



FOOD ESTABLISHMENT INSPECTION

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

Table with facility information including permit # (PR0021243), establishment name (PELLEGRINI EXPRESS), phone # ((702) 735-9044), est. square footage (600), primary EHS (EE7001394), address (5025 S FORT APACHE #104), risk cat. (3), P.E. code (1003), district (63), location, permit status (ACTIVE), and contact person (Arthur Aghryan).

Table with current service details for EE7001394: Routine Inspection on 8/25/2021, time 11:10AM-1:20PM, 12 demerits, final grade Closed, travel min 15, inspection result Closed with Fees, sewer M, water M.

SPECIAL NOTES: NO SODA MACHINE IN OPERATION. Legend: In = In compliance, OUT = Not In compliance, COS = Corrected on-site during inspection, N/O = Not observed, N/A = Not applicable, R = Repeat violation.

Table for Imminent Health Hazards-Notify SNHD and Cease Operations as Directed. Lists hazards A through J with checkboxes for IN, OUT, COS, NO, NA, R.

SECTION 1 - The Critical Violations listed below are to be assessed 5 demerits for each violation. Table with 7 columns (IN, OUT, COS, NO, NA, R) and 9 rows of violations.

SECTION 2 - The Major Violations listed below are to be assessed 3 demerits for each violation. Table with 7 columns (IN, OUT, COS, NO, NA, R) and 13 rows of violations.

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 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 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 type="checkbox"/>		<input type="checkbox"/>	
26	Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and operated.	■	<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 type="checkbox"/>		<input type="checkbox"/>	
28	Small wares and portable appliances approved, properly designed, in good repair.	■	<input type="checkbox"/>		<input type="checkbox"/>	
29	Utensils, equipment, and single serve items properly handled, stored, and dispensed.	■	<input type="checkbox"/>		<input type="checkbox"/>	
30	Nonfood contact surfaces and equipment properly constructed, installed, maintained and clean.	■	<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 type="checkbox"/>		<input type="checkbox"/>	
32	Facility in sound condition and maintained (floors, walls, ceilings, plumbing, lighting, ventilation, etc.).	<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
Sliced tomatoes		40.00 F	CH
Ham		38.00 F	CH
Cheese		40.00 F	CH
Lasagna		37.00 F	CH

**VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS**

Item No	Observations & Corrective Actions
C	Violation: Pests observed in facility. Inspector Observation: Live multi-generational cockroaches (at least 20) observed throughout facility including inside/on top of clean kitchenware. Large number of dead cockroaches observed throughout facility as well. Corrective Action: 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)
12	Violation: Pesticide not approved by the Nevada State Department of Agriculture for use in a food establishment (including domestic use pesticides) found on site. Inspector Observation: Bottle of bug stop observed under three-compartment sink. COS: Removed from facility. Corrective Action: Protect food from contamination. Remove. (Chapter 7; 4-201.15; 4-30)
14	Violation: Food contact surfaces are dirty or unsanitary. Inspector Observation: Can opener blade observed with rust and dry food debris. COS: Washed, rinsed and sanitized. Corrective Action: Properly clean and sanitize. (4.4; 3-304; 4-201.16)
15	Violation: Hand sink is not stocked appropriately. Inspector Observation: Upon arrival, back area hand sink not stocked with paper towels or soap. Corrective Action: Provide adequately stocked hand sinks. Provide paper towels and soap. (5-202)
16	Violation: Pests observed in facility. Inspector Observation: Live multi-generational cockroaches (at least 20) observed throughout facility including inside/on top of clean kitchenware. Large number of dead cockroaches observed throughout facility as well. Corrective Action: 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)
32	Violation: Walls are in disrepair. Inspector Observation: Hole observed in wall under back area hand sink. Corrective Action: Maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)  Violation: Ceiling is in disrepair and/or water stained. Inspector Observation: Hole observed in ceiling behind walk-in freezer. Corrective Action: Maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)  Violation: Dirt and debris accumulated on floors or under equipment. Floor not maintained clean. Inspector Observation: Small amount of debris observed in corners throughout facility. Corrective Action: Maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)

**Overall Inspection Comments:**  
 Establishment has been closed by SNHD inspector and a closure sign has been posted. Do not move, remove, or block closure sign. Facility is to remain closed until the cockroach infestation has been eliminated and this has been verified by SNHD. Contact inspector Nicole Grandt at GRANDT@SNHD.ORG or at (702) 759 -1110 to schedule a re-inspection. A facility closure fee of \$1,400 must be paid prior to re-inspection. The closure fee may be paid at the 280 S. Decatur Blvd SNHD office or you may also pay online by visiting www.snhd.info and clicking on the "Pay an Environmental

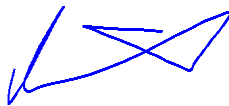

Health Invoice" link. Your invoice number is IN0280936.

Effective Pest Control handout provided.

NOTE: Facility has purchased two freezers and put in facility with future plans to sell ice cream. Please contact Plan Review at 702-759-1258 for remodel prior to putting unit into service. Remodel application provided.

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

Section 1 Demerits	0	0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.) 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. <b>Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.</b> 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. <b>Failure on re-inspection will result in a closure of the facility with associated fee and may require a supervisory conference.</b> 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. <b>Failure on re-inspection will result in continued closed status with associated fee and may require a supervisory conference.</b>
Section 2 Demerits	12	
Total Demerits	12	
Initial Inspection Grade	Closed	
<input type="checkbox"/> This grade resulted from a repeat critical or major violation.		
Reinspection Fee:	<b>\$1,400.00</b>	
Fee required to be paid within 10 business days or prior to reinspection	Inspector name: Nicole Grandt	

Received by (signature)	Received by (printed)	EHS (signature)
	Arthur Aghryan  Owner	  Nicole Grandt

Your signature on this form: 1) Does not constitute agreement with its contents. You may discuss the contents of this report with the department by contacting the supervisor at the Environmental Health office indicated on page one of this report. Until such time as 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. 5104 V18



The Southern Nevada Health District's

# FOOD HANDLER SAFETY TRAINING PROGRAM

is now open for **first-time card applicants.**

All first-time Food Handler Safety Training Card applicants must complete testing in person at a Health District location. An appointment is required.

## TRAINING MATERIALS

Free training books and videos are available at the link below.



TO SCHEDULE AN APPOINTMENT, CALL 702-759-0595 OR VISIT

[www.SNHD.info/foodhandler](http://www.SNHD.info/foodhandler)

[NOTICE OF BUSINESS CLOSURE FORM](#)

[ESTABLISHMENT FILE UPDATE FORM](#)