photos

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# SOUTHERN NEVADA HEALTH DISTRICT

## FOOD ESTABLISHMENT INSPECTION

28	80 SOUTH DEC	CATUR BI	LVD · LA	S VEGAS,	NV • 89	107	• 702-759-	1258 ([	RECT PL	AN	REVI	EW)	702-7	59-1	110 (D	IRECT	FOO	D OP	S) •
						20060	FACILITY	INFORM	IATION			3							
	RMIT#		ESTABLIS	HMENT NAME					PHONE #				EST. SQ	JARE F	OOTAGE		PRIMAR		
PF	R0007185		Jack in	THE BOX #7: the Box #7: RANT / TAKE O	235	(E-UP)			(916) 792-	-020°	1		80	0			EE70	01273	
ADI		amb BLVD s, NV 8911							RISK CAT.	F	1007		DISTRIC 01	No.	H3T	1	MIL	ES	
NE	VADA CLEAN INDOOF			E REQUIRED	□ EXEM	иРТ			CONTACT PE	RSON	l: Diego								
	EHS	SERVICE	, .	DATE	(B)	TIM	ME IN	TIME O	JT TRAVI	EL MII	N DEM	ERITS	GRADE	HEALT	H CARD	S RES	JLT		
SERV	1184	911	0	143	DE	78	17/10	160	153	0	1	4	seld	5			86		
C	OPEN TIME	CLOSE TII	ME	CAPACIT	-	EWER	WATER	A STATE OF THE STA	STATUS		FUTURE	ACTI	ON				DAT	MON	n
				3	82	М	М	ACTIV	'E		PE		7			8	- U	0-1	0
	ECIAL NOTES RPZ B ECIAL PROCESSES:	BIB 12/17																	
1			Immine	ent Health	ı Hazaı	rds -	Notify SI	NHD a	nd cease	Op	erati	ons	as Dii	ecte	d				
	nterruption of electri			The second secon		М	Lack of adequ									cy such			
	No potable water or						Lack of adeq				indwas	hing fa	cilities			ndition o			that
	Gross unsanitary oc Sewage or liquid wa						Misuse of poi Suspected fo							77.	ia, ciiai	anger pe		,	
											-	- 0 1		200	1 - 0	C 4			
		I = Cooking t	emp. HH =	Hot Holding	temp. CH	= Cold	d Holding temp	eratur		TC =	Time a	is Cont	rol temp.	600	L = Coo	ling tem	p.		
F	ood	Ter	nperature	e Code	Food	Telleries.		CONTRACTOR OF THE PARTY OF THE	NAME OF TAXABLE PARTY.	Cod	е	Food	NO DESCRIPTION OF THE PERSON O			Tempe	erature	C	ode
(	hicker		1517	HH		lm	\	41	2°+	(+		b	100	er		19	704		CT
																			3
0							erved N/A = I							STATE OF THE PARTY OF	THE RESIDENT	THE RESERVE	AND AND DES		P. INC. DIST.
1	CTION 1 - The	District Co. Line		The second second	The second second	THE RESERVE	A STREET, SQUARE, SQUA		CONTRACTOR OF STREET	100000000000000000000000000000000000000	AND DESCRIPTION OF THE PERSON NAMED IN	ALC: UNKNOWN	No. of Concession, Name of Street, or other	IN		cos		NA	R
1	Verifiable time and followed w									or va	arianc	e app	roved	P					
2	Handwashing Foodhandler he	(as require	ed, when	required, p						read	dy to	eat fo	oods).	Ø					
3	Commercially in Potentially haz	manufactu	red food f	from approv	ed sour	ce wit	th required	labels. F	Parasite des	struc	temp	is req	uired.	N					
4	Hot and cold ru							00)100	cived at pro	opei	temp	Crata	C.	Ø					
5	Imminently dar approved facility	ngerous cr						d sewa	ge disposed	d into	publ	ic sev	ver or	P					
6	Food wholeson		oiled, con	taminated,	or adulte	erated	i,							P					
7	PHF/TCSs coo	ked and re	eheated to	proper ter	mperatur	es.								0					
	PHF/TCSs pro					r W. Has											0		
9	PHF/TCSs at p	proper tem	peratures	during stor	rage, dis	play,	service, trai	nsport, a	and holding		unimpiere e				Ø				
	CTION 2 - The										viol	ation		IN		cos	Contract of	NA	R
11	Food and ware Food protected								ind installed	d.				D					
12									v laheled s	tore	d and	used		D					
13	Food protected								y labeled, 5	, corc	u and	uscu		0					
14	Kitchenware ar								anitized and	dair	dried.	Equip	ment	0					
-	for warewashin	ng operated	d and mai	ntained. Sa	anitizer s	olutio	n provided	and ma	intained as	requ	ired.							Action	
15	Handwashing f							mited to	handwash	ing o	only.	-			Ø	2			
16 17	Effective pest of									NE du					P				
1	Hot and cold he Accurate therm							and of	perated.	20.12	1000		1000 T		N				
	PHF/TCSs prop							paration	or service				HERE	D					
	Single use item				- Wa	3,100	Prior to pre	- aratioi	or service.			4-17		D					
	Person in charg	ge available	e and kno	wledgeable	/manage	emen	t certificatio	n. Food	handler care	d as	requir	red. F	acility	D					
	has an effective	e employee	e health p	olicy.							1000	meendintol)ii							
22	Backflow preve											1.4		Ø					
23	and available v	when requ	ired. NCI	ed conspic AA complia	uously. ( ant. PHF	Consus s lab	umer adviso beled and d	ry as re ated as	quired. Rec required.	Food	logs d solo	maint for o	ained offsite	P					
	consumption la	inelea prop	erry.																

							-				
1 5	FOOD ESTABLISHMENT INSPECTION Establishment Name: JACK IN THE BOX #7235  PR0007185  Jack in the Box #7235 - RESTAURANT / TAKE OUT (1 DRIVE-UP)	Date	· a -	7-	Pag	je 2 of	5				
9	PR0007185 Jack in the Box #7235 - RESTAURANT / TAKE OUT (1 DRIVE-UP)  ECTION 3 - Good Management Practices to Prevent Unsanitary Conditions	IN	OUT			NA					
200	Acceptable personal hygiene practices, clean outer garments, proper hair restraints used. Living quarters and	P			A 10 (1)		2010				
	child care completely separated from food service.			annani,							
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.	9									
26	Facilities for washing and sanitizing kitchenware approved, adequate, properly constructed, maintained and operated.		9								
27	Appropriate sanitizer test kits provided and used. Equipment and ware washing thermometer(s) are required.	Ø									
	Wiping cloths and linens stored and used properly.										
28	Small wares and portable appliances approved, properly designed, in good repair.	D					<b>REAL</b>				
30	Utensils, equipment, and single serve items properly handled, stored, and dispensed.	7			F-0 50 A		BESCH.				
3	Nonfood contact surfaces and equipment properly constructed, installed, maintained and clean.  Restrooms, mop sink, and custodial areas maintained and clean. Premises maintained free of litter, unnecessary	0		Electrical and a second							
	equipment, or personal effects. Trash areas adequate, pest proof, and clean.	9									
32	Facility in sound condition and maintained (floors, walls, ceilings, plumbing, lighting, ventilation, etc.).	P									
	Observations and Corrective Actions										
A	Violation Corrective Ac	tion									
C	DECIVARI CHICKEN IN FINGUER OF	11		10	12						
	Collidate Managerand at 1 DHE ITIC C	11.	1.	10	10	0					
	93°+ Capping Transfer of the t	XX	3	(	4						
-	2) T Cappiox L'Containes   held at		-								
7	of markaral portions)   41 + or 1	255									
, 4	wo containers of cheese		_								
(	and one container of 1 seed 3-50	)	>								
	cut le thura at 53°f in		/								
	make table.										
<	everal foods in walk-in	01-02-02-0									
	contect to Id in temporation										
	Laggier John Talas at										
	53°P, cot tomato at 53°F					281					
	Chicken at 484 , corn at					7 5 4					
	46°F, chocito at 53°F/		-			Section					
r											
	Comments	Name of the last	GENERAL SE								
七	AND THE PROPERTY OF THE PROPER		146 TY	1	Oleve des		<b>\(\)</b>				
-	iant investigation with Tara Educards, see Epiden	1.010	09,0	al	rep	UIT	tor				
F	pod establishment regulations (2010) and educational materials available at www.SouthernNevadaHealthDistrict.org/				1	C	bta				
	O to 10 demerits = A (Identical consecutive critical or major violations shall be down	gradeo	to nex	t lower	r grade	.)					
	Section 2 Demerits 11 to 20 demerits or identical consecutive critical or major violation = B; Re-inspecting requested. Inspection must result in 10 demerits or less, with no identical repeat cri					if					
	Failure on re-inspection will result in a "C" grade with associated fee and may										
	nspection Grade 21 to 40 demerits = C; Re-inspection after 15 days, or sooner if requested. Inspection						SS,				
-	with no identical repeat critical or major violations. Failure on re-inspection will re with associated fee and may require a supervisory conference.	sult in	a clos	ure of	the fa	cility					
- 1	epeat critical or major violation.  41 or more demerits = Closure or Imminent Health Hazard requiring closure; All foo	d activ	ities m	ust ren	nain su	spende	ed				
F	until approved by Health Authority. Re-inspection upon operator request must resul	t in 10	demeri	ts or le	ss, wit	h no					
	business days or prior to  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:	- /		Re	viewe	By:	1				
50	1110 (Acr) 759-110 JUSONH BONGI	9		100000000000000000000000000000000000000	C4-9275		W)				
100	Received by (signature) Received by (printed) EHS (signature)			1			/				
	Bell Cosmicio of	1									
	the contract of	)									

Your inspection experience is important to us! Please provide us with feedback regarding your most recent inspection by taking this 3-minute anonymous survey. The survey can be found at https://www.surveymonkey.com/r/SNHDEH

#### What should I do if an imminent health hazard occurs at my food establishment?

Immediately notify the health district and voluntarily discontinue operations. The health district will discuss the hazard with you and may approve a contingency plan. {8-204.12(f)}

If you fail to notify the health district and continue operations during an imminent health hazard, you will be issued a cease and desist order. You will also be assessed fees and required to pass an inspection, with fewer than 10 demerits and no identical repeat critical or major violations prior to reopening.

If your facility is closed for excessive violations with a history of non-compliance, including repeat critical or major violations, you may be required to attend a supervisory conference before an inspection to reopen the facility. Additionally, you will be required to pay all applicable fees before the inspection.

When in doubt, contact the health district food inspection operations office that inspects your establishment.

#### What is an imminent health hazard? Examples include, but are not limited to:

- Fire
- Flood
- No hot water
- No water
- Power outage
- Inadequate refrigeration
- Sewage backup
- Misuse of poisonous or toxic materials
- Onset of a suspected foodborne illness outbreak
- Pest infestation
- Gross unsanitary occurrences or conditions, or other circumstances that may endanger public health

### Please contact SNHD if you encounter an imminent health hazard at one of the following numbers:

- Food Operations General Contact Number
  - 702-759-1110 Desk
- Larry Rogers Food Operations Manager
  - 702-759-0837 Desk

If a hazard occurs outside our regular business hours, call our 24-hour phone number (702) 759-1600, choose the Environmental Health option and then press '1' to speak with



# SOUTHERN NEVADA HEALTH DISTRICT

SUPPLEMENTAL INSPECTION REPORT
280 S. DECATUR BLVD • LAS VEGAS, NV 89107 • 702-759-1110 (DIRECT) • 702-759-1000 (24 HOURS)

	FACILITY INFORMATION											
PERMIT #	ESTABLSIHMENT NAME	DATE										
PR0007189	5ack Mth Box #7235	817/18										

Observations and Corrective Actions Violation Corrective Action
(15) Items (intermal parts) Ensure all hand sinks
of soft-seive machine are Fully stocked
stored in basin of hand accessible, and used
SINK by drive-thru. For hardwashing
(18) No paper towels at 1 only, (Reg 5-202)
Trandsink by try station
COS. He ms removed; tone (sprovided)
It make table by pass thru tensure all cold holding
not holding PATIOS at 41+ equipments of are
or less. Ets minimax measured ) tapable of polidino
Unit at 61+. Internal Thermometer PHT/10 toods at
measured at late of less.
DIE ITCS Coode at 1104 25
PHT (ICS toods at 41 tor)
at 51%, Enternat the congreter
were used it siet
TOFTY Zapper located above Relocate NOT above
hot holding unit- I food (Atart Suffaces Cheale-Re
10 Gaps/holes observed in & Renarcto seal all holes/
back door (around know) agas (peg 6-202)
(26) 3-composite not smooth
and easily cleanable, I Repair ware washing to
spray hose ucapped with function properly and to
plastic due to leat. The NSF or equivalent 4420
(30) Cables from cirling Mantain dear.
dily - (01)
NOTE: Foodow lost alles la
NOTE: Employee log to check walk in temperature at 10 am was marked at 38°f; check at 20m was marked attack
was marked at 38°f; check at 2pm was marked atto
-03 /VO  1/V USC

# SOUTHERN NEVADA HEALTH DISTRICT

ENVIRONMENTAL HEALTH

#### SUPPLEMENTARY REPORT

DROOT Establishment:

Address:

ali tore .

Date: Q17/19-

Address: Person Contacted:	Date: Blf   Page	,05					
THE ITEMS NOTED BELOW REFER TO DEFECTS MARKED ON INSPECTION SHEET							
ITEM DEFECT	CORRECTION	CORRECTION					
"Lack of adequate refrigeration	1 13 a						
IMMINENT HEALTH HAZARI	) and	1					
grounds for a closure with	applica	56					
Tees.							
DRIORYD CRINCOPCHON FACILITY M	ut;						
- Pay \$716 Fee (IN020376	9)						
- Correct all noted major/crit	real VID	dhas					
including have adequate	etilgeran	Q156					
- Discard all affected for	ods tha	+					
were held in the temperatu	re danger	zore					
- Petram staff on noted	rolation	and					
mob functions ustrey	clate to	tood					
SULLY.							
	(7)						