



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

Table with 5 columns: PERMIT #, ESTABLISHMENT NAME, PHONE #, EST. SQUARE FOOTAGE, PRIMARY EHS. Row 1: PR0133778, NIGERIAN FOOD, (702) 986-5867, 250, EE7001176.

Table with 6 columns: ADDRESS, RISK CAT., P.E. CODE, DISTRICT, LOCATION, PERMIT STATUS. Row 1: 953 E SAHARA AVE STE E22, 3, 1006, 90, ACTIVE.

NEVADA CLEAN INDOOR AIR ACT: [] COMPLIANCE REQUIRED [] EXEMPT CONTACT PERSON: Angela Ifeoma Ojiako

Table with 12 columns: EHS, SERVICE, DATE, TIME IN, TIME OUT, DEMERITS, FINAL GRADE, TRAVEL MIN, INSPECTION RESULT, SEWER, WATER. Row 1: EE7001176, Reinspection, 3/22/2021, 12:20PM, 2:30PM, 3, Closed, 30, Closed with 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

Table with 12 columns: Hazard description, IN, OUT, COS, NO, NA, R. Rows A-J: Interruption of electrical service, No potable water, Gross unsanitary occurrences, Sewage or liquid waste, Lack of adequate refrigeration, Lack of adequate employee toilets, Misuse of poisonous or toxic materials, Suspected foodborne illness outbreak, Emergency such as fire and/or flood, Other condition or circumstance that may endanger public health.

SECTION 1 - The Critical Violations listed below are to be assessed 5 demerits for each violation

Table with 7 columns: Violation description, IN, OUT, COS, NO, NA, R. Rows 1-9: Verifiable time as a control, Handwashing, Commercially manufactured food, Hot and cold running water, Imminently dangerous cross connection, Food wholesome, PHF/TCSs cooked and reheated, PHF/TCSs properly cooled, PHF/TCSs at proper temperatures.

SECTION 2 - The Major Violations listed below are to be assessed 3 demerits for each violation

Table with 7 columns: Violation description, IN, OUT, COS, NO, NA, R. Rows 10-22: Food and warewashing equipment, Food protected from potential contamination, Kitchenware and food contact surfaces, Handwashing facilities, Effective pest control measures, Hot and cold holding equipment, Accurate thermometers, PHF/TCSs properly thawed, Single use items, Person in charge, Backflow prevention devices.



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"/>
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 checked="" 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"/>
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.

No Temperature Observations



VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS

Item No	Observations & Corrective Actions
16	<p>Violation: Evidence of pests observed in facility.</p> <p>Inspector Observation: Rodent droppings observed throughout Facility;</p> <ul style="list-style-type: none"> - underneath prep sink, under prep table, and around water heater (in mop sink closet) - new droppings indicative of pest presence/activity within Facility <p>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> <hr/> <p>Violation: Exterior doors are not tightly fitted, weather proof or are left open, allowing an entry point for vermin.</p> <p>REPEAT VIOLATION</p> <p>Inspector Observation: Large visible gaps observed around main front entrance doors</p> <p>Corrective Action: SEAL ALL ENTRY POINTS. 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>
32	<p>Violation: Walls and floors are in disrepair.</p> <p>Inspector Observation: Exposed holes observed throughout;</p> <ul style="list-style-type: none"> - in mop closet near water heater - along walls <p>Corrective Action: Maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)</p> <hr/> <p>Violation: Plumbing connections and fixtures are rusted, corroded or in disrepair.</p> <p>Inspector Observation: Required plumbing fixture for 3-compartment sink in disrepair; unable to drain waste water as required;</p> <ul style="list-style-type: none"> - Drain line (plumbing) for only 3-compartment sink not properly affixed to grease interceptor as required to dispose of grease and waste water in approved manner - 3-compartment sink not in condition for use upon arrival for Reinspection <p>Corrective Action: Maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)</p>

Overall Inspection Comments:

FACILITY HAS FAILED SCHEDULED REINSPECTION WITH REPEAT VIOLATION, IMMINENT HEALTH HAZARD, AND ONGOING PEST CONCERNS

FACILITY STILL IN PROCESS OF TREATING AND REMEDIATING ALL CURRENT PEST CONCERNS

FACILITY MUST REMAIN CLOSED AND CANNOT REOPEN UNTIL PASSING REINSPECTION

THE FOLLOWING CONDITIONS MUST BE COMPLETED PRIOR TO REINSPECTION:

1) CONTINUE TO WORK WITH PEST CONTROL SERVICE PROVIDERS ON ALL PEST CONCERNS, TO CONTROL AND REMEDIATE PEST INFESTATION. SUBMIT PEST CONTROL SERVICE RECORDS TO INSPECTOR FOR REVIEW.

2) CONTINUE TO DEEP CLEAN AND REPAIR THROUGHOUT FACILITY TO PREVENT/FIX ALL PEST ENTRY POINTS AND HARBORAGE CONDITIONS



- 3) MAINTAIN PEST SIGHTING LOG, DOCUMENTING DAILY FINDINGS AND AFFECTED AREAS. INCLUDE CORRECTED ACTIONS INCLUDING BUT NOT LIMITED TO; DEEP CLEANING, SELF-CLOSING, PEST CONTROL TREATMENT, ETC. SUBMIT PEST SIGHTING LOG TO INSPECTOR EVERY WEEK FOR REVIEW.
- 4) CLOSURE INVOICE MUST BE PAID WITHIN 10 BUSINESS DAYS (APRIL 5, 2021)
- 5) ALL NOTED VIOLATIONS ON REINSPECTION REPORT MUST BE CORRECTED PRIOR TO SCHEDULING REINSPECTION
- 6) PASS REINSPECTION FOR REOPENING

Joint Reinspection with Senior EHS Mikki Knowles

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

Section 1 Demerits	0	<p>0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)</p> <p>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. Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.</p> <p>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. Failure on re-inspection will result in a closure of the facility with associated fee and may require a supervisory conference.</p> <p>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. Failure on re-inspection will result in continued closed status with associated fee and may require a supervisory conference.</p>
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:	\$1,400.00	
Fee required to be paid within 10 business days or prior to reinspection	Inspector name: Tom Sheffer	

Received by (signature)	Received by (printed)	EHS (signature)
	Ngozo Ojiako Kitchen Staff	 Tom Sheffer

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

[NOTICE OF BUSINESS CLOSURE FORM](#)

[ESTABLISHMENT FILE UPDATE FORM](#)