



## FOOD ESTABLISHMENT INSPECTION

SOUTHERN NEVADA HEALTH DISTRICT

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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							
PR0002401	VEGAS KING COMMISSARY Vegas King Commissary	() -	2500	EE7001083							
ADDRESS 4181 PIONEER AVE Las Vegas, NV 89102	RISK CAT. 1	P.E. CODE 1321	DISTRICT 07	LOCATION PERMIT STATUS ACTIVE							
NEVADA CLEAN INDOOR AIR ACT: <input checked="" type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT		CONTACT PERSON: Sarah Pfeiffer									
CURRENT SERVICE	EHS	SERVICE	DATE	TIME IN	TIME OUT	DEMERITS	FINAL GRADE	TRAVEL MIN	INSPECTION RESULT	SEWER	WATER
	EE7001215	Routine Inspection	10/20/2021	2:00PM	3:15PM	13	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

## OUT

	Interruption of electrical service		<input type="checkbox"/>				
	No potable water or hot water		<input type="checkbox"/>				
	Gross unsanitary occurrences or conditions including pest infestation		<input type="checkbox"/>				
	Sewage or liquid waste not disposed of in an approved manner		<input type="checkbox"/>				
	Lack of adequate refrigeration		<input type="checkbox"/>				
	Lack of adequate employee toilets and handwashing facilities		<input checked="" type="checkbox"/>				
	Misuse of poisonous or toxic materials		<input type="checkbox"/>				
	Suspected foodborne illness outbreak		<input type="checkbox"/>				
	Emergency such as fire and/or flood		<input type="checkbox"/>				
	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 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"/>	<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
	No access to hard plumbed restroom, ware washing facilities, and commissary food permitted area
1	<p>Violation: Facility operating outside of the bounds of the health permit</p> <p>Inspector Observations: Commissary observed closed and inaccessible to food operators who are unable to access 3 compartment sink, plumbed restrooms, hand washing sinks, and other permitted food areas.</p> <p>NOTE: A portable restroom observed provided outside of commissary entrance</p> <p>Corrective Actions: Provide access to operators at all times. There shall be an APPROVED three-compartment sink. There shall be a restroom, with at least one toilet and one HAND WASHING SINK, plumbed with hot and cold running water, stocked with toilet paper, liquid soap, paper towels, and a covered trash receptacle as specified in Chapter 6-202.14 of these Regulations. This restroom shall be accessible to anyone working within the COMMISSARY or SERVICING DEPOT.</p>
4	<p>Violation: Water supply from unapproved non-food grade garden hoses.</p> <p>Inspector Observation: Commissary is supplying water to mobile/portable establishments with non-food grade hoses attached to approved water spigots</p> <p>Corrective Action: Cease and desist using non-food grade garden hose. Provide food-grade water hoses. Provide potable water from an approved source. (5-101; 5-102; 5-103)</p>
16	<p>Violation: Ineffective measures to control or minimize the presence of pests.</p> <p>Inspector Observation: Excessive amount of pigeons observed congregating around soiled grease bin on commissary premise</p> <p>Corrective Action: DEEP clean area. Provide pest control from certified technician implementing pigeon control program. 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>
31	<p>Violation: Toilet facilities have been removed causing there to be an inadequate number available.</p> <p>Inspector Observations: Commissary removed access to toilet facility by keeping the entry doors closed and inaccessible by operators</p> <p>Corrective Action: Replace or provide access to toilet facilities at all times that operators are using commissary.</p>
32	<p>Violation: Lids left open on outside dumpsters and/or grease bins.</p> <p>Inspector Observation: Dumpsters and grease bin observed with lids open with pigeons around</p> <p>Corrective Action: Cover outside waste containers and/or grease bins. (5-204.11; 5-202.12; 6-202)</p> <p>Violation: Grease bin not maintained clean and sanitary.</p> <p>Inspector Observation: Outdoor grease bin observed excessively soiled heavy grease laden deposits on exterior surface of bin and on the ground</p> <p>Corrective Action: DEEP clean grease bin and maintain clean and in good repair. (Chapter 5; 6-1; 6-2; 6-3;)</p>

**Overall Inspection Comments:**

EHS arrived for routine inspection. EHS approached 1 mobile operator to ask about commissary/servicing depot entry. Operator stated owner closed the commissary, and they only have access to get ice, dump waste, and fill the mobile units with fresh water.

EHS walked the premise again to see if there was an entry point and found no access to the inside of the commissary. The only available restroom accessible to operators was 1 portable restroom with no available hand sink outside.

Establishment closed. A closure fee of \$1400 has been assessed. Facility is closed and SHALL REMAIN CLOSED until approved to operate by the Health Authority, fee of \$1400 is paid, and repairs are made for all the violations listed on the inspection report.

All food activities must remain suspended until corrective action has been taken to eliminate/correct the hazard. The invoice may be paid in person or online at: <https://www.southernnevadahealthdistrict.org/payment/ehinvoice>.


Discussed imminent health hazard conditions with Senior Jacob B. and Supervisor Nikki B.S.

Contact EHS Rabea at 702.759.0639 to schedule an appointment for a reinspection once, meeting to discuss the operations of the commissary has been scheduled, fee has been paid and violations are corrected.



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

Section 1 Demerits	10	0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)
Section 2 Demerits	3	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>
Total Demerits	13	
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. <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:	\$1,400.00	
Fee required to be paid within 10 business days or prior to reinspection	Inspector name: Rabea Sharif	

Received by (signature)	Received by (printed)	EHS (signature)
		 Rabea Sharif

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](http://www.SNHD.info/foodhandler)**

[NOTICE OF BUSINESS CLOSURE FORM](#)

[ESTABLISHMENT FILE UPDATE FORM](#)