SND Southern New Villa Houlist 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 · *

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PERMIT# ES		ESTABLISHM	STABLISHMENT NAME			FACILITY INFORMATION PHONE # E					EST. SQL	JARE FO	OTAGE	PRIMARY EHS						
	PK0126	KO126407 Dot's Souther Caista																		
ADD	ADDRESS A CH & 6/5/ W Challish RISK CAT. P.E. Code DISTR							DISTRIC	CT LO	CATION		MILES								
NEV	IEVADA CLEAN INDOOR AIR ACT: COMPLIANCE REQUIRED EXEMPT CONTACT PERSON:																			
- 101	EHS SERVICE DATE TIME IN TIME OUT TRAVEL MIN DEMERITS GRADI							GRADE	HEALTH CARDS RESULT											
SERVICE	1083	914	914 5		022	2 16:30			17:45 :		20	. 19		CL -			86			
0	PEÑ TIME	CLOSE TIME	E	CAPACITY SEWER WATER PERMIT STATUS ACTION M M 5				5/			8/1/2022									
	PECIAL NOTES																			
SPE	Imminent Health Hazards - Notify SNHD and cease Operations as Directed																			
	starruption of closes		mimimem	t Healti	Па		Lack of ad			THE RESERVE AND ADDRESS OF THE PARTY OF THE	e Op	rerat	IOIIS	45 DI			y such a	s fire an	d/or floo	od.
	nterruption of electr								100	loyee toilets	and ha	andwas	shina fa	cilities			dition or			
	No potable water or Gross unsanitary oc		nditions inclu	idina post i	infactal					nd toxic mat		andwas	anning it	Cinties			nger put			
. /	Sewage or liquid wa						CONTRACTOR OF STREET	2000		liness outbre										
10							-										orania apolica de		-	
HOUSE CO.	C.	T = Cooking ter	mp. HH = H	ot Holding	temp.	CH = Cold	BERTHAN THE PROPERTY OF	STATE OF THE OWNER, OR WHEN	OR OTHER DESIGNATION.	DESCRIPTION OF THE OWNER, THE OWN	p. TC =	Time	as Con	trol temp	COOL	. = Coo	ling temp	nunga	MARK S	NAME OF TAXABLE PARTY.
			S. S. A. W. L.	Temperatures								100		Tompo	roturo	Co	do			
F	ood	Tem	perature	re Code Foo		od		Temp	perature	Coc	Code Foo		od		-	rempe	nperature		Code	
_	11/2			-				-							-					
_	IN = In compliance OUT = Not In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation																			
0																			NA	R
00000	SCOTTON 1 - THE CITATION FISHER DESCRIPTION OF THE STATE																			
1	Verifiable time as a control with approved procedure when in use. Operation					erorv	arian	ce app	oroved		D									
and followed when required. Operating within the parameters of the health permit. 2 Handwashing (as required, when required, proper glove use, no bare hand contact of ready to eat foods)					foods)				0											
4		landwashing (as required, when required, proper glove use, no bare hand contact of ready to eat foodhandler health restrictions as required.					loods).				/									
3	Commercially manufactured food from approved source with required labe					ahels	Parasite o	lestru	ction	as rec	nuired				Ø					
3	Potentially ha	zardous food	ds/time ten	ne temperature control for safety (PHF/TCS) received at proper temperature.								_				_				
4	The second secon		g water from approved source as required.											Ø						
5						skflow. Waste water and sewage disposed into public sewer or								Ø		10				
	approved facil		C. C.C. Common of Business. Trade states and Sounds and													100				
6	Food wholeso		iled, conta	minated,	or ac	or adulterated.									D					
7	PHF/TCSs co	oked and rel	reheated to proper tem			nperatures.									'D'					
8	Property of the Control of the Contr		d.	de Visite										(D)						
			peratures during storage, display, service, transport, and holding.										D							
	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 in				NAME AND ADDRESS OF				MAN		P										
					n during storage and preparation.										9					
						chemicals. Toxic items properly labeled, sto					, stor	ed an	d use	d.				0		
13			n potential contamination by employees and consumers.																	
			food contact surfaces of equipment properly washed, rinsed, sanitized and air dried. Equipment											0						
			perated and maintained. Sanitizer solution provided and maintained as required.										1							
15	Handwashing	facilities add	es adequate in number, stocked, accessible, and limited to handwashing only.											P						
16	Effective pest	Effective pest control measures. Animals restricted as required.										B								
17	Hot and cold	t and cold holding equipment present; properly designed, maintained and operated.								2										
18	Accurate ther	ccurate thermometers (stem & hot/cold holding) provided and used.					Step or				P									
19	PHF/TCSs pr	HF/TCSs properly thawed. Fruits and vegetables washed prior to preparation or service.													Ø					
20	Single use items not reused or misused.													P						
21 Person in charge available and knowledgeable/n					le/ma	anagement certification. Foodhandler card as required. Facility										Ø				
L	has an effecti	ve employee	oyee health policy.																	
22			devices and methods in pl												d					
23		nd required s	signs poste	ed conspi	cuous	sly. Cons	sumer ad	visc	ory as r	equired. F	Record	ds/log	s mai	ntained		A				
	and available	when requi		AA comp	iiant.	PHFs la	ibeled ar	id C	ated a	as require	d. Fo	ood so	old to	onsite						

SNAD FOOD ESTABLISHMENT INSPECTION Establishment Marin	e:	Dat	e: /		Page	e 2 of					
	Josephen Crique	5/10	roog	-	-						
SECTION 3 - Good Management Practices to Prevent Unsan		IN	OUT			NA					
24 Acceptable personal hygiene practices, clean outer garments, p child care completely separated from food service.	roper hair restraints used. Living quarters a	nd 🗆		A CONTRACTOR OF THE PARTY OF TH		石					
25 Non-PHF and food storage containers properly labeled and date required. Non-PHF/TCS not spoiled and within shelf-life. Proper											
	Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and										
27 Appropriate sanitizer test kits provided and used. Equipment an Wiping cloths and linens stored and used properly.	ed. 🗆				6						
28 Small wares and portable appliances approved, properly designed	ed, in good repair.		П	ANNUAL PROPERTY.	HSM 1	6	en a				
29 Utensils, equipment, and single serve items properly handled, st						K					
30 Nonfood contact surfaces and equipment properly constructed, in				1300	Plant.	76					
31 Restrooms, mop sink, and custodial areas maintained and clean.	Premises maintained free of litter, unnecess	ry 🗆				0					
equipment, or personal effects. Trash areas adequate, pest proo			1001007								
32 Facility in sound condition and maintained (floors, walls, ceilings	, plumbing, lighting, ventilation, etc.).					0					
Observatio	ns and Corrective Actions	MIS		SEM			169				
Violation	Corrective	Action			YEAR	928					
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23 1 map (a) pesto	1 /10st (a say 1 18.20	4/14)								
Laborate the state of the control of the business of the control of	Comments	STANIAL STANIA					Sales of the last				
+ Jant Jasochta with EHS Bralan Buch											
Food establishment regulations (2010) and educational materials available		rg/ferl									
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											
Total Demerits 9 1 2 Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory											
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							s,				
repeat critical or major violation. with associated fee and may require a supervisory conference.											
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											
business days or prior to 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.											
Inspector name and phone-nu				Rev	viewed	By:					
Received by (signature) Received by (printed)	((4))										
Received by (signature) Received by (printed)	EHS (signature)		SEE SEE		1000	olda.	The state of				
Dur left area, Dil not sign	12										



SOUTHERN NEVADA HEALTH DISTRICT

SUPPLEMENTAL INSPECTION REPORT
280 S. DECATUR BLVD • LAS VEGAS, NV 89107 • 702-759-1110 (DIRECT) • 702-759-1000 (24 HOURS)

FACILITY INFORMATION DATE PR 0126407 Dot's Souther Cuising

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Violation	Corrective Action
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