di						
	nterruption of electr to potable water or	hot water				Lack of ade		The state of the s	and ha	andwa	shing fa	acilities	Po	mergeno ther cor	dition or	circums	stance t	100
		currence or conditions				Misuse of p							m	nay enda	inger pu	blic heal	th	
us	sewage or liquid wa	ste not disposed of in a	an approved m	anner		Suspected	foodborne i	Ilness outbro	eak									
20029	CI	Γ = Cooking temp. HH	= Hot Holding	temp.	CH = Col		PRODUCTOR STREET	CHARLES IN NAME OF STREET	o. TC =	Time	as Con	trol temp	. COO	L = Coo	ling tem	p.		en un commen
						Ten	nperatur			排版					Town			
1	ODD TOMATO	Temperatu		Food	a		Temp	perature	Cod	e	Food				Tempe	erature	00	ode
1	Chicken	4105	CH															1.53
	IN = In	compliance OUT = No	ot In complian	e N/O	= Not obs	served N/A	= Not applic	able COS =	= Corre	cted o	n-site	during ins	pection	R = Re	epeat vio	olation	Hills	
SE		e Critical Violatio											IN	STATE SAME OF	cos	AND RESIDENCE.	NA	R
1		as a control with ap							er or va	arian	ce app	roved	Z					
		hen required. Ope		-										- M				
2		(as required, where ealth restrictions a		prope	r glove	use, no b	are hand	contact	of rea	dy to	eat 1	oods).		P	P			
3		manufactured food ardous foods/time											P					
4	Hot and cold ru	unning water from	approved so	urce a	as requi	red.							b					
5	Imminently dai	ngerous cross cont	nection or b	ackflo	w. Was	ste water a	and sewa	ge dispos	ed into	o pub	olic se	wer or	P					
		me; not spoiled, co				d.								Ø	Ø			
7	PHF/TCSs coo	ked and reheated	to proper te	mpera	atures.											Ø		
$\overline{}$	PHF/TCSs pro											Bir I					Ø	
		oroper temperature									ravelan			Z	Z			
-	AND DESCRIPTION OF THE PARTY OF	e Major Violation	AND DESCRIPTION OF THE PERSON NAMED IN		The second second	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Marie Company of the Party of t	The state of the s	A 400 BUTTON	ח עוס	lation		IN		cos	Mark Street	NA	R
	-	ewashing equipmen						and install	ed.	- in	45			J				
12		from potential co						v labalad	otoro	d on	d used	1	Z					
THE PARTY		d from potential con						y labeleu,	Store	u an	u usec		7					
14		nd food contact sur		-				anitized a	nd air	dried	Faui	nment	6	P	Ø			
1	for warewashir	ng operated and m	aintained. S	anitize	er solution	on provide	ed and ma	intained a	as req	uired	0.00	pinent		1	1		1	
		facilities adequate					l limited to	handwas	shing	only.	1110	41	2	A	Ó			
		control measures. A olding equipment p	A December of the Control of the Con		particular de la constitución de	1900	and and o	porated		- (6					
_		nometers (stem & l						perateu.						16	6			
_		perly thawed. Fruit			The state of the s			or service	20				6			Ø		
20		ns not reused or m		abics	Musified	prior to p	, sparation	. Or GGIVIC		(App)								
21		ge available and kr		e/mar	nagemer	nt certifica	tion. Food	handler c	ard as	requ	ired. I	acility	7					
	has an effectiv	e employee health	policy.							-1.		,	1					
_		ention devices and	A STATE OF THE PARTY OF THE PARTY.	•		The second secon	THE PERSON		of the same			TES SE	Ø					
23	and available	d required signs po when required. No											P					

_						-	11
S	TO FOOD ESTABLISHMENT INSPECTION Establishment Name:	Dat	te:	1	Pag	ge 2 of	1
S	ECTION 3 - Good Management Practices to Prevent Unsanitary Conditions	IN	OU			NA	
Name of Street	Acceptable personal hygiene practices, clean outer garments, proper hair restraints used. Living quarters and						
	child care completely separated from food service.	T					
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.						
26	Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and operated.						
27	Appropriate sanitizer test kits provided and used. Equipment and ware washing thermometer(s) are required. Wiping cloths and linens stored and used properly.						
28	Small wares and portable appliances approved, properly designed, in good repair.	4					754
29	Utensils, equipment, and single serve items properly handled, stored, and dispensed.	d		NE 12 48 2			
30							
31	Restrooms, mop sink, and custodial areas maintained and clean. Premises maintained free of litter, unnecessary			and the second			
	equipment, or personal effects. Trash areas adequate, pest proof, and clean.						12
32	Facility in sound condition and maintained (floors, walls, ceilings, plumbing, lighting, ventilation, etc.).						
	Observations and Corrective Actions						
	Violation Corrective Ac	tion		185/1977			
125	Front hardler washing bank at 2-10mos W > Doch harts at beinger	19/	hou	1 cir	k 0)	114	,
(The manches was any summer of several of the services of the s		1101011			,	
0	S-raine le assend at designated landsub. leg 1-301.19		1 1	111			
16	Therese tray of cooked association in use	Medi	hell	tit	e 1	5	
T	shile dated 9-11 to 9/11/19. 105. Voluntarily dispated / 1 days	10	pr	ga	0 0	n si	K.
10	Reg 3-301.17 USe 2014 WITH	Wil	H	e 7	dus	. Die	305
95	(13) (HE KUS 10 10 10 10 10 10 10 10 10 10 10 10 10			-			
U	zone 12 doct in steam to ble \ Use ecuipment as			- 0	-1	-	
-	zone while stored in steam 19 ple / Use equipment 93	06	2519	020	TO	_	-
+	not is being used improperly. I runnintain tool a	+	P	rope	- te	nge	19tu
1	Isada 121.6°F Bans 125°F) All Foods must	6-	e b	iept	-		111
R	ice 121-125°F. Water level / 9+ 41°F 51	-	be	1000	90	dlo	50
10	135°F co	ah	0116	, .			
5	such as to design for	* 5/6			7 10 1		70.0
4	ouch of containers . I'm unaice			7		-	
0 /	has long tope has been out of the	-		. 1			-
	renperature. 105- wester level and the 3-501, 16 9-	- 7	04	11			-
26	Ler or do tied of water is enough to mainte in Fronks at temper ture. Foods	Ix	unt	city	disc	rde	10
	Comments						107
Fo	nod establishment regulations (2010) and educational materials available at www.SouthernNevadaHealthDistrict.org/f						
8	ection 1 Demerits 15 0 to 10 demerits = A (Identical consecutive critical or major violations shall be down	grade	ed to n	ext low	er grade	.)	
S	section 2 Demerits 12 11 to 20 demerits or identical consecutive critical or major violation = B; Re-inspection requested. Inspection must result in 10 demerits or less, with no identical repeat critical or major violation = B; Re-inspection requested.					if	
T	otal Demerits Failure on re-inspection will result in a "C" grade with associated fee and may	req	uire a	superv	isory		
11	aspection Grade 21 to 40 demerits = C; Re-inspection after 15 days, or sooner if requested. Inspection with no identical repeat critical or major violations. Failure on re-inspection will re						SS,
	Inis grade resulted from a with associated fee and may require a supervisory conference.	suit l	iii a Cl	osure (i trie ra	Cility	
re	peat critical or major violation. 41 or more demerits = Closure or Imminent Health Hazard requiring closure; All foo	d act	ivities	must re	main su	spende	d
1930	e required to be paid within 10 until approved by Health Authority. Re-inspection upon operator request must result	in 10	0 dem	erits or	ess, wit	h no	
bu	identical repeat critical or major violations. Failure on re-inspection will result in cassociated fee and may require a supervisory conference.	onti	nued	ciosed	status v	with	
The same of the sa	Inspector name and phone number: Sign (5 722-759-11)	中人	9-11	10 R	eviewe	d By:	
100	Received by (signature) Received by (printed) EHS (signature)	-					
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0	taling to a apptiller that species			***************************************			
-	The state of the s		10	Ndia		~	



SOUTHERN NEVADA HEALTH DISTRICT SUPPLEMENTAL INSPECTION REPORT

280 SOUTH DECATUR • LAS VEGAS, NV 89107 • 702-759-1110 (DIRECT) • 702-759-1000 (24 HOURS)

		F	ACILITY INFORMATIO	N			
PERMIT #	ESTABLISHMENT NAME	0 //				DATE /	
B 5179492	El Buen 1	95701 /4	154	525 E.	Panguza	9/18/	19

	1 Corrective Actions
Violation 12 Trans of rocked trips left at	Corrective Action
The state of the s	1 1 2005 -61
9+ 950F. 105- Voluntarily discorded	135 F & gode
The state of the s	1/10
Do information on howlong food	They 3-501.16.
194 been out.	
103) Ventilation had not werking.	Remin do provide
Not enough went inton, Fras moving	mechanical ventilation
Cloudy Causing Insufficient mechanical	95 CESTILL. Reg Chapter
vent letion: Ells nut reals ins	for the fact they can
against hood not know he vertilation	
to observed papering carilly detactions	
Econ Alto hood.	
	1
143) No defectable oblocine at	Maintain chlorine at
Bri2/2 Duckets : 103 - Chloine	1 50-100pp 9+9/1 tin
adjed meneral at rapper.	/ Reg 4-4
70	1
153) Standless steel cleaner and	Majutain hand sink Fully
disty ferrels left in hand sink	allessible at all times!
inkibiting guess, Food hardler	/ Do not store items infor
observed meshing hands at 3-comp.	Mand SINK . Reg 5-202.
Alsee #12 105- Henry removed.	
	1
* Operations coaseiflogisted Enling is	perfide due to pentition
note not working as required	This conditions is
Cousidered on imminent health have	
to the public and food handless.	by the ent of inspection and
report writing populator unable to	I fix ventilation had.
a Tracility is alread the	aliette Geel St- Par Calla Vac
efacility is closed with go	plicable fees of the food handlers
Continue operations & Closure win	haven Operator decided to
confined by EHS K. Kapker.	An applicable rees x
	Marirez hurs.
anish Transption provided by EHS	Marrez mins.