## SND Southern Nevoda Health District

### 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)

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	FACILITY INFORMATION  PHONE # EST. SQUARE FOOTAGE PRIMARY EHS																				
Romanos Macroni							9	8 A D			EE7000901										
P	PR 00 19193 Gall Exhibit kilchen 702 4332788 800																				
ADD	ADDRESS 573 N Stephanie St. RISK CAT. P.E. Code DISTRICT LOCATION , MILES																				
NEV	NEVADA CLEAN INDOOR AIR ACT: COMPLIANCE REQUIRED CEXEMPT CONTACT PERSON:																				
S M	EHS	SERVICE			DATE		TIM	E IN	TIME O	UT TR.	AVEL MIN	N DEN	IERITS	GRADE	HEALT	H CARDS	RESU	LI 2	10		
EHS SERVICE DATE TIME IN 8/22/2018 16.3				6:50	17:50 15 0 A				A			20 29									
	PEN TIME	CLOSE	CLOSE TIME		CAPACITY		SEWER	WATER	PERMIT	T STATUS		S S	ACT	TION				DATE			
OPEN TIME CLOSE TIME CAPACITY SEWER WATER PERMIT STATUS ACTION M M						16	5.	3	11/1	8/2	2/2	019									
1000	PECIAL NOTES																				
SPE	CIAL PROCESSES		Immin	en	t Health	Haz	zards -	Notify SI	NHD a	nd ceas	se Op	erat	ions	as Dir	ecte	d					
- Ir	nterruption of electri	ical service	THE RESIDENCE OF THE	endo				Lack of adequ	of the last of the last of	the same to the same of the		TO A COMM				nergenc	y such a	s fire ar	d/or flo	od	
	lo potable water or							Lack of adequ	STATE OF THE PROPERTY OF	************	s and ha	ndwa	shing			her cond				nat	
	cross unsanitary oc							Misuse of poi	sonous a	and toxic ma	aterials				m	ay endar	nger put	olic healt	h		
□ S	ewage or liquid wa	ste not dis	posed of in	an a	pproved ma	anner		Suspected for	odborne	illness outb	reak	/									
	СТ	= Cooking	g temp. HH	= H	lot Holding t	temp.	CH = Cold	Holding temp			p. TC =	Time	as Con	trol temp.	COOL	= Cool	ing temp	).		OF THE PERSON NAMED IN	
		SASS						Temp	eratu	CALMER MUSICALINA							T			do	
_	ood	Temperatu		ure Code Foo		Foo	d		Tem	perature Cod		е	Food				Temperature		00	Code	
-	Partor		40 F		CH										-						
	1	compliance		ot In	compliance	N/O	= Not obs	erved N/A = I	Not appli	cable COS	= Corre	cted o	n-site o	during ins	pection	R = Re	peat vio	lation	dit di		
S															IN	To the second state	COS	the graph to the same	NA	R	
1	CTION 1 - The Critical Violations listed below are to be assessed 5 demerits for each violation Verifiable time as a control with approved procedure when in use. Operational plan, waiver or variance approved and				THE RESERVE THE PARTY NAMED IN	Ø															
	followed when required. Operating within the parameters of the health permit.							NE SERVICE					The same of the								
2	Handwashing(as required, when required, properglove use, no bare hand contact of ready to eat foods). Foodhandler health restrictions as required.							Ø													
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.						quired. ire.	K													
4 Hot and cold running water from approved source as required.																					
5	Imminentlydangerouscrossconnectionorbackflow. Wastewaterandsewagedisposedintopublicsewerorapproved facility.						proved	Ğ													
6		Food wholesome; not spoiled, contaminated, or adulterated.						THE ST	ď												
7	PHF/TCSs coo	PHF/TCSs cooked and reheated to proper temperatures.									Ď										
_	PHF/TCSs properly cooled.  PHF/TCSs at proper temperatures during storage, display, service, transport, and holding.									Ď											
													THE PERSON NAMED IN	AND THE RES	Ď.	OUT	COS	NO	NA		
V/60// 20 MI	CTION 2 - The	STATE OF THE PARTY OF		CONTRACTOR OF THE PARTY OF THE	The second second			the state of the last of	CARRIED THE PARTY OF THE		THE PERSON NAMED IN	IIVIO	iall(0)		IN	LIKE STATES	cos	1.00	CONTRACTOR	R	
10	Food and ware		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT					- Carron, Carron and Carron and Carron		and insta	nea.			Hard Control							
12										rly labeled	d. store	ed an	d used								
13								Ò													
	Kitchenware ar	nd food co	ontactsurf	face	es of equip	ment	properly	washed, rin	sed, sa	nitized an	d air dri	ied. E	quipm	nent for	ď						
15	warewashing operated and maintained. Sanitizer solution provided and maintained as required.  15 Handwashing facilities adequate in number, stocked, accessible, and limited to handwashing only.																				
16								d													
17								1	D'												
18	18 Accurate thermometers (stem & hot/cold holding) provided and used.								ď												
19 PHF/TCSs properly thawed. Fruits and vegetables washed prior to preparation or service.										Ď											
20								D -													
	effective employee health policy.																				
22	Backflow preven			_								47									
23	available when required. NCIAA compliant. PHFs labeled and dated as required. Food sold for offsite consumption																				
	labeled proper	ly.												187		13.1	100				

All the second s				11		-			
SMD FOOD ESTABLISHMENT INSPECTION Establishment Name:  - Romano's Macaloni Gill Exhibit kilches									
	SECTION 3 - Good Management Practices to Prevent Unsanitary Conditions IN OUT NA								
24 Acceptablepersonalhygieneprac completely separated from food	小								
25 Non-PHF and food storage conta Non-PHF/TCS not spoiled and			E						
26 Facilities for washing and saniti	Ø			BLOX R		193			
27 Appropriate sanitizer test kits pro cloths and linens stored and us	M		1	- 77					
28 Small wares and portable applications and use the stored and use th									
29 Utensils, equipment, and single	M								
30 Nonfood contact surfaces and e			15.00						
	Trash areas maintained and clean.	Premises maintained free of litter, unnecessary of, and clean.	N/D			13			
		s, plumbing, lighting, ventilation, etc.).		X					
	Observation	ons and Corrective Actions			<b>计编程</b>	1			
Violati	ion	Corrective Ac	tion						
(32) Vifloors age	disturbe in	Conective Action - M	ain	tar	no	Loon	8		
dis derais	ì	neet leraur	(4	2	02.	(F)			
Observation - r	sact on lovs				-				
Tlane age	distr.				V				
1001				\$	1 4				
(7.30)	INTERNATION	THREST G. T. T. A.	13	-	-	41/4			
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	And bad		1 7		100		0		
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	1 1/1/2/2	ALL CALL			حلزيد	100	- 1		
		The state of the s	*		-		1		
							-		
			9		126		197		
		Comments		Walter Control			医液体		
Joint field i	ns pertion with Bre	do wolch. Red tag Rem	ove	d &	TYC	2 ma	alcot	4	
Food establishment regulations (201	0) and educational materials availa	ble at www.SouthernNevadaHealthDistrict.org/	ferl						
Section 1 Demerits		nsecutive critical or major violations shall be down		to nex	ct lower	grade.)			
Section 2 Demerits		asecutive critical or major violation = B; Re-inspecti				-	reques	ted.	
	Inspection must result in 10 dem	erits or less, with no identical repeat critical or majousult in a "C" grade with associated fee and may	or viola	tions.					
Total Demerits									
Inspection Grade	no identical repeat critical or maj	tion after 15 days, or sooner if requested. Inspection violations. Failure on re-inspection will result	in a cl	osure	of the f	acility w	or less, <mark>vith</mark>	Wit	
☐ This grade resulted from a repeat critical or major violation.	associated fee and may require						181		
Fee required to be paid within 10 business days or prior to	Fee required to be paid within 10 business days or prior to  41 or more demerits = Closure or Imminent Health Hazard requiring closure; All food activities must remain suspended unt approved by Health Authority. Re-inspection upon operator request must result in 10 demerits or less, with no identical reproductive or major violations. Failure on re-inspection will result in continued closed status with associated fee and material require a supervisory conference.								
	Inspector name and phone n	umber: Veena Ramalcaishnan	702-	150	Rev	viewed I	Ву:		
Received by (signature)  Received by (printed)									



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 <a href="https://www.surveymonkey.com/r/SNHDEH">https://www.surveymonkey.com/r/SNHDEH</a>

#### 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 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

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# 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						
PRO019193	Romano's Maceoni Gull Exhibit kitchen	8/22/	2018					

Observations and Violation	Corrective Actions  Corrective Action
8 11 11 11 11 11	Legges F. Dne of the 4
make table units will be	
	ALL III
inspection after closure.	All the violations were
addressed No Violation	s major or critical violations
Discarred during the	lexaspecture.
tacility to call Larry	Navarette @ 702-759-1110
to schedule interv	ention training
Person in charge to cont	act EHS Veena Ramakaishnan
to semove the sed tag	
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	The same of the sa