



**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) • 702-759-1000 (24 HOURS)

**FACILITY INFORMATION**

|   |  |   |                     |                                     |          |          |             |            |                   |       |       |
|---|--|---|---------------------|-------------------------------------|----------|----------|-------------|------------|-------------------|-------|-------|
| PERMIT #  | ESTABLISHMENT NAME                                   | PHONE #                                 | EST. SQUARE FOOTAGE | PRIMARY EHS                         |          |          |             |            |                   |       |       |
| PR0107413   | Nuevo Vallarta Hot Truck<br>NUEVO VALLARTA #2 MOBILE | (702) 806-3803                          |                     | EE7001083                           |          |          |             |            |                   |       |       |
| ADDRESS<br>4181 Pioneer AVE<br>Las Vegas, NV 89102-8225   | RISK CAT.<br>2                                       | P.E. CODE<br>1083                       | DISTRICT<br>25      | LOCATION<br>PERMIT STATUS<br>ACTIVE |          |          |             |            |                   |       |       |
| NEVADA CLEAN INDOOR AIR ACT: <input type="checkbox"/> COMPLIANCE REQUIRED <input type="checkbox"/> EXEMPT |  | CONTACT PERSON: ADYMARTINEZ64@GMAIL.COM |                     |                                     |          |          |             |            |                   |       |       |
| <b>CURRENT SERVICE</b>  | EHS  | SERVICE                                 | DATE                | TIME IN                             | TIME OUT | DEMERITS | FINAL GRADE | TRAVEL MIN | INSPECTION RESULT | SEWER | WATER |
|   | EE7001083  | Reinspection                            | 8/24/2018           | 5:50AM                              | 6:15AM   | 0        | A           | 0          | "A" Grade         | M     | M     |

SPECIAL NOTES:  
**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 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 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 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 checked="" type="checkbox"/> | <input 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 onsite consumption labeled properly. | ■ | <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.  | ■  | <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.

No Temperature Observations

**VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS**

| Item No | Observations & Corrective Actions |
|---------|-----------------------------------|
|         |                                   |

**Overall Inspection Comments:**

*ACTION AT COMMISSARY*

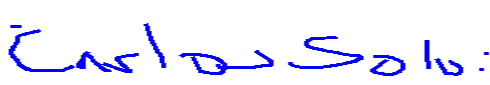

*ALL PREVIOUS VIOLATIONS CORRECTED*

*REFRIGERATION PROPERLY OPERATING; NEW GENERATOR PROVIDED*

*APPROVED TO OPERATE*

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

|   |     |   |
|---|-----|---|
| Section 1 Demerits  | 0   | 0 to 10 demerits = A (Identical consecutive critical or major violations shall be downgraded to next lower grade.)<br>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. <b>Failure on re-inspection will result in a "C" grade with associated fee and may require a supervisory conference.</b><br>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. <b>Failure on re-inspection will result in a closure of the facility with associated fee and may require a supervisory conference.</b><br>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. <b>Failure on re-inspection will result in continued closed status with associated fee and may require a supervisory conference.</b> |
| Section 2 Demerits  | 0   |   |
| Total Demerits  | 0   |   |
| Initial Inspection Grade  | A   |   |
| <input type="checkbox"/> This grade resulted from a repeat critical or major violation. |     |   |
| Reinspection Fee:   | N/A | Inspector name: <b>Jacob Billings</b>   |
| Fee required to be paid within 10 business days or prior to reinspection                |     |   |

| Received by (signature)   | Received by (printed)       | EHS (signature)   |
|---|-----------------------------|---|
|  | CARLOS SOLORIO<br><br>OWNER | <br><br>Jacob Billings |

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



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 an after-hours inspector.**