



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)

**FACILITY INFORMATION**

|                                                                                                           |                                                                                            |                             |                     |                          |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|---------------------|--------------------------|
| PERMIT #<br>PR0141654                                                                                     | ESTABLISHMENT NAME<br>TRUCK YEAH CATERING, LLC<br>ALL WE DO IS WING<br>MOBILE FOOD SERVICE | PHONE #<br>(702) 762-4698   | EST. SQUARE FOOTAGE | PRIMARY EHS<br>EE7001083 |
| ADDRESS<br>6320 E CHARLESTON BLVD<br>Las Vegas, NV 89142-1007                                             | RISK CAT.                                                                                  | P.E. Code<br>1083           | DISTRICT<br>32      | LOCATION<br>H38          |
| NEVADA CLEAN INDOOR AIR ACT: <input type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT |                                                                                            | CONTACT PERSON: RYAN WHELAN |                     |                          |
| CURRENT SERVICE                                                                                           | EHS<br>1584                                                                                | SERVICE<br>914              | DATE<br>4/23/22     | TIME IN<br>1630          |
|                                                                                                           |                                                                                            |                             | TIME OUT<br>1800    | TRAVEL MIN<br>—          |
|                                                                                                           |                                                                                            |                             | DEMERITS<br>13      | GRADE<br>closed          |
|                                                                                                           |                                                                                            |                             | HEALTH CARDS<br>—   | RESULT<br>80             |
| OPEN TIME                                                                                                 | CLOSE TIME                                                                                 | CAPACITY                    | SEWER               | WATER                    |
|                                                                                                           |                                                                                            | 0                           | M                   | M                        |
| PERMIT STATUS<br>ACTIVE                                                                                   |                                                                                            | FUTURE ACTION<br>80 51      |                     | DATE                     |

SPECIAL NOTES  
 SPECIAL PROCESSES:

**Imminent Health Hazards - Notify SNHD and cease Operations as Directed**

- |                                                                                               |                                                                                       |                                                                                          |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Interruption of electrical service                                   | <input type="checkbox"/> Lack of adequate refrigeration                               | <input type="checkbox"/> Emergency such as fire and/or flood                             |
| <input checked="" type="checkbox"/> No potable water or hot water                             | <input type="checkbox"/> Lack of adequate employee toilets and handwashing facilities | <input type="checkbox"/> Other condition or circumstance that may endanger public health |
| <input type="checkbox"/> Gross unsanitary occurrence or conditions including pest infestation | <input type="checkbox"/> Misuse of poisonous and toxic materials                      |                                                                                          |
| <input type="checkbox"/> Sewage or liquid waste not disposed of in an approved manner         | <input type="checkbox"/> Suspected foodborne illness outbreak                         |                                                                                          |

CT = Cooking temp. HH = Hot Holding temp. CH = Cold Holding temp. RH = ReHeat temp. TC = Time as Control temp. COOL = Cooling temp.

**Temperatures**

| Food | Temperature | Code | Food | Temperature | Code | Food | Temperature | Code |
|------|-------------|------|------|-------------|------|------|-------------|------|
| N/A  |             |      |      |             |      |      |             |      |

IN = In compliance OUT = Not In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation

| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6                                                                                                 | Food wholesome; not spoiled, contaminated, or adulterated.                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11                                                                                                | Food protected from potential contamination during storage and preparation.                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 16                                                                                                | Effective pest control measures. Animals restricted as required.                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 17                                                                                                | Hot and cold holding equipment present; properly designed, maintained and operated.                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 18                                                                                                | Accurate thermometers (stem & hot/cold holding) provided and used.                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 20                                                                                                | Single use items not reused or misused.                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 22                                                                                                | Backflow prevention devices and methods in place and maintained.                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



| SECTION 3 - Good 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"/>            |
| 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"/>            |
| 26                                                                     | Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and operated.                                                                                    | <input type="checkbox"/>            | <input checked="" 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"/>            |
| 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"/>            |
| 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"/>            |
| 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"/>            |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32                                                                     | Facility in sound condition and maintained (floors, walls, ceilings, plumbing, lighting, ventilation, etc.).                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

**Observations and Corrective Actions**

| Violation                                                                            | Corrective Action                    |
|--------------------------------------------------------------------------------------|--------------------------------------|
| (1) No (1HH) No water is available in the permitted area.                            |                                      |
| (4) No water available in the permitted area.                                        |                                      |
| (2) Food handlers did not wash hands before preparing food as there is no hot water. |                                      |
| (3) Open soda bottle belonging to employee was stored on cutting board.              | Cos: Soda was voluntarily discarded. |

**Comments**

1) Unable to complete inspection as there was no water available to wash hands.  
2) The invoice for the closure fee will be provided to you on Monday 4/25/22

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 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                                                                          |
| Total Demerits                                                                          | 13 | 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. Failure on re-inspection will result in a closure of the facility with associated fee and may require a supervisory conference.                                                                                                     |
| Inspection Grade                                                                        |    | 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. |
| <input type="checkbox"/> This grade resulted from a repeat critical or major violation. |    | Inspector name and phone number:                                                                                                                                                                                                                                                                                                                                                                                      |
| Fee required to be paid within 10 business days or prior to                             |    | Reviewed By:                                                                                                                                                                                                                                                                                                                                                                                                          |

|                         |                       |                 |
|-------------------------|-----------------------|-----------------|
| Received by (signature) | Received by (printed) | EHS (signature) |
|                         | RYAN WHEELER          |                 |





# food FOR THOUGHT

ISSUE 1 – JANUARY 2020

At the Southern Nevada Health District, it is a top priority to provide open communication and partner with industry to reach our shared goal of safer food.



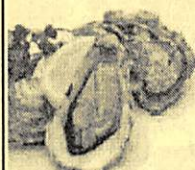
### Fee schedule changes effective February 1

The Southern Nevada District Board of Health approved the following changes to the Environmental Health (EH) fee schedule effective February 1, 2020:

- C downgrade fee increased to \$1,200
- Closure fee increased to \$1,400
- New fees for expedited plan review inspections (dependent upon staff availability)

For a list of all EH fees, visit [www.snhd.info/eh-fees](http://www.snhd.info/eh-fees).

### HACCP plans to be enforced July 1



Hazard Analysis Critical Control Point (HACCP) plans for all special processes required by regulations will be enforced July 1, 2020. Information about this topic can be found at [www.snhd.info/haccp](http://www.snhd.info/haccp).

### EH training office changes name

The EH training office has a new name: Regulatory Support Office. This title better describes the diverse functions it provides the EH Division. In addition to providing internal and external training, staff members in the office review HACCP plans, waivers and labels; provide regulation interpretation; serve as liaison with federal, state and local partners; conduct research on emerging topics; oversee inspector standardization; and much more.

### Vaping now prohibited in restaurants and more

The Nevada Clean Indoor Air Act was updated during the 2019 legislative session to include electronic vaping products, preventing their use in public places where cigarette use is not allowed.



For more information, and to download or request free signage, visit [www.getthehealthyclarkcounty.org/nciaa](http://www.getthehealthyclarkcounty.org/nciaa).

### Food Safety Partnership meetings and trainings are free and open to all

Held quarterly at the Health District's main location (280 S. Decatur Blvd.), Food Safety Partnership (FSP) meetings provide an interactive platform to:

- Meet the EH leadership team
- Get clarification on regulatory requirements
- Get trained on hot topics
- Seek answers to questions

Free food safety training in English and Spanish is available after each FSP meeting.

- Training taught by Health District trainers
- Great refresher for lead staff and new managers
- Opportunity to get trained to train coworkers

For more information and to register for our next meeting and trainings, visit [www.snhd.info/ehrcp](http://www.snhd.info/ehrcp).

### Resources

|                                                                                                   |                                                                                                                             |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Food Establishment Resource Library<br><a href="http://www.snhd.info/ferl">www.snhd.info/ferl</a> | Food Handler Safety Training Books and Videos<br><a href="http://www.snhd.info/food-handler">www.snhd.info/food-handler</a> |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

Food Recall Information  
[www.snhd.info/food-recalls](http://www.snhd.info/food-recalls)

### Social Media

- Facebook.com/southernnevadahealthdistrict
- Facebook.com/snhdfoodsafety
- Twitter.com/snhdinfo
- Twitter.com/snhdfoodsafety
- Instagram.com/southernnevadahealthdistrict
- Instagram.com/snhdfoodsafety

### Contact Us

Business hours: (702) 759-0588  
After hours: (702) 759-1600  
Email: [environmentalhealth@snhd.org](mailto:environmentalhealth@snhd.org)