



SOUTHERN NEVADA HEALTH DISTRICT
SCHOOL INSPECTION REPORT

280 SOUTH DECATUR BLVD • LAS VEGAS, NV • 89107 • 702-759-1258 (DIRECT PLAN REVIEW) • 702-759-1110 (DIRECT FOOD OPS) • 7

FACILITY INFORMATION

PERMIT #	ESTABLISHMENT NAME	PHONE #	COMPLIANCE SCHEDULE DUE	PRIMARY EHS
ADDRESS			DISTRICT	LOCATION
				MILES

CONTACT PERSON:					TRAVEL TIME	PERMIT STATUS	RESULT
EHS	SERVICE	DATE	TIME IN	TIME OUT			

SPECIAL NOTES					FUTURE ACTION	DATE

In = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation

Imminent Health Hazards - Notify SNHD and cease Operations as Directed

Loss or interruption of electrical service other utility required for the operation of the heating and air conditioning. (NAC 444.56822.2.b.1)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT
Interruption or contamination of potable water supply. (NAC 444.56822.2.b.3)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT
Presence of insects, rodents or other vermin that constitutes a significant threat to health or safety. (NAC 444.56822.2.b.5)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT
Improper disposal of sewage or liquid waste. (NAC 444.56822.2.b.4)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT
Any condition or equipment used that constitutes unreasonable risk of physical injury. (NAC 444.56822.2.b.8)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT
Presence of toxic material that is labeled, stored or used improperly. (NAC 444.56822.2.b.6)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT
Toxic or noxious gases, vapors, fumes, mist or particulates in concentrations which are dangerous to life or health. (NAC 444.56822.2.b.7)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT
Classrooms and other areas that occupy students or staff that has ambient temperatures less than 60 or more than 93 degrees Fahrenheit. (NAC 444.56822.2.b.9)	<input type="checkbox"/> IN	<input type="checkbox"/> OUT

SECTION 1 - Student Health

1	Isolation of sick students ensured. Resting surfaces of non-absorbing material cleaned and sanitized before use by a student	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
2	Medications stored inaccessible to students in cabinets or in locked container in refrigerator	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R

SECTION 2 - Classrooms-Instruction and Vocational

3	Installed eye-wash stations and showers in classrooms in which acidic, basic, flammable or other hazardous materials are handled	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
4	Classrooms including specialty classrooms (art, music, home economics, PE, special education) maintained in good condition, clean and free from hazards or litter	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
5	Equipment for specialty classrooms (art, photography, graphics, science, woodwork and auto shops) properly located, installed/vented as required and maintained in good condition. Access by authorized persons only. Warnings and information conspicuously po	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
6	Pets kept or handled in classroom as required by NAC 444.56834	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
7	Areas or Rooms used for vocational activities or science laboratory must have at least one hand wash sink supplied with hot and cold water and with paper towels and soap that are properly dispensed. Eating and drinking prohibited in such areas or rooms.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R

SECTION 3 - Gym and Locker Rooms

8	Gym, locker rooms and associated activity or storage rooms maintained clean, in good condition, with sound surfacing and free from hazards.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
9	Showers maintained free of leaks, floors free of litter or stains. When used, showers are provided with hot and cold water at a maximum temperature of 110oF.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R

SECTION 4 - Utilities, Custodial, Facilities

10	Custodian(s) prepared to remediate areas contaminated by hazardous, biological or chemical materials.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
11	Drinking fountains accessible to students in classrooms or nearby study/work areas, clean and in good operating condition; supply of drinking water provided at outdoor events and gymnasiums.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
12	Lighting adequate as required. Bulbs/tubes lit and fixtures in good condition.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
13	Utility rooms/areas (electrical panels, riser, boiler, chiller) in good order, clean and secured inaccessible to unauthorized persons. GFCI installed and functioning as and where required.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R



SECTION 4 - Utilities, Custodial, Facilities

14	Water from approved source, free from cross connections and available. Backflow prevention devices installed and tested and passed as required.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
15	Hazardous materials (flammables, toxic chemicals, paint) properly stored and secured inaccessible to unauthorized persons	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
16	Equipment properly drained to sewer. Sewage disposed of in an approved manner.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
17	Building(s) protected from vermin access.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
18	Fresh air in classrooms and other indoor instruction/occupied areas maintained at between 65oF and 85oF.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
19	Restroom facilities adequate, accessible, clean, in good condition and with properly sized containers for refuse disposal, appropriately placed.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
20	Restroom fixtures in good, clean and working condition.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
21	Toilet tissue available in stalls from approved dispensers.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
22	Lavatories provided where required. Adequate, properly installed and stocked. Lavatories provided with warm water of adequate flow and adequate time.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R

SECTION 5 - Playgrounds, Field, External Grounds

23	Playground and field equipment properly installed, and maintained to CPSC requirements in a clean condition.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
24	Playground/Field surfacing in good condition. Area clean and free from hazards. Meets CPSC requirements.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
25	Walkways properly constructed and maintained	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
26	Garbage/refuse properly disposed of	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
27	Exterior of facility clean and free from litter and hazards	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R

SECTION 6 - Food Service

28	Food storage in approved location; Refrigerators protected from vermin/spoilage	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
29	Snack bar or student store maintained and operating as required by health permit.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R
30	Unpermitted food activities occurring on campus.	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> COS	<input type="checkbox"/> NO	<input type="checkbox"/> R

VIOLATION COMMENTS

Violations and Corrective Actions:

Violation	Corrective Action

Overall Inspection Comments:

Inspector name and phone number:			
Reviewed by	Received by (signature)	Received by (printed)	EHS (signature)