



FOOD ESTABLISHMENT INSPECTION

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

Table with facility information including permit # (PR0007350), establishment name (Boulder Station Hotel & Casino), address (4111 Boulder HWY), risk cat (2), P.E. code (1043), district (08), location, permit status (ACTIVE), and inspection details (EHS EE7001584, service Routine Inspection, date 8/27/2021, time 9:00AM-10:00AM, 8 demerits, closed final grade, 0 travel min, closed with fees inspection result, M sewer, M water).

SPECIAL NOTES: Opposite Walk-in Cooler #1.

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

Table with 11 rows (A-J) listing imminent health hazards such as 'Interruption of electrical service', 'No potable water or hot water', 'Gross unsanitary occurrences or conditions including pest infestation', etc.

SECTION 1 - The Critical Violations listed below are to be assessed 5 demerits for each violation

IN OUT COS NO NA R

Table with 9 rows (1-9) listing critical violations such as 'Verifiable time as a control with approved procedure when in use', 'Handwashing (as required, when required, proper glove use, no bare hand contact of ready to eat foods)', etc.

SECTION 2 - The Major Violations listed below are to be assessed 3 demerits for each violation

IN OUT COS NO NA R

Table with 13 rows (10-23) listing major violations such as 'Food and warewashing equipment approved, properly designed, constructed and installed', 'Food protected from potential contamination during storage and preparation', etc.



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 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 type="checkbox"/>		<input type="checkbox"/>
26	Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and operated.	■	<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 type="checkbox"/>		<input type="checkbox"/>
28	Small wares and portable appliances approved, properly designed, in good repair.	■	<input type="checkbox"/>		<input type="checkbox"/>
29	Utensils, equipment, and single serve items properly handled, stored, and dispensed.	■	<input type="checkbox"/>		<input type="checkbox"/>
30	Nonfood contact surfaces and equipment properly constructed, installed, maintained and clean.	■	<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"/>
32	Facility in sound condition and maintained (floors, walls, ceilings, plumbing, lighting, ventilation, etc.).	■	<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.

Item	Location	Measurement	Comment
Cut Tomatoes		40.00 F	CH
Cooked Pasta		38.00 F	CH
Cut Melons		38.00 F	CH
Chicken		36.00 F	CH
Cut Watermelon		38.00 F	CH

VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS

Item No	Observations & Corrective Actions
B	IHH: No hot water to entire facility. Inspector Observation: There is only one hand sink in the permitted area and the water only reaches a high of 82 degrees F. There are no other hand sinks for the food handlers to access. The area does not have a 3-compartment sink. All ware washing is done in a different area of the casino. Active food prep was occurring upon arrival. 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)
4	Violation: No hot water to entire facility. Inspector Observation: There is only one hand sink in the permitted area and the water only reaches a high of 82 degrees F. There are no other hand sinks for the food handlers to access. The area does not have a 3-compartment sink. All ware washing is done in a different area of the casino. 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)
22	Violation: Air gap not provided or inadequate on faucet or water supply. Inspector Observation: The spring faucet of the prep sink is resting below the fill line of the sinks basin. COS: The faucet was readjusted to rest above the fill line. Corrective Action: Provide an approved air gap not less than two times the diameter of the supply pipe. (5-205; 5-402.12)

Overall Inspection Comments:

SNHD Closure sign posted. Do not move, remove, or block closure sign. Facility is to remain closed and all food activities must remain suspended until corrective action has been taken and the imminent health hazard has been eliminated and this has been verified by SNHD. Contact inspector Brittanie Blackard at blackard@snhd.org or at (702) 843-3637 to schedule a re-inspection. A facility closure fee of \$1,400 must be paid at the 280 S. Decatur Blvd SNHD office prior to re-inspection. You may also pay online by visiting <http://www.snhd.info/eh/payment> and using the invoice number.

Your invoice number: IN0281033

The Imminent health hazard must be corrected and the inspection must result in 10 demerits or less with all critical and major violations corrected. Failure on the reinspection may result in additional fees, continued closed status, and/or further administrative action

NOTE: If you would like the reinspection to take place over the weekend you may contact Henderson Supervisor Robert Urzi at 702-249-6476 or Senior Brenda Welch at 702-340-9810. Please note the invoice must be paid before the reinspection can occur.



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

Section 1 Demerits	5	<p>0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)</p> <p>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. Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.</p> <p>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.</p> <p>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.</p>
Section 2 Demerits	3	
Total Demerits	8	
Initial Inspection Grade	Closed	
<input type="checkbox"/> This grade resulted from a repeat critical or major violation.		
Reinspection Fee:	\$1,400.00	

Fee required to be paid within 10 business days or prior to reinspection
Inspector name: Brittanie Blackard

Received by (signature)	Received by (printed)	EHS (signature)
	Peter Boekelmann Executive Chef	 Brittanie Blackard

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](#)