



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							
PR0133151	7 PLUS AGUA 7 PLUS AGUA	(702) 409-1295	1500	EE7000853							
ADDRESS 2330 E BONANZA RD Las Vegas, NV 89101		RISK CAT. 2	P.E. CODE 1117	DISTRICT 04	LOCATION	PERMIT STATUS ACTIVE					
NEVADA CLEAN INDOOR AIR ACT: <input checked="" type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT		CONTACT PERSON: Yangmin Her									
CURRENT SERVICE	EHS	SERVICE	DATE	TIME IN	TIME OUT	DEMERITS	FINAL GRADE	TRAVEL MIN	INSPECTION RESULT	SEWER	WATER
	EE7001290	Routine Inspection	6/08/2022	1:00PM	4:00PM	30	Closed	30	Closed with Fees	M	M

SPECIAL NOTES: RPZ 07/2019

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 checked="" type="checkbox"/>				
C	Gross unsanitary occurrences or conditions including pest infestation		<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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.

No Temperature Observations



VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS

Item No	Observations & Corrective Actions
B	No hot water to entire facility.
1	<p>Violation: Facility operating outside of the bounds of the approved operational permit.</p> <p>Inspector Observation: Facility observed bottling alkaline water and filtered water into quart size bottles and 5-gallon jugs. Observed approximately 10 quarts of water filled bottles, a large pallet of empty quart bottles, box of empty bottles, bag of black caps, box of black caps, and bag of blue caps. Facility must contact SNHD FDAP at 702-759-1259 within 5 business days to apply for proper permitting. COS: All bottling equipment tagged on hold and removed from service.</p> <p>Corrective Action: Follow approved operational plan. Water stores are not approved for bottling under NAC 446. (3-501.19; 3-302.13; 3-502)</p>
3	<p>Violation: Facility selling foods from an unknown or unapproved supplier or source.</p> <p>Inspector Observation: Operator unable to provide source information regarding alkaline water filter imparting pH altering minerals into the water. Equipment tagged on hold and removed from service until source information can be provided.</p> <p>Corrective Action: Ensure that all foods are received from an approved source. Facility must provide source information within 5 business days or may face a cease and desist of operations. (3-201.11; 3-202; 3-203.11)</p>
4	<p>Violation: No hot water to entire facility.</p> <p>Inspector Observation: Hot water at 3-compartment sink, hand sink, and restroom sink measured 71-74 degrees F. Operator called a repair person during the inspection.</p> <p>Corrective Action: Provide water at a minimum of 120 degrees F at 3-compartment sink(s) and minimum of 100 degrees F at hand sink(s). (5-101; 5-102; 5-103)</p>
12	<p>Violation: Chemicals stored on, over, next to or with food products or food contact surfaces.</p> <p>Inspector Observation: Spray bottle of chemical not labeled with contents.</p> <p>Corrective Action: Protect food from contamination. Store chemicals under and away from food and food contact surfaces. (Chapter 7; 4-201.15; 4-30)</p>
14	<p>Violation: Complete absence of sanitizer solution in open food areas during active food preparation.</p> <p>Inspector Observation: No sanitizer set up upon arrival. Education provided.</p> <p>Corrective Action: Provide and maintain approved sanitizer solution in all work areas with open food. (4.4; 3-304; 4-201.16)</p>
18	<p>Violation: Probe-type thermometer NOT available to food handler.</p> <p>Inspector Observation: No thermometer available to food handler.</p> <p>Corrective Action: Provide an appropriate, properly calibrated stem thermometer accurate to ± 2 degrees F to monitor food temperatures. (4-302.13; 4-202.11)</p>
21	<p>Violation: Food establishment does not have an employee health policy.</p> <p>Inspector Observation: Operator does not have an employee health policy.</p> <p>Corrective Action: Food establishments must have an employee health policy that requires food handlers to report information about their health and activities as they relate to symptoms of foodborne illness. (2-2; 2-404.11; 8-204.12)</p>
22	<p>Violation: RPZ backflow prevention device overdue for yearly certification (greater than 12 months).</p> <p>Inspector Observation: RPZ last tested 7/2019.</p> <p>Corrective Action: Test RPZ valve for backflow prevention within 10 days. Provide appropriate backflow prevention as required. Maintain all reduced pressure backflow prevention devices in good repair with required annual testing. (5-205; 5-402.12)</p>
32	<p>Violation: Waste lines draining into unapproved containers or unapproved locations.</p> <p>Inspector Observation:</p> <ol style="list-style-type: none">1) Self-service window run-off drain line draining into an unapproved jug, not plumbed to floor sink.2) Water storage tank overflow line not plumbed to floor sink, draining directly onto floor. <p>Corrective Action: Equipment must be plumbed with rigid piping to a floor sink. (Chapter 5; 6-1; 6-2; 6-3;)</p>

Overall Inspection Comments:

Joint inspection with EHS Bradon B.

NOTE: Facility is selling filtered water at the front service window under the label "Alkaline Water". Per operator, alkaline water is not plumbed to dispense at the front of the store. Advised operator to relabel the front water dispenser that the water provided is honestly presented.

The facility is currently CLOSED and a fee of \$1,400 has been assessed.

Please correct all violations on this report. The fee must be paid within 10 business days (by 6/22/2022) and must be paid before reinspection is scheduled. Reinspection must result in 0-10 demerits with no critical or major violations repeated. Failure to pass reinspection will result in a closure with a fee of \$1,400. Reinspection must occur no later than 6/29/2022. Please contact Tory Rich at 702-353-1564 schedule reinspection.





Payments can be made in person at Southern Nevada Health District at 280 S. Decatur Blvd, Las Vegas NV 89107, or online at the following link:
<https://www.southernnevadahealthdistrict.org/payment/ehinvoice>, by entering your invoice ID IN0292989.

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

Section 1 Demerits	15	0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)
Section 2 Demerits	15	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	30	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:	\$1,400.00	

Fee required to be paid within 10 business days or prior to reinspection

Inspector name: Tory Rich

Received by (signature)	Received by (printed)	EHS (signature)
	Jungeun Lee Owner	 Tory Rich

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

[NOTICE OF BUSINESS CLOSURE FORM](#)

[ESTABLISHMENT FILE UPDATE FORM](#)