



**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) • 702-759-1000 (24 HOURS)

**FACILITY INFORMATION**

|   |   |                                 |                     |                                     |          |          |             |            |                     |       |       |
|---|---|---------------------------------|---------------------|-------------------------------------|----------|----------|-------------|------------|---------------------|-------|-------|
| PERMIT #  | ESTABLISHMENT NAME  | PHONE #                         | EST. SQUARE FOOTAGE | PRIMARY EHS                         |          |          |             |            |                     |       |       |
| PR0109670   | LIQUOR WORLD - BLUE DIAMOND<br>LIQUOR WORLD - BLUE DIAMOND SAMPLING | (702) 506-2145                  | 150                 | EE7001342                           |          |          |             |            |                     |       |       |
| ADDRESS<br>8544 BLUE DIAMOND 125/ 130<br>Las Vegas, NV 89178  | RISK CAT.<br>1-2  | P.E. CODE<br>1087               | DISTRICT<br>60      | LOCATION<br>PERMIT STATUS<br>ACTIVE |          |          |             |            |                     |       |       |
| NEVADA CLEAN INDOOR AIR ACT: <input type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT |   | CONTACT PERSON: Michael Barbary |                     |                                     |          |          |             |            |                     |       |       |
| <b>CURRENT SERVICE</b>  | EHS   | SERVICE                         | DATE                | TIME IN                             | TIME OUT | DEMERITS | FINAL GRADE | TRAVEL MIN | INSPECTION RESULT   | SEWER | WATER |
|   | EE7001342   | Routine Inspection              | 1/18/2019           | 12:40PM                             | 1:30PM   | 3        | Closed      | 5          | Closed without Fees | M     | M     |

SPECIAL NOTES:  
**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 checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 | PHF/TCSs properly cooled.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | PHF/TCSs at proper temperatures during storage, display, service, transport, and holding.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input 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. NCI/AA 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"/> |

| 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.

No Temperature Observations

**VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS**

| Item No | Observations & Corrective Actions  |
|---------|--|
| B       | Violation: Lack of proper hand washing observed because no convenient hand sink is available or installed.<br>Inspector Observation: Hand washing sink at sampling area removed. Lack of hand washing sink is considered an imminent health hazard requiring immediate ceasing of operation.<br>Corrective Action: Cease and Desist sampling. Provide properly stocked hand sink(s) where required and approved by SNHD Plan Review department. (2-2; 2-3; 3-301.11; 3-304, 8-304) |
| 15      | Violation: Lack of proper hand washing observed because no convenient hand sink is available or installed.<br>Inspector Observation: Hand washing sink at sampling area removed.<br>Corrective Action: Cease and desist sampling. Provide properly stocked hand sink(s) where required and approved by SNHD Plan Review department. (2-2; 2-3; 3-301.11; 3-304)  |

**Overall Inspection Comments:**

*Establishment has removed hand wash station and dump sink approved for sampling permit without approval of SNHD. Person in Charge was unaware of when equipment was removed. No sampling was observed at time of inspection.*

*Sampling permit has been suspended. Cease and Desist all sampling activities until adequate equipment has been provided, approved, and verified by SNHD Facilities Design, Assessment, and Permitting (FDAP) department. Closure approved by (EHS Senior Christy Munaretto).*

*Your facility has undergone an Unapproved Remodel. You must contact the SNHD Facilities Design, Assessment, and Permitting (FDAP) department within 5 business days. When making contact, simply call 759-1258 and leave a voice mail to initiate the scheduling of an appointment. Failure to contact FDAP may result in permit suspension including applicable closure fees.*

*Should the establishment decide to permanently discontinue sampling, please submit a request for permit deletion (see attached form) within 5 business days.*

|   |                                      |  |
|---|--------------------------------------|--|
| Food establishment regulations (2010) and educational materials available at <a href="http://www.SouthernNevadaHealthDistrict.org/ferl">www.SouthernNevadaHealthDistrict.org/ferl</a> |                                      |  |
| Section 1 Demerits  | 0                                    | 0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)<br>11 to 20 demerits or identical consecutive critical or major violation = B; 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.<br><b>Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.</b><br>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. <b>Failure on re-inspection will result in a closure of the facility with associated fee and may require a supervisory conference.</b><br>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  | 3                                    |  |
| Total Demerits  | 3                                    |  |
| Initial Inspection Grade  | Closed                               |  |
| <input type="checkbox"/> This grade resulted from a repeat critical or major violation.   |                                      |  |
| Reinspection Fee:   | N/A                                  |  |
| Fee required to be paid within 10 business days or prior to reinspection  | Inspector name: <b>Raymond Campa</b> |  |

| Received by (signature) | Received by (printed)                   | EHS (signature)       |
|-------------------------|---|-----------------------|
|                         | Michael Barbary<br><br>District Manager | <br><br>Raymond Campa |

# HOW TO SPOT A FAKE RESTAURANT INSPECTOR

## Does your health inspector wear an identification badge? Do they have official business cards?

An Environmental Health Specialist (aka "health inspector") with the Southern Nevada Health District wears a picture ID badge. Health District inspectors will identify themselves, state the purpose of their visit, and ask to speak to a Person-In-Charge (PIC). They usually carry official business cards.

## Did you receive a phone call to schedule a routine inspection?

Routine inspections are UNANNOUNCED. Scheduled inspections are usually follow-up activities such as re-inspections and surveys. If you are currently in the Plan Review process, our Facility Design Assessment & Permitting (FDAP) inspectors may schedule an on-site inspection.

## Did they ask for any personal information including credit card information?

Health District inspectors will NOT ask for credit card information. Personal information requests are limited to a name, email address, and phone number. Email addresses are needed to send inspection reports, and phone numbers are primarily used to contact the PIC of a facility in case of an emergency or to request information.

## Did they ask you for money or food?

Health inspectors will NOT ask for money; no financial transactions can be handled by a health inspector. Routine inspections do not have an associated fee. Annual health permit fees, re-inspection fees, verified complaint fees, and closure fees are remitted directly to the Health District, either online or in person, at any of the Health District's Environmental Health service locations. A health inspector can give you information about paying fees online or about locations where payments can be made. Health inspectors will not ask for or accept food.

## Did they provide an inspection report?

A health inspection (including follow-up visits) will be documented on an inspection report and be sent to the PIC (or designated recipient) via email, fax, or paper form within 24 hours. If a routine inspection was conducted, an inspector will provide a grade card before leaving.



If you are still in doubt, you can call the Southern Nevada Health District to verify information.

Monday-Friday 8:00 a.m. – 4:30 p.m.  
(702) 759-1110

NOTE: Health inspectors from the Southern Nevada Health District may conduct inspections outside of normal Health District business hours.

