



SOUTHERN NEVADA HEALTH DISTRICT  
FOOD ESTABLISHMENT INSPECTION

Page 1 of 5

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    |          |                         |             |            |                   |       |       |
| PR0017837  | AZTEC INN - \$5 CAFE<br>\$5 CAFE | (702) 888-3333                  | 600                 | EE7001208      |          |                         |             |            |                   |       |       |
| ADDRESS<br>2200 S Las Vegas BLVD<br>Las Vegas, NV 89104-2527   |                                  | RISK CAT.<br>3                  | P.E. CODE<br>1006   | DISTRICT<br>91 | LOCATION | PERMIT STATUS<br>ACTIVE |             |            |                   |       |       |
| NEVADA CLEAN INDOOR AIR ACT: <input checked="" type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT |                                  | CONTACT PERSON: GABRIEL DUMITRU |                     |                |          |                         |             |            |                   |       |       |
| CURRENT SERVICE  | EHS                              | SERVICE                         | DATE                | TIME IN        | TIME OUT | DEMERITS                | FINAL GRADE | TRAVEL MIN | INSPECTION RESULT | SEWER | WATER |
|  | EE7001208                        | Routine Inspection              | 2/04/2019           | 3:00PM         | 4:25PM   | 9                       | Closed      | 10         | Closed with Fees  | M     | M     |

SPECIAL NOTES: RPZ USD 07/2016

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 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input 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 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.  | ■ | □ |  |  | □ |  |
| 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. | ■ | □ |  |  | □ |  |
| 26 | Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and 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 portable appliances approved, properly designed, in good repair.  | ■ | □ |  |  | □ |  |
| 29 | Utensils, equipment, and single serve items properly handled, stored, and dispensed.  | ■ | □ |  |  | □ |  |
| 30 | Nonfood contact surfaces and equipment properly constructed, installed, maintained and clean.   | ■ | □ |  |  | □ |  |
| 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.             | ■ | □ |  |  | □ |  |
| 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 | Comment |
|--------|----------|-------------|---------|
| ham    |          | 41.00 F     | CH      |
| cheese |          | 41.00 F     | CH      |
| eggs   |          | 41.00 F     | CH      |



**VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS**

| Item No | Observations & Corrective Actions  |
|---------|--|
| C       | <p>Violation: Pests observed in facility.</p> <p>Inspector Observation: Numerous (approximately 20-30) multi-generational roaches and multi-species roaches (including American and German) observed throughout hot line area on pipes, floors and walls behind fryer, burners and flat top and on walls nearest make table<br/>Note: Per PIC, pest control is now received from Terminix in January, records on site indicate that pest control was received 12/4/18 (but per PIC have been received monthly). Sticky traps on floors with numerous moving/ living multi-generational roaches as PIC states after observing roaches, efforts were made to decrease presence of roaches.<br/>* IMMINENT HEALTH HAZARD*</p> <p>Note: Open single use items discarded at inspection conclusion</p> <p>Corrective Action: Discard open food and food contact surfaces that may have been subject to contamination. Obtain extensive pest control including fumigation to alleviate existing pests. Contact EHS with progress of pest control at <a href="mailto:whiting@snhd.org">whiting@snhd.org</a>. After pest treatment, continue to sweep away and clean dead roaches as to indicate if there are new roaches observed. Institute effective pest control measures to prevent the entry of pests and eliminate the presence of any observed pest activity.<br/>(6-202.13; 6-202.15; 6-501)</p>   |
| 11      | <p>Violation: Utensil stored in standing water in the temperature danger zone.</p> <p>Inspector Observation: Utensils in standing water at 46 degrees F cos-&gt; ice added</p> <p>Corrective Action: Store utensils by approved method in a contamination free manner. When using standing water, maintain water at 41 degrees F and below or 135 degrees F and above. (3-304.12; 3-306.13; 4-302)</p>   |
| 14      | <p>Violation: Ice machine interiors dirty, moldy or slimy.</p> <p>Inspector Observation: Ice machine with pink microbial growth at chute</p> <p>Corrective Action: Properly clean and sanitize. (4.4; 3-304; 4-201.16)</p>   |
| 16      | <p>Violation: Pests observed in facility.</p> <p>Inspector Observation: Numerous (approximately 20-30) multi-generational roaches and multi-species roaches (including American and German) observed throughout hot line area on pipes, floors and walls behind fryer, burners and flat top and on walls nearest make table<br/>Note: Per PIC, pest control is now received from Terminix in January, records on site indicate that pest control was received 12/4/18 (but per PIC have been received monthly). Sticky traps on floors with numerous moving/ living multi-generational roaches as PIC states after observing roaches, efforts were made to decrease presence of roaches.<br/>* IMMINENT HEALTH HAZARD*</p> <p>Note: Open single use items discarded at inspection conclusion</p> <p>Corrective Action: Discard open food and food contact surfaces that may have been subject to contamination. Obtain extensive pest control including fumigation to alleviate existing pests. Contact EHS with progress of pest control at <a href="mailto:whiting@snhd.org">whiting@snhd.org</a>. After pest treatment, continue to sweep away and clean dead roaches as to indicate if there are new roaches observed. Institute effective pest control measures to prevent the entry of pests and eliminate the presence of any observed pest activity.<br/>(6-202.13; 6-202.15; 6-501)</p> <p>Violation: Conditions that allow the harboring or feeding of pests observed.</p> <p>Inspector Observation: Caulking heavily soiled with dry and wet grease buildup and in disrepair at metal panels behind fryer station, holes in caulking and foam in same area; heavy grease buildup on pipes and exteriors of equipment, floors, foam and caulking</p> <p>Corrective Action: Institute effective pest control measures to prevent the entry of pests and eliminate the presence of any observed pest activity.<br/>(6-202.13; 6-202.15; 6-501)</p> |

**Overall Inspection Comments:**



FACILITY RECEIVED A CLOSURE DUE TO THE OBSERVATION OF THE IMMINENT HEALTH HAZARD- PEST INFESTATION. FACILITY CANNOT PREPARE FOOD, COOK, OR SERVE BUT MAY WAREWASH AND DEEP CLEAN FACILITY. PRIOR TO FACILITY RE-OPENING, FEE OF \$716 MUST BE PAID TO THE HEALTH AUTHORITY AND EVIDENCE OF PEST CONTROL SERVICE (VIA INVOICE AND DETAILED REPORT) MUST BE PROVIDED TO EHS VIA EMAIL AT [WHITING@SNHD.ORG](mailto:WHITING@SNHD.ORG)

Invoice Number: IN0213019



Food establishment regulations (2010) and educational materials available at [www.SouthernNevadaHealthDistrict.org/ferl](http://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  | 9                                 | 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. <b>Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.</b>  |
| Total Demerits  | 9                                 |  |
| Initial Inspection Grade  | Closed                            | 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>   |
| <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. <b>Failure on re-inspection will result in continued closed status with associated fee and may require a supervisory conference.</b> |
| Reinspection Fee:   | \$716.00                          |  |
| Fee required to be paid within 10 business days or prior to reinspection                | Inspector name: Willandra Whiting |  |

| Received by (signature)   | Received by (printed)          | EHS (signature)  |
|---|--------------------------------|--|
|  | GABRIEL DUMITRU<br><br>Manager | <br>Willandra Whiting |

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.

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# 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.

