



SOUTHERN NEVADA HEALTH DISTRICT
FOOD ESTABLISHMENT INSPECTION

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330 SOUTH VALLEY VIEW BLVD • LAS VEGAS, NV • 89107 • 702-759-1110 (DIRECT) • 702-759-1000 (24 HOURS)

FACILITY INFORMATION

PERMIT #	ESTABLISHMENT NAME	PHONE #	EST. SQUARE FOOTAGE	PRIMARY EHS
PR 0009370	Buffalo Bills Main Kitchen			
ADDRESS	RISK CAT.	P.E. Code	DISTRICT	LOCATION
31900 Las Vegas Blvd Pmm				
NEVADA CLEAN INDOOR AIR ACT: <input type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT		CONTACT PERSON:		
CURRENT SERVICE	EHS	SERVICE	DATE	TIME IN
	1127	916	4/30/2019	1240
TIME OUT	TRAVEL MIN	DEMERITS	GRADE	HEALTH CARDS
1600	0	9	920	2
RESULT				
80				
OPEN TIME	CLOSE TIME	CAPACITY	SEWER	WATER
			M	M
PERMIT STATUS	FUTURE ACTION	DATE		
	51	5/21/2019		

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 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 checked="" 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
NO PHF/TCS foods								

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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 PHF/TCSs properly cooled.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 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 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 type="checkbox"/>	<input checked="" 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 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 checked="" 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"/>
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 type="checkbox"/>	<input checked="" 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"/>
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"/>

Observations and Corrective Actions	
Violation	Corrective Action
(15) two handsinks with paper towels and sponges inside. One handsink with no paper towels	Do not store items in handsink. Maintain handsinks accessible at all times. (5-202)
(16) Multiple generational cockroaches present at hotline area/under large equipment (ovens, skillet). First fly infestation at sprayer nozzle area/3 comp sink area. Large black bugs found in main main floor drains	Institute effective pest control measures to prevent entry of pests and eliminate the presence of any observed pest activity (6-202, 6-501)
(22) Flow Floor drain pooling black water from drain plug not draining onto floor. (OS - Drain unclogged)	Maintain drains clean and in good repair.
(30) Equipment with dried food debris.	Clean and maintain (4-410)
(31) Broken unnecessary equipment throughout kitchen	Remove unnecessary equipment. (6-501) to prevent pest harborage
(32) FRP trim strip in disrepair at column rest	Repair/seal gaps + holes. (4-2)

Comments

to prep table
leak at sprayer nozzle → Repair.

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

Section 1 Demerits	<u>0</u>
Section 2 Demerits	<u>16</u>
Total Demerits	<u>16</u>
Inspection Grade	<u>C</u>

☐ This grade resulted from a repeat critical or major violation.

Fee required to be paid within 10 business days or prior to \$716.00

0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)

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**

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.**

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.**

Inspector name and phone number: Heather MacLund (702) 739-1110

Reviewed By: [Signature]

Received by (signature)	Received by (printed)	EHS (signature)
<u>[Signature]</u>	<u>Paul J. Jentimist</u>	<u>[Signature]</u>