



**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    |          |          |             |            |                   |       |       |
| PR0115442  | CURRY LEAF FLAVORS OF INDIA<br>CURRY LEAF FLAVORS OF INDIA RESTAURANT | (702) 527-7977                           | 1000                    | EE7001394      |          |          |             |            |                   |       |       |
| ADDRESS<br>5025 W FORT APACHE RD # 101<br>Las Vegas, NV 89148  |   | RISK CAT.<br>3                           | P.E. CODE<br>1003       | DISTRICT<br>63 |          |          |             |            |                   |       |       |
|  |   | LOCATION                                 | PERMIT STATUS<br>ACTIVE |                |          |          |             |            |                   |       |       |
| NEVADA CLEAN INDOOR AIR ACT: <input checked="" type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT |   | CONTACT PERSON: Veerakumar Radaakrishnan |                         |                |          |          |             |            |                   |       |       |
| <b>CURRENT SERVICE</b>   | EHS   | SERVICE                                  | DATE                    | TIME IN        | TIME OUT | DEMERITS | FINAL GRADE | TRAVEL MIN | INSPECTION RESULT | SEWER | WATER |
|  | EE7001394   | Routine Inspection                       | 11/26/2019              | 1:30PM         | 4:45PM   | 20       | Closed      | 15         | Closed with Fees  | M     | M     |

SPECIAL NOTES: Open 11:30am-3:00pm. 5:00pm-9:00pm Monday thru Thursday & Sunday

**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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | PHF/TCSs properly cooled.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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. 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"/> |
|----|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 28 | Small wares and portable appliances approved, properly designed, in good repair.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | Utensils, equipment, and single serve items properly handled, stored, and dispensed.  | <input type="checkbox"/>            | <input checked="" 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"/> |
| 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"/> |
| 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"/> |

**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 |
|----------------|----------|-------------|---------|
| Tomato sauce   |          | 205.00 F    | HH      |
| Potatoes       |          | 38.00 F     | CH      |
| Milk           |          | 39.00 F     | CH      |
| Chicken masala |          | 40.00 F     | CH      |
| Chicken        |          | 37.00 F     | CH      |
| Rice           |          | 145.00 F    | HH      |
| Samosas        |          | 41.00 F     | CH      |



**VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS**

| Item No | Observations & Corrective Actions  |
|---------|--|
| C       | <p>Violation: Pests observed in facility.<br/>Inspector Observation: Multi-generational cockroaches observed throughout facility (Coming through ceiling tiles, on and behind magnetic strip holding clean knives, on walls over prep surfaces, on shelves with food containers, around hand sink, around ware washing area, underside of tables, crawling on floors in kitchen).<br/>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)</p>   |
| 8       | <p>Violation: PHF (TCS) not cooled properly.<br/>Inspector Observation: Cooked potatoes measuring at 114 degrees F at 1:50pm and measuring 108 degrees F at 2:25pm.<br/>COS: Potatoes were cooked at 1:20pm - put on ice in walk-in and rapidly cooled<br/>Corrective Action: Rapidly cool PHF (TCS) from 135-70 degrees F within 2 hours and from 70-41 degrees F within an additional 4 hours. (3-501.14; 3-501.15; 3-502)</p>   |
| 12      | <p>Violation: Sanitizing solution bucket or spray bottles placed on or over a food preparation surface.<br/>Inspector Observation: Sanitizer spray bottle stored on shelf next to metal food bowls and rolling pin. COS: Relocated<br/>Corrective Action: Protect food from contamination. Store sanitizer solution (and all chemicals) under and away from food and food contact surfaces. (Chapter 7; 4-201.15; 4-30)</p> <p>Violation: Sanitizer, soap buckets or spray bottles not properly labeled with common name or "sanitizer".<br/>Inspector Observation: Two bottles of quat sanitizer not labeled. COS: Labeled<br/>Corrective Action: Label properly. (4.4; 3-304; 4-201.16)</p>  |
| 13      | <p>Violation: Employee or customer personal food stored intermingled with food for establishment.<br/>Inspector Observation: Throughout kitchen, inspector observed employee food stored intermingled with food for establishment.<br/>COS: Employee's food relocated<br/>Corrective Action: Protect food from contamination. Store all employee or customer personal food or drink under and away from food for the establishment. (2-401; 3-306; 3-304.11; 3)</p>  |
| 14      | <p>Violation: Wiping cloths (wet or dry) visibly soiled.<br/>Inspector Observation: Dirty wiping clothes observed all throughout kitchen. COS: Wiping cloths relocated to laundry bag<br/>Corrective Action: Rinse wiping cloth in sanitizer solution frequently. Remove from service once soiled. (3-304.14; 4-502.11; 4-503)</p>   |
| 15      | <p>Violation: Hand sink being used for something other than hand washing.<br/>Inspector Observation: Hand sink being used as a dump sink - ice observed in basin.<br/>Corrective Action: Hand sinks are for hand washing only, no other purpose. (5-202)</p>   |
| 16      | <p>Violation: Pests observed in facility.<br/>Inspector Observation: Multi-generational cockroaches observed throughout facility.<br/>NOTE: Per person in charge, the cockroaches have been coming in through the ceiling and the landlord is planning on having the entire plaza treated on 11/28/19. Most recent pest control service report was provided - facility was treated by Las Vegas Pest Control this morning around 8:30am.<br/>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)</p> <p>Violation: Conditions that allow the harboring or feeding of pests observed.<br/>Inspector Observation: Inspector observed the following harborage conditions:<br/>A. Excessive grease build-up on exterior of all cook line equipment<br/>B. Fryer cabinets observed with excessive food debris and grease<br/>C. Floors, walls and ceilings excessively dirty<br/>D. Shelving throughout kitchen excessively dirty<br/>Corrective Action: Thoroughly clean entire kitchen prior to next pest control treatment. 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)</p> <p>Violation: Installed air curtains or fly fans have been disconnected or have had the pressure switches bypassed to deactivate units.<br/>Inspector Observation: Fly fan at back door turned off. COS: Turned on and working properly<br/><b>**REPEAT VIOLATION**</b><br/>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)</p> |
| 28      | <p>Violation: Equipment is showing signs of disrepair.<br/>Inspector Observation: Cutting board starting to show signs of scoring and discolor.<br/>Corrective Action: Remove/replace. Equipment must be NSF approved or equivalent. (3-304.13; 3-304.14; 4-2; 7)</p>  |
| 29      | <p>Violation: Bag-in-box hoses, equipment or liquor pump room reservoir left subject to contamination.<br/>Inspector Observation: Bag-in-box hose left uncovered.<br/>Corrective Action: Protect from contamination. (3-304.12; 3-306.13; 4-302)</p>   |

32 Violation: Floor/wall junctures are not covered or coving is in disrepair.  
 Inspector Observation: Base coving in disrepair by back door.  
 Corrective Action: Floor/wall junctures must be covered and sealed. Repair. (Chapter 5; 6-1; 6-2; 6-3;)

Violation: Ceiling is in disrepair and/or water stained.  
 Inspector Observation: Hole observed in ceiling above walk-in.  
 Corrective Action: Maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)

Violation: Facility does not have at least 50 foot-candles of light where food handlers are working with food or in ware washing areas.  
 Inspector Observation: Light bulb burnt out over cook line area resulting in inadequate lighting where food handlers are working with food.  
 Corrective Action: Provide at least 50 foot-candles of light where food handlers are working with food and in ware washing areas. (Chapter 5; 6-1; 6-2; 6-3;)

**Overall Inspection Comments:**



SNHD Closure sign posted. Do not move, remove, or block closure sign. Facility is to remain closed until the pest 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 \$716 must be paid at the 280 S. Decatur Blvd SNHD office prior to re-inspection. You may also pay online by visiting [www.snhd.info](http://www.snhd.info) and clicking on the "Pay an Environmental Health Invoice" link. Your invoice number is IN0234960.

Re-open checklist provided.

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.)<br>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><br>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><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  | 15              |   |
| Total Demerits  | 20              |   |
| Initial Inspection Grade  | Closed          |   |
| <input type="checkbox"/> This grade resulted from a repeat critical or major violation. |                 |   |
| Reinspection Fee:   | <b>\$716.00</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)   |
|  | Veera Kumer<br><br>Person in Charge | <br><br>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

# FIGHT the BITE



HELP PREVENT DISEASES THAT CAN BE SPREAD BY MOSQUITOES

**Eliminate standing water**

**Prevent mosquito bites**

**Report mosquito activity**

In August, the Southern Nevada Health District declared an outbreak of West Nile virus. This season, the highest number of human cases have been reported since the disease was first detected in the state in 2004. In addition to the high number of cases, many of those who have been ill have had the more serious neuroinvasive form of the illness.

West Nile virus is transmitted by the bite of an infected mosquito. The illness is not spread person-to-person. The best way to keep from getting sick is to prevent mosquito bites. People can protect themselves and their families by taking the following precautions:

- When outdoors, use [Environmental Protection Agency \(EPA\)-registered](#) insect repellents containing DEET, Picaridin, IR3535, Oil of lemon eucalyptus (OLE), or 2-undecanone.
- Wear pants and long-sleeved shirts when outdoors. Treat clothing and outdoor gear with repellent.
- Make sure doors and windows have tight-fitting screens without tears or holes.
- Prevent mosquito breeding by eliminating areas of standing water around homes, including unmaintained swimming pools.

Additional tips and more information about West Nile virus are available on the Health District website at [www.snhd.info/west-nile](http://www.snhd.info/west-nile) and on the Centers for Disease Control and Prevention website at [www.cdc.gov/westnile/prevention/index.html](http://www.cdc.gov/westnile/prevention/index.html).

If you think you or your family member have West Nile Virus, please contact your doctor.

Residents can report mosquito activity to the Mosquito Surveillance Program at 702-759-1633. Updated information about the Health District's surveillance activities is available each week at [www.snhd.info/wn-updates](http://www.snhd.info/wn-updates).