



## 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							
PR0127605	KONBEA BELT SUSHI KONBEA BELT SUSHI	(702) 477-9241	900	EE7001258							
ADDRESS 5685 SPRING MOUNTAIN STE 101 Las Vegas, NV 89146		RISK CAT. 3	P.E. CODE 1006	DISTRICT 47	LOCATION	PERMIT STATUS ACTIVE					
NEVADA CLEAN INDOOR AIR ACT: <input checked="" type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT		CONTACT PERSON: Michael									
CURRENT SERVICE	EHS	SERVICE	DATE	TIME IN	TIME OUT	DEMERITS	FINAL GRADE	TRAVEL MIN	INSPECTION RESULT	SEWER	WATER
	EE7001258	Routine Inspection	11/10/2021	1:30PM	3:00PM	20	B	0	"B" Downgrade	M	M

SPECIAL NOTES: Using TPHC for Sushi Rice.

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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Food wholesome; not spoiled, contaminated, or adulterated.	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	PHF/TCSs at proper temperatures during storage, display, service, transport, and holding.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Effective pest control measures. Animals restricted as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Accurate thermometers (stem & hot/cold holding) provided and used.	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Single use items not reused or misused.	<input checked="" type="checkbox"/>	<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 checked="" 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 checked="" type="checkbox"/>	<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 type="checkbox"/>	<input checked="" 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
Beef		168.00 F	CT
Rice		170.00 F	HH
Shrimp		198.00 F	CT
Salmon		41.00 F	CH
Chicken		38.00 F	CH



**VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS**

Item No	Observations & Corrective Actions
2	<p>Violation: Food handler using bare hands to handle ready-to-eat food.</p> <p>Inspector Observation: Food handler noted touching mochi ice cream with bare hands and another food handler was noted garnishing cooked beef with green onions with bare hands. COS: Food items were voluntarily discarded during inspection.</p> <p>Corrective Action: Eliminate bare hand contact with ready-to-eat foods, except when washing fruits and vegetables. (2-2; 2-3; 3-301.11; 3-304)</p>
13	<p>Violation: Employee open drinks or food stored on or over food or food contact surfaces.</p> <p>Inspector Observation: Employee cookies stored directly on make table cutting board and an open employee drink was stored directly on a cutting board. In a two-door reach in cooler, employee tortillas, sour cream and other food items were stored on a shelf above food for customers. COS: Employee food and drink were relocated during inspection.</p> <p>Corrective Action: Protect food from contamination. Store all employee food or drink under and away from food and food contact surfaces. Provide drinks in containers that prevent mouth/hand contamination such as a cup with lid and straw. (2-401; 3-306; 3-304.11; 3)</p>
14	<p>Violation: Kitchenware in clean storage area inadequately cleaned (soiled with food debris).</p> <p>Inspector Observation: Several clean containers were found soiled with dried on food debris.</p> <p>Corrective Action: Properly clean and sanitize. (4.4; 3-304; 4-201.16)</p> <p>Violation: Sanitizer bucket(s) or in use sanitizer spray bottle(s) found to have no or low concentration of sanitizer.</p> <p>Inspector Observation: Only sanitizer bucket on hot line found to have 0 PPM chlorine. COS: Sanitizer bucket was changed and tested at 50 PPM chlorine.</p> <p>Corrective Action: Provide sanitizer at proper concentration. (4.4; 3-304; 4-201.16)</p> <p>Violation: Low temperature ware washing machine not sanitizing due to sanitizer container or reservoir being empty.</p> <p>Inspector Observation: Sanitizer reservoir for dish machine was found completely empty during inspection and machine tested at 0 PPM chlorine.</p> <p>Corrective Action: Use a properly functioning dish machine. Provide adequate sanitizer. (4.4; 3-304; 4-201.16)</p> <p>Violation: Wiping cloth used without sanitizer residual on the cloth or dry cloth used when sanitizer is required.</p> <p>Inspector Observation: Multiple in-use wet wiping cloths stored on cutting boards without sanitizer. COS: Wiping cloths were relocated into sanitizer bucket.</p> <p>Corrective Action: Use wiping cloth with approved sanitizer concentration. (4.4; 3-304; 4-201.16)</p>
15	<p>Violation: Hand sink is not stocked appropriately. Disposable towels not available or provided as required.</p> <p>Inspector Observation: No paper towels available at hand sink next to ice machine. COS: Paper towels were provided during inspection.</p> <p>Corrective Action: Provide adequately stocked hand sinks. Provide paper towels. (5-202)</p> <p>Violation: Item found in or on hand sink.</p> <p>Inspector Observation: Ice cream scoop stored in basin of hand sink next to ice machine. COS: Ice cream scoop was removed from hand sink.</p> <p>Corrective Action: Hand sinks are for hand washing only, no other purpose. Do not store anything in or on hand sink. (5-202)</p>
19	<p>Violation: Fruits and vegetables not washed prior to being cooked, prepared, processed, served, or dispensed.</p> <p>Inspector Observation: Banana, with sticker still on, was sliced through the sticker. COS: Banana was voluntarily discarded during inspection.</p> <p>Corrective Action: Wash fruits and vegetables prior to cooking, preparing, processing, serving or dispensing. Stickers must be removed as part of the washing process. (3-302.11; 7-204.12)</p>



21 Violation: Person in Charge (PIC) not present or available during all hours of operation.

Inspector Observation: No designated person in charge available at beginning of inspection.

Corrective Action: A designated Person In Charge must be present at all times facility is in operation. (40210)

32 Violation: Dirt and debris accumulated on floors or under equipment. Floor not maintained clean.

Inspector Observation: Heavy dirt and food debris accumulation noted under deep fryers and behind equipment on hot line.

Corrective Action: Maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)



**Overall Inspection Comments:**

Facility has been downgraded to a 'B'. Correct all critical and major violations prior to reinspection. You must pass reinspection with 0-10 demerits with no critical or major violations repeated, or reinspection will result in a 'C' downgrade with additional fees assessed. Contact inspector Kevin Pontius Pontius@snhd.org or at (702) 759 -1110 to schedule a re-inspection.

"B" downgrade posted.

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

Section 1 Demerits	5	0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)
Section 2 Demerits	15	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.
Total Demerits	20	<b>Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.</b>
Initial Inspection Grade	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>
<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. <b>Failure on re-inspection will result in continued closed status with associated fee and may require a supervisory conference.</b>
Reinspection Fee:	N/A	
Fee required to be paid within 10 business days or prior to reinspection	Inspector name: Kevin Pontius	

Received by (signature)	Received by (printed)	EHS (signature)
	marie park	
	Owner	Kevin Pontius

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](#)