Columbia/Boone County Department of Public Health and Human Services
Food Establishment Inspection Report

ESTABLISHMENT NAME	CITY ▣ COUNTY ☐	PUBLIC HEALTH PRIORITY	DATE OF INSPECTION
NASHVEGAS			09/18/2020

ADDRESS	TIMEIN	TIMEOUT
929 E BROADWAY	10:00 PM	10:45 PM

CITY/ZIP	PHONE	WATER SUPPLY
Columbia 65201		▫ PUBLIC ▫ PRIVATE

PERSON IN CHARGE (PIC)	FAX	SEWAGE DISPOSAL
J Conrad, owner		▫ PUBLIC ▫ ONSITE

ESTABLISHMENT TYPE

☐ RESTAURANT	☐ CONY. STORE	☐ SCHOOL
☐ DAYCARE	▣ TAVERN	☐ INSTITUTION
☐ GROCERY	☐ WAREHOUSE	☐ BAKERY
☐ PROCESSOR	☐ MEAT CUTTING	☐ DELI
☐ SEASONAL	☐ SNACK BAR	OTHER _____

PURPOSE

☐ ROUTINE	☐ COMPLAINT
☐ REINSPECTION	☐ PRE-OPENING
☐ REINSPECTION WITH FEE	☐ EMERGENCY RESPONSE
▣ OTHER	

GREASE TRAP

▫ YES ▫ NO

Date last cleaned:

☐ **$110 Reinspection fee applies**

_____ PIC initials

IR =INFRARED THERMOMETER **NRI =NEXT REGULAR INSPECTION** **RI=REACH IN** **WI=WALK-IN**

FOOD ITEM	°F	IR	LOCATION	FOOD ITEM	°F	IR	LOCATION

CRITICAL ITEMS

CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. **These items MUST RECEIVE IMMEDIATE ACTION** within 72 hours **or as stated.**	CORRECT BY
8-404.11	Observed comingling of groups, no social distancing and standing bar service.	09/18/2020
8-305.10	Suspension of operating permit due to conditions in 8-404.11 creating a public health hazard	09/18/2020

NON-CRITICAL ITEMS

CODE REFERENCE	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. **These items are to be corrected by the next renular inspection or as stated.**	CORRECT BY

EDUCATION PROVIDED AND/OR COMMENTS

Must submit an operational plan and have plan approved for permit to be reinstated

CRITICAL ITEMS 1 NON-CRITICAL ITEMS 0

RECEIVED BY	J Conrad, owner	DATE	09/18/2020
EHS	Kala Tomka	FOLLOW-UP ▣ YES ☐ NO	DATE OF FOLLOW-UP 09/25/2020

WHEN REMODELING A FOOD SERVICE ESTABLISHMENT, PLANS MUST BE SUBMITTED TO THE HEALTH DEPARTMENT FOR APPROVAL BEFORE REMODELING BEGINS.

The following is applicable only if box is checked:

▣ **Your operating permit is hereby suspended.** Upon receipt of written statement that all violations have been corrected, a reinspection will be conducted to determine your eligibility for permit reinstatement. You may appeal the suspension by filing a written request for a hearing to the Director of Health within 10 days of the suspension (8-305.12)

☐ **Your operating permit is hereby reinstated.**