



**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							
PR0007276	Chopstix Express Restaurant Chopstix Express Restaurant	(702) 837-8869	850	EE7001275							
ADDRESS	RISK CAT.	P.E. CODE	DISTRICT	LOCATION	PERMIT STATUS						
2381 E Windmill LN Las Vegas, NV 89123-2068	3	1006	39		ACTIVE						
NEVADA CLEAN INDOOR AIR ACT: <input checked="" type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT			CONTACT PERSON: fen jiang								
CURRENT SERVICE	EHS	SERVICE	DATE	TIME IN	TIME OUT	DEMERITS	FINAL GRADE	TRAVEL MIN	INSPECTION RESULT	SEWER	WATER
	EE7001275	Routine Inspection	1/16/2020	2:20PM	5:00PM	18	Closed	5	Closed with Fees	M	M

SPECIAL NOTES: RPZ - BY SODA FOUNTAIN ON WALL - 4/2018
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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 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 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"/>
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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.

Item	Location	Measurement	Comment
rice	hot holding	150.00 F	HH
chicken	walk in	39.00 F	CH



VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS

Item No	Observations & Corrective Actions
C	<p>Pests observed in facility. Multigenerational (young and juvenile) live and dead found throughout the facility.</p> <p>Several live as well as dead cockroaches (young and juvenile) observed in the facility in the following area: 2 live young ones observed near the mop sink and freezer 2 dead ones (young and juvenile) observed at the back fan of the make table 2 live (young and juvenile) observed near the fan of the make table 4 live (young) found near the make table. Roach feces observed in the make table fan area.</p> <p>CLOSED WITH FEES.</p> <p>Please refer violation number 16 for more details.</p>
10	<p>Violation: Equipment is not approved by NSF or equivalent certifying agency.</p> <p>Inspector Observation: Chicken ninja (not NSF approved) found in the facility.</p> <p>Corrective Action: Remove/replace. Equipment must be NSF approved or equivalent. (3-304.13;3-304.14; 4-2; 7)</p>
11	<p>Violation: Preparing raw animal product next to a different type of raw animal product or a ready-to-eat product on same work surface.</p> <p>Inspector Observation: Raw beef, raw chicken and broccoli found to be prepped at the same prep table. COS: Person in charge relocated them</p> <p>Corrective Action: Protect food from contamination. Separate raw animal products from other types of raw animal products and ready-to-eat foods. (3-302; 3-303; 3-304; 3-30)</p> <p>Violation: Using 3-compartment sink for food prep while sink is being used for any other purpose.</p> <p>Inspector Observation: 3-compartment sink used for different purposes: chicken thawing at room temperature at the dirty area; dirty dishes stored in all the three compartments at the compartment sink, fish thawing in the clean area.</p> <p>Please refer violation number 19 for more details about thawing at room temperature.</p> <p>Corrective Action: Protect food from contamination. Use 3-compartment sink for only one operation at a time. (3-302; 3-303; 3-304; 3-30)</p>
13	<p>Violation: Employee open drinks or food stored on or over food or food contact surfaces.</p> <p>Inspector Observation: Employee food stored intermingled with customer food inside the reach in. Employee drinks stored next to microwave oven. COS: Person in charge relocated the food. (REPEAT)</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>
15	<p>Violation: Hand sink blocked inhibiting access.</p> <p>Inspector Observation: Hand sink near 3-compartment sink blocked by wrap papers, sauce boxes. COS: Person in charge relocated the boxes.</p> <p>Corrective Action: Keep hand sinks easily accessible at all times. (5-202)</p>
16	<p>Violation: Pests observed in facility.</p> <p>Inspector Observation: Several live as well as dead cockroaches (young and juvenile) observed in the facility in the following area: 2 live young ones observed near the mop sink and freezer 2 dead ones (young and juvenile) observed at the back fan of the make table 2 live (young and juvenile) observed near the fan of the make table 4 live (young) found near the make table Roach feces observed near the make table fan, mop sink area.</p> <p>According to person in charge they have a licensed pest control company and the last service was December 20,2019.</p> <p>CLOSED WITH FEES. Please see the C section for more details.</p> <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>



19 Violation: Foods not thawed by an approved method.

Inspector Observation: Chicken found thawing at room temperature next to 3-compartment sink. Chicken found at 27 degrees F. Fish found thawing at the 3-compartment sink found at 56 degrees F which were prepped right away.
COS: Person in charge relocated the chicken inside the walkin and fish were prepped right away.

Corrective Action: Thaw food by approved method. Approved methods include: under refrigeration; completely submerged under running water having sufficient velocity to agitate and float off loose particles; in a microwave oven if the food will be immediately cooked; under conditions that do not allow any portion of the food to be above 41 degrees F for more than four hours, with temperature logs verifying compliance; as part of the conventional cooking process. (3.501)

32 Violation: Light bulbs are missing or burnt out compromising required light levels.

Inspector Observation: Multiple light bulbs missing compromising light levels.

Corrective Action: Replace light bulbs to maintain required light levels. (Chapter 5; 6-1; 6-2; 6-3;)

Violation: Mop sink or waste water disposal area in disrepair.

Inspector Observation: Mop sink area dirty.

Corrective Action: Maintain clean and in good repair. (5-204.11; 5-202.12; 6-202)

Overall Inspection Comments:

Joint field inspection with EHS Erin Cavin.

A complaint investigation was also conducted. Please refer to EHS Cavin's report for more details.

Multigenerational cockroaches observed in the facility. Please refer violation number 16 for more details.

FACILITY CLOSED WITH FEES. A FEE OF \$834 (\$716+ 118) MUST BE PAID PRIOR TO SCHEDULING A RE-INSPECTION WITHIN 5 BUSINESS DAYS. INSPECTION MUST RESULT IN 10 DEMERITS OR LESS.

The fees can be paid in person at any Southern Nevada Health Department or on-line by visiting www.snhd.org and going to pay EH invoice page with IN0239637.

PRIOR TO OPENING FACILITY MUST

- Do a deep cleaning to the entire facility.
- Make sure the roaches are eliminated from the facility
- Have a service done by a licensed pest control company and invoices available upon request.

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

Section 1 Demerits	0	0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)
Section 2 Demerits	18	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	18	Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.
Initial Inspection Grade	Closed	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.
<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. Failure on re-inspection will result in continued closed status with associated fee and may require a supervisory conference.
Reinspection Fee:	\$716.00	
Fee required to be paid within 10 business days or prior to reinspection	Inspector name: Veena Ramakrishnan	

Received by (signature)	Received by (printed)	EHS (signature)
	qin jiang Manager	 Veena Ramakrishnan

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 and on the Centers for Disease Control and Prevention website at 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.