

| SOUTHERN NEVADA HEALTH DISTRICT Page 1 of 5 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 | | | | | | | | | | | | | | | |
| PERM | IIT# | ESTABLISHMENT NAME | | | | PHONE # | | | ES. | Γ. SQUARE | PRIMARY EHS | | | | |
| PR00 | 18909 | Wingstop Restaurants Inc Wingstop Restaurant Inc | | | | | (702) 307-9464 1400 | | | 00 | | | EE7001290 | | |
| | ADDRESS RISK CAT. P.E. CODE | | | | | | DIS | DISTRICT LOCATION | | | PERMIT STATUS | | | | |
| | 7017 Spring Mountain RD Las Vegas, NV 89117-3815 3 1006 76 | | | | | | | | | | ACTIVE | | | | |
| | NEVADA CLEAN INDOOR AIR ACT: ☑ COMPLIANCE REQUIRED ☐ EXEMPT CONTACT PERSON: | | | | | | | | | | | | | | |
| ICE | EHS SERVICE DATE TIME IN TIME OUT DEMERITS FINAL GRADE TRAVEI | | | | | | | L MIN | INSPECTIO | ON RESULT | SE | WER | WATER | | |
| CURRENT | EE7001290 Routine Inspection 1/20/2021 4:00PM 7:00PM 43 Closed 15 Cl | | | | | | | | Closed w | ith Fees | М | | М | | |
| SPE | CIAL NOTES: | RPZ BSD 1/2021 | | | • | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | ation |
| Α | | | | | | | | | | | | | | | |
| В | | e water or hot water | | | | | | | | + | | | <u> </u> | | |
| С | | sanitary occurrences or conditi | ons including pest | infestation | | | | | | + | +- | + | | | |
| D | | or liquid waste not disposed of | | | | | | | | | | + | | | |
| E | _ | dequate refrigeration | • | | | | | | | | | | | | |
| F | Lack of a | dequate employee toilets and I | handwashing facilit | ies | | | | | | | +- | 1 | | | |
| G | | poisonous or toxic materials | | | | | | | | | | + | ╁ | | |
| Н | Suspecte | d foodborne illness outbreak | | | | | | | | | | 1 | | | |
| ı | Emergen | cy such as fire and/or flood | | | | | | | | + | | + | | | |
| J | Other cor | dition or circumstance that ma | ay endanger public | health | | | | | | | | 1 | <u> </u> | <u> </u> | |
| SEC | TION 1 - | The Critical Violations list | ed below are to | be assesse | d 5 demerits | for each | violation | | | IN | | cos | NO | NA I | R |
| 1 | | time as a control with approve | • | • | | aiver or var | iance appr | oved | | | | | | | |
| 2 | | ved when required. Operating v | • | | - | roady to oa | t foods) | | | | | - | | | |
| | Handwashing (as required, when required, proper glove use, no bare hand contact of ready to eat foods). Foodhandler health restrictions as required. | | | | | | | | | | | | | | |
| 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. | | | | | | | | | <u> </u> | | | | | |
| 4 | Hot and c | old running water from approv | ed source as requi | red. | | | | | | |] • | | | | |
| 5 | Imminently dangerous cross connection or backflow. Waste water and sewage disposed into public sewer or approved facility. | | | | | | | | | | | | | | |
| 6 | Food wholesome; not spoiled, contaminated, or adulterated. | | | | | | | | | | | | | | |
| 7 | PHF/TCSs cooked and reheated to proper temperatures. | | | | | | | | | | | | | | |
| 8 | 8 PHF/TCSs properly cooled. | | | | | | | | | | □ ■ | | | | |
| 9 SEC | 9 PHF/TCSs at proper temperatures during storage, display, service, transport, and holding. SECTION 2 - The Major Violations listed below are to be assessed 3 demerits for each violation | | | | | | | | | | | cos | | □ NA I | □ R |
| 10 | | warewashing equipment appr | | | | | Olution | | | IN | | | | | |
| 11 | Food protected from potential contamination during storage and preparation. | | | | | | | | | _ | | | | | |
| 12 | Food protected from potential contamination by chemicals. Toxic items properly labeled, stored and used. | | | | | | | | <u> </u> | | | | | | |
| 13 | Food protected from potential contamination by employees and consumers. | | | | | | | | | | | | | | |
| 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. | | | | | | | | | □ ■ | | | | | |
| 15 | | | | | | | | | | | | | | | |
| 16 | Effective pest control measures. Animals restricted as required. | | | | | | | | | | | | | | |
| 17 | Hot and cold holding equipment present; properly designed, maintained and operated. | | | | | | | | | | _ | | | | |
| 18 | Accurate thermometers (stem & hot/cold holding) provided and used. | | | | | | | | | | | | | | |
| 19 | PHF/TCSs properly thawed. Fruits and vegetables washed prior to preparation or service. | | | | | | | | | | | | | • | |
| 20 | 20 Single use items not reused or misused. | | | | | | | | | | | | | | |
| 21 | Person in charge available and knowledgeable/management certification. Foodhandler card as required. Facility has an effective employee health policy. | | | | | | | | | | | - | | | |
| 22 | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |

| SN | FOOD ESTAB | LISHMENT INSPECTION (Cat 10) 2013 | Facility | Name:Wingstop Restaurants Inc- Wingstop Restaurant Inc | | Date: 01/20/2 | 2021 | Page | 2 of 5 | | | |
|---|---|--|-------------|--|-----|------------------|------|------|--------|--|--|--|
| SECTION 3 - Good Food Management Practices to Prevent Unsanitary Conditions | | | | | | | | NA | | | | |
| 24 | | personal hygiene practices, clean outer garments, proper hair restraints used. Living quarters and completely separated from food service. | | | | | | | | | | |
| 25 | Non-PHF and for required. Non-P | | | | | | | | | | | |
| 26 | Facilities for was 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 | | | | | | | | | | | |
| 29 | Utensils, equipn | | | | | | | | | | | |
| 30 | Nonfood contac | | | | | | | | | | | |
| 31 | Restrooms, more equipment, or p | | | | | | | | | | | |
| 32 | Facility in sound condition and maintained (floors, walls, ceilings, plumbing, lighting, ventilation, etc.). | | | | | | | | | | | |
| | 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 | Comm | ent | | | | | | | |
| cooked chicken tenders | | | 204.00 F | СТ | | | | | | | | |
| nacho cheese | | | 135.00 F | НН | | | | | | | | |
| cook | ed chicken s | | 178.00 F | СТ | | | | | | | | |
| raw | chicken | | 41.00 F | СН | | | | | • | | | |

Inspector Observation: Employee open drink stored in wall holder above prep table where cooked fries and cheese are kept.

in containers that prevent mouth/hand contamination such as a cup with lid and straw. (2-401; 3-306; 3-304.11; 3)

Violation: Food contact surfaces are dirty or unsanitary.

bottom, and several pans in clean storage observed with food debris and greasy film.

Corrective Action: Properly clean and sanitize. (4.4; 3-304; 4-201.16)

14

Corrective Action: Protect food from contamination. Store all employee food or drink under and away from food and food contact surfaces. Provide drinks

Inspector Observation: Cutting board in clean storage observed dirty with yellow grease, ice scoop stored in plastic container with wet debris in the

| SND Southern Regular Regular Stroomer | FOOD ESTABLISHMENT INSPECTION (Cat 10) 2013 PR0018909 | | Facility Name:Wingstop Restaurants Inc- Wings | stop Restaurant Inc | Date: 01/20/2021 | Page 4 of 5 | | | | | | | | |
|--|---|---------------------------------|--|--|--|--------------------|---------------|--|--|--|--|--|--|--|
| 16 Violation: Installed air curtains or fly fans a | | | • | | | | | | | | | | | |
| Inspector Observation: Back door air curtain does not engage when door is opened. Corrective Action: Provide proper pest control. Provide properly operating air curtain that turns on when door is opened. (6-202.13; 6-202.15; 6-501) | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | |
| Inspector Observation: Walk in measured 45 degrees F during inspection. Corrective Action: Equipment red-tagged, remove equipment from service until approved for use by SNHD. Repair equipment to maintain foods a | | | | | | | | | | | | | | |
| | | | | uipment from service until approved for us k in service without Health Authority appro | | | grade | | | | | | | |
| | | | sed (8-208.11). (4-2; 3-501 | | oral, and lacinity may be defining added a | | | | | | | | | |
| 21 | | | e unaware of facility's hea | • • | | | | | | | | | | |
| | • | | | dler unable to list any reportable symptoms of foodborne illness. Food handler unaware of employee health policy. ents must have an employee health policy that requires food handlers to report information about their health and | | | | | | | | | | |
| | | | health policy. (2-2; 2-404.11; 8-204.12 | | | | | | | | | | | |
| | Violetian, Dans | i Ob | (DIO) = -t = =====t == ==== | labla dunian all bassas af an anatica | | | | | | | | | | |
| Violation: Person in Charge (PIC) not present or available during all hours of operation. Inspector Observation: No person in charge present upon arrival. COS: PIC arrived at end of inspection. | | | | | | | | | | | | | | |
| Corrective Action: A designated Person In Charge must be present at all times facility is in operation. (40210) | | | | | | | | | | | | | | |
| 24 | | | . • | ds of cleanliness and personal hygiene. | | 4:: 4- 1 | all a | | | | | | | |
| | foods. | rvation. FC | ood flandier lace fllask ob | served soiled with food debris from food ha | andier repeatedry adjusting mask and | continuing to rial | lale | | | | | | | |
| | Corrective Action | n: Food har | ndlers shall practice strict | s shall practice strict standards of cleanliness and personal hygiene. (2-3; 2-402.11; 3-307.11;) | | | | | | | | | | |
| 31 | | | | ngled with food or food contact surfaces. | | | | | | | | | | |
| | | | mployee speaker observe ood from contamination. S | on snell in dry storage. Store personal items under and away from | food and food contact surfaces. (5-20 | 4.11: 5-202.12: | | | | | | | | |
| | 6-202) | | | ,,,,, | | | | | | | | | | |
| 32 | | | | der equipment. Floor not maintained clear | 1. | | | | | | | | | |
| | Corrective Action | on: Maintain | clean and in good repair. | (Chapter 5; 6-1; 6-2; 6-3;) | | | | | | | | | | |
| | Violation: Hose | bib with pre | essurized hose sprayer att | ached observed leaking. Backflow device | negated by application of pressurized | hose sprayer. | | | | | | | | |
| | | | appropriate backflow prev | ention (vacuum breaker) for all hose bibs. | Repair. Remove pressurized hose wh | en not in use. | | | | | | | | |
| Overall li | (Chapter 5; 6-1 Inspection Com | | | | | | | | | | | | | |
| | • | | y a \$1,400 fee. Invoice wi | II be provided in the morning of 1/21/2021 | . The closure fee must be paid prior to | o the | | | | | | | | |
| reinspectio | n. | | | | | | | | | | | | | |
| Varr marr n | av anlina at https: | //www. | a a rango ya da ba a lth diatriat a | ra/naymant/ahinyaiaa | | | | | | | | | | |
| rou may pe | ay Omme at mitps | //www.south | nernnevadahealthdistrict.c | rg/payment/eninvoice. | | | | | | | | | | |
| Facility may | y be placed on a d | compliance | schedule for repair of the | leaking ceiling in the walk in unit if it is not | repaired by the reinspection. | | | | | | | | | |
| Due te ess | ial diatanaina rasu | iromonto of | COVID 10 this report wa | a reviewed but not signed by Bishard Box | niro- | | | | | | | | | |
| | | | | s reviewed but not signed by Richard Ran available at www.SouthernNevadaHealtl | | | | | | | | | | |
| Section 1 | | 25 | | | | ower grade) | | | | | | | | |
| Section 1 | Dements | 25 | | 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 | | | | | | | | | | |
| Section 2 Demerits 18 | | ' | requested. Inspection must result in 10 demerits or less, with no identical repeat critical or major violations. | | | | | | | | | | | |
| | | Failure on re-inspe conference. | Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory | | | | | | | | | | | |
| Total Dem | enis | 43 | | 21 to 40 demerits = C; Re-inspection after 15 business days, or sooner if requested. Inspection must result in 10 demerits | | | | | | | | | | |
| Initial Insp | ection Grade | Closed | | • | al repeat critical or major violations. Failure on re-inspection will result in a closure of the | | | | | | | | | |
| ☐ This grade resulted from a facility with asso | | | | ated fee and may require a supervisory conference. | | | | | | | | | | |
| repea violat | at critical or major | | | | Closure or Imminent Health Hazard requiring closure; All food activities must remain suspended until | | | | | | | | | |
| Violat | | | 1 | Authority. Re-inspection upon operator re jor violations. Failure on re-inspection wi | · · | | | | | | | | | |
| Reinspect | ion Fee: | \$1,400.00 | ' | pervisory conference. | | | | | | | | | | |
| Fee require | ed to be paid with | in 10 | Inspector name: | Victoria Rich | | | | | | | | | | |
| business d | ays or prior to rei | nspection | · | | | | | | | | | | | |
| Received | l by (signature) | | | Received by (printed) | EHS (signature) | | | | | | | | | |
| | | | | Richard Ramirez | | | | | | | | | | |
| | | | | 1 | Aller Aller | | | | | | | | | |
| | | | | | Outona Rich | | | | | | | | | |
| | | | | GM | | | Victoria Rich | | | | | | | |
| Vour cianat | ure on this form: 4\ C | lose not const | titute agreement with its conta | ents. You may discuss the contents of this report | with the department by contacting the cure | anvisor at the | | | | | | | | |
| Environmen | tal Health office indic | cated on page | one of this report. Until such | time as a decision is rendered by this department | nt, the contents of this report shall remain ir | | | | | | | | | |
| 2) Acknowle | dges that this inspec | ction report wi | ill be distributed by either ema | il, fax, or postal delivery (of your choosing) within | n 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.



to schedule an appointment, call 702-759-0595 or visit

www.SNHD.info/foodhandler

NOTICE OF BUSINESS CLOSURE FORM
ESTABLISHMENT FILE UPDATE FORM