

The **Southern Nevada Health District**
Environmental Health Division
invites you to attend the

Food Safety Partnership

FOURTH QUARTER MEETING

Monday, October 28, 2024
8:30 - 10:00 AM

All are welcome to attend this virtual meeting.

The meeting will begin soon



Food Safety Partnership Meeting

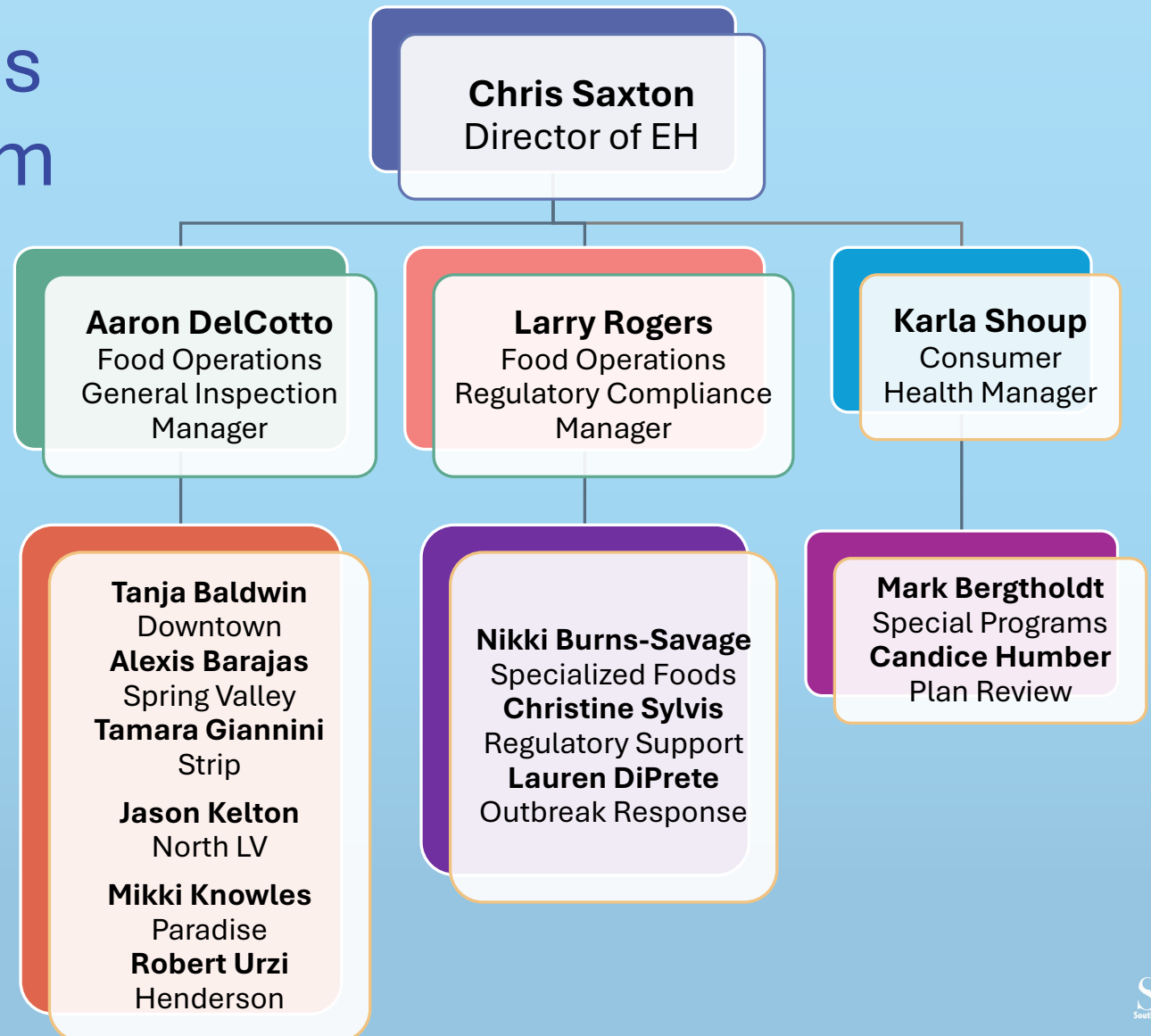


- Thank you for attending!
- Platform: Teams Webinar
- You are not able to unmute or show your camera
- Use Q&A to send questions and comments.
- A copy of the slides will be posted on www.snhd.info/ehrcp

Agenda

- SNHD Environmental Health Introductions
- Change of Permit Holder and Remodels
- 48 Hour Reduced Oxygen Packaging
- Pest Audits
- Q&A

Food Operations Leadership Team



Welcome Our Newest Environmental Health Specialists

- Kristina Mihajlovski
- Alexia Rivera Perez
- Emalee Schuler

Change of Permit Holder and Remodels

RACHEL FLORES

REHS, CPSI



Topic One: Change of Permit Holder



What is a Change of Permit Holder?



What to do when taking over an existing food establishment?



How to notify SNHD?

What is a Change of Permit Holder?

- ❖ A change of permit holder is the process by which a person or entity takes ownership of an existing establishment that has had an active health permit within the last three (3) years and has not done any remodeling that impacts the layout or function of the facility or converted from one occupancy type to another.
- ❖ A change of permit holder also occurs if the existing owner changes the ownership of their business license and/or there is a change to the tax ID number

REMINDER:

The ownership of the facility's business license must match the ownership of the health permit.



Four Steps for a Change of Permit Holder



**FOOD ESTABLISHMENT
CHANGE OF PERMIT HOLDER APPLICATION**
WWW.SNHD.INFO | FoodRev@snhd.org | (702) 759-1258

OWNER INFORMATION			
Mark all that apply (REQUIRED): <input type="checkbox"/> New Permit <input type="checkbox"/> Change of Permit Holder <input type="checkbox"/> Remodel		New Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name:		Corporation or LLC Name (must match business license):	
Mailing Address:		Suite/Apt:	
City:		State:	
ZIP Code:		Owner Phone:	
Alternate Phone:		Owner E-Mail:	
Who may the inspector contact for Plan Review?			
Name:		Phone:	
Email:			
BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:		Suite/Unit:	
Assessor's Parcel Number (Required if no physical address is available):		Business License Jurisdiction: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND	
City:		State: Nevada	
ZIP Code:		Business Phone:	
Business E-Mail:		Health Permit(s) and Invoices may be mailed to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address	
Projected Opening Date:		Hours of Operation:	
Septic Tank: <input type="checkbox"/> YES <input type="checkbox"/> NO		Municipal Sewer Connection: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Water supply: <input type="checkbox"/> Municipal System <input type="checkbox"/> Well <input type="checkbox"/> WA		Grease Interceptor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WA	
Nevada Clean Indoor Air Act (NCIAA): <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt		Do any existing health permits require deletion? <input type="checkbox"/> YES <input type="checkbox"/> NO	
from compliance with the requirements of NRS 202.2483 inclusive		If YES, you must fill out a Notice of Business Closure form.	
PERMIT TYPE			
<input type="checkbox"/> Annual Event Coordinator	<input type="checkbox"/> Childcare	<input type="checkbox"/> School	<input type="checkbox"/> Food / Drink *Complete required fields below:
<input type="checkbox"/> Farmer Market Manager	<input type="checkbox"/> Cosmetic Manufacturer	<input type="checkbox"/> Supplement/Drug Manufacturer	*Total Square Feet:
<input type="checkbox"/> Body Art	<input type="checkbox"/> Water Store	<input type="checkbox"/> Other	*Number of Seats:
			*Drive Thru: <input type="checkbox"/> YES <input type="checkbox"/> NO
ACKNOWLEDGEMENT			
Nevada Revised Statute 446.930 requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and prior to the start of such work. Applications submitted for establishments after construction has begun or greater than 30 days after taking over ownership will be charged late fees as provided in the EH Fee Schedule .			
I acknowledge that I have answered all questions honestly, accurately, and completely and that I have read and understand the General Information listed above. I will comply with SNHD REGULATIONS and allow the HEALTH AUTHORITY unimpeded access to the establishment and to records as required.			
Owner/Applicant → Signature:		Owner/Applicant → Print Name:	
Owner/Applicant → Title:		Owner/Applicant → Date:	

- (1) Visit us online at [Change of Permit Holder Applicants – Southern Nevada Health District](#) and download the “Application – Food – Change of Permit Holder”
- (2) Follow the instructions on the application and once completed, submit it to FoodRev@snhd.org along with all of the supporting documentation
- (3) Once the application is accepted, an invoice will be provided to you for the health permit fee and plan review fee (**NOTE: A late fee will be assessed if the application is submitted more than 30 days after the lease has been signed**)
- (4) Once the invoice is paid, the assigned Plan Review Inspector will contact you via phone or email
- (5) A change of permit holder inspection will be scheduled and the permit will be granted as long as all minimum requirements are met and no imminent health hazards are present



REMINDERS

- ❖ **The Change of Permit Holder is not finalized until after an on-site inspection is conducted and passed.**
- ❖ **During a Change of Permit Holder Inspection, the facility must be in compliance with the current Regulations.**
- ❖ **Food Facilities must pass a Change of Permit Holder Inspection with 15 demerits or less and the Person in Charge must be able to demonstrate adequate food safety knowledge.**
- ❖ **If the facility is open and operating when the transfer of ownership occurred the facility may continue to stay open and in operation.**
- ❖ **If the facility is not open and operating when the transfer of ownership occurs, the facility must remain closed until after the Change of Permit Holder Inspection has been conducted and passed.**
- ❖ **Do not conduct any remodeling that impacts the layout or function of the facility until after the Change of Permit Holder Inspection has been conducted and passed.****

****Once the Change of Permit Holder is finalized, a remodel application can be submitted for the desired changes.**

Topic Two: Remodels



- What constitutes as a remodel with SNHD?
- When should SNHD be notified?
- How to contact SNHD?



What scope of work qualifies as a remodel?

- ✓ Construction or significant changes to the use of the space or equipment
- ✓ Alteration or installation of new equipment*
- ✓ Modification of existing equipment or fixtures
- ✓ Changes in floor plan layout
- ✓ Extensive changes of surface finishes or lighting
- ✓ Addition of new food processes, expanding menu, or changing menu concepts
- ✓ Expanding your square footage or into a neighboring space

*excludes like for like equipment



What is a like for like equipment replacement?



The new equipment replaces an existing piece of equipment



The new equipment meets ANSI/NSF sanitation standards



The installation of the new equipment, such as hooking up gas or water lines, is simple and similar to the replaced equipment and does not require installation of new gas or water lines



The new equipment occupies a similar footprint as the replaced equipment.

NOTE: Any addition or installation of equipment, fixtures, utilities, or finishes that requires evaluation to determine proper installation will require a plan review.



LIKE FOR LIKE EQUIPMENT REPLACEMENT REQUEST
(702) 759-1258 | WWW.SNHD.INFO | FOODREV@SNHD.ORG

SNHD is pleased to offer an opportunity for a facility to replace food service equipment on a LIKE FOR LIKE BASIS without the requirement to submit a remodel request. The following conditions apply:

1. The facility must have an active health permit.
2. Equipment must comply with ANSI/NSF Standards.
3. Equipment installation must comply with SNHD regulations.

BUSINESS INFORMATION (DBA)		
BUSINESS NAME (DBA):		
BUSINESS ADDRESS: (STREET, CITY, STATE, ZIP)		
BUSINESS PHONE:		BUSINESS EMAIL:
OWNER NAME:	OWNER PHONE:	OWNER EMAIL:
DESCRIPTION OF REPLACEMENT		
EXISTING EQUIPMENT MAKE AND MODEL		REPLACEMENT EQUIPMENT AND MODEL
I UNDERSTAND THAT A SURVEY MAY BE CONDUCTED TO VERIFY THE ACCURACY OF THIS APPLICATION. IF THE PROJECT IS FOUND TO EXTEND BEYOND THE LIMITATIONS OF A LIKE FOR LIKE REPLACEMENT, A REMODEL PERMIT WILL BE REQUIRED.		
Owner/Applicant → Signature:	Owner/Applicant → Print Name:	Owner/Applicant → Date:
OFFICE USE ONLY		
EHS Name:	EHS Signature:	Date:
REVIEW STATUS:	<input type="checkbox"/> The equipment or project as described above qualifies as a like-for-like replacement and does not require a remodel permit. <input type="checkbox"/> The equipment or project as described above does not qualify as a like-for-like replacement and requires a remodel permit.	

When is a remodel application not required?

- ✓ Installing self-sufficient equipment that does not have a drain line, or require the modification of existing fixtures, or the installation of any new fixtures, and does not change the permit's approved layout
- ✓ Repainting the dining room
- ✓ Repairing existing equipment or finishes that do not require a permit with any of the other applicable agencies having jurisdiction (such as but not limited to the Building Department and Fire Department)*

*Unless the facility will be closed for an extended period of time for the repairs



When to Apply for a Remodel with SNHD?

- ✓ when making any changes to the facility that is not considered a like for like change
- ✓ when installing equipment that is not self-sufficient
- ✓ if the facility will be closed for an extended period of time while the repairs or renovations are being conducted
- ✓ when a permit is required with another agency having jurisdiction (such as but not limited to the Building Department and/or Fire Department)



Five Steps to Apply for a Remodel



REMODEL APPLICATION
WWW.SNHD.INFO | FoodRev@snhd.org | (702) 759-1258

OWNER INFORMATION			
Mark all that apply (REQUIRED): <input type="checkbox"/> New Permit <input type="checkbox"/> Change of Permit Holder <input type="checkbox"/> Remodel		New Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name: _____		Corporation or LLC Name (must match business license): _____	
Mailing Address: _____		Suite/Apt: _____	
City: _____		State: _____ ZIP Code: _____	
Owner Phone: _____		Alternate Phone: _____ Owner E-Mail: _____	
Who may the inspector contact for Plan Review?			
Name: _____		Phone: _____ Email: _____	
BUSINESS INFORMATION			
Name of Business (DBA): _____			
Physical Address: _____		Suite/Unit: _____	
Assessor's Parcel Number (Required if no physical address is available): _____		Business License Jurisdiction: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND	
City: _____		State: Nevada ZIP Code: _____	
Business Phone: _____		Business E-Mail: _____	
Health Permit(s) and Invoices may be mailed to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address			
Projected Opening Date: _____		Hours of Operation: _____	
Septic Tank: <input type="checkbox"/> YES <input type="checkbox"/> NO	Municipal Sewer Connection: <input type="checkbox"/> YES <input type="checkbox"/> NO	Water supply: <input type="checkbox"/> Municipal System <input type="checkbox"/> Well <input type="checkbox"/> N/A	Grease Interceptor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Nevada Clean Indoor Air Act (NCIAA): <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt		Do any existing health permits require deletion? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, you must fill out a Notice of Business Closure form.			
PERMIT TYPE			
<input type="checkbox"/> Annual Event Coordinator	<input type="checkbox"/> Childcare	<input type="checkbox"/> School	<input type="checkbox"/> Water Store
<input type="checkbox"/> Bar	<input type="checkbox"/> Cosmetic Manufacturer	<input type="checkbox"/> Supplement/Drug Manufacturer	<input type="checkbox"/> Vending Machine
<input type="checkbox"/> Body Art	<input type="checkbox"/> Food / Drink	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Other: _____
ACKNOWLEDGEMENT			
Nevada Revised Statute 440.930 requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and prior to the start of such work. Applications submitted for establishments after construction has begun or greater than 30 days after taking over ownership will be charged late fees as provided in the EH Fee Schedule .			
I acknowledge that I have answered all questions honestly, accurately, and completely and that I have read and understand the General Information listed above. I will comply with SNHD REGULATIONS and allow the HEALTH AUTHORITY unimpeded access to the establishment and to records as required.			
Owner/Applicant → Signature: _____	Owner/Applicant → Print Name: _____		
Owner/Applicant → Title: _____	Owner/Applicant → Date: _____		

- (1) Visit us online at [New and Remodel Permits – Southern Nevada Health District](#) and download the “Application – Remodel”
- (2) Follow the instructions on the application and once completed, submit it to FoodRev@snhd.org along with all of the supporting documentation
- (3) Once the application is accepted, a Plan Review Inspector will contact you via phone or email
- (4) The Plan Review Inspector will provide the applicable report and invoice - the invoice will be due upon receipt
- (5) A final remodel inspection must be conducted and passed prior to placing the new equipment or area into use.



REMINDERS

- ❖ A late fee will be charged for any remodels that are applied for after the construction has begun and/or the new equipment has been installed.
- ❖ All food equipment must be sanitation certified to NSF/ANSI standards or equivalent.





PLAN REVIEW

FoodRev@snhd.org

(702) 759-1258

2830 E Fremont St.
Las Vegas, NV 89104

**When in doubt,
reach out!**

 Your operational inspector is just an email or phone call away.

48 Hour ROP without a HACCP Plan

Presented by: Special Process Team

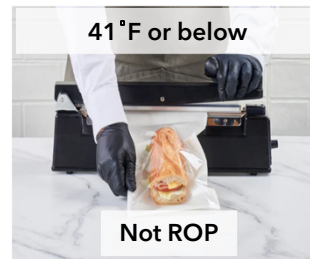


Introduction

We will be reviewing SNHD Regulation allowance and requirements to conduct reduced oxygen packaging of TCS food for up to 48 hours without a HACCP plan.

Reduced Oxygen Packaging

- Vacuum Packaging
- Modifying oxygen concentration by exchanging gases or heating
- Package with oxygen scavengers
- ROP is **not**
 - Packaging food at 41°F or below without vacuum/modifying gases
 - Packaging raw proteins in 10K Oxygen Transfer Rate bags



Hazards and Controls of ROP

- Pathogens (Hazards)
 - Anaerobic refrigerated environment give *Clostridium botulinum* and *Listeria monocytogenes* a competitive advantage
- Controlling the Hazard
 - Cold Holding Barrier
 - Temperature
 - Time



Hello
my name is

Listeria



C. bot



48 Hour ROP without a HACCP Plan Requirements

- Cold Holding Barrier

- Temperature

- Hold at 41°F or below during storage

- Time

- Label with ROP production date and time



- ROP must remain in same business.

- No sale/distribution in package.



- Product must be removed from ROP within 48 hours of packaging.



Types of Reduced Oxygen Packaging Processes

- Cheese ROP
- 2 Barrier ROP
- Sous Vide
- Cook Chill
- Fish ROP



Cheese Reduced Oxygen Packaging



Cheese ROP

- Commercially prepared cheese that is placed in ROP.
 - Limit the cheeses packaged to those that are commercially manufactured in a food processing plant
 - No ingredients added in the food establishment, and
 - Meet the Standards of Identity as specified in 21 CFR 133.150 **Hard Cheeses**, 21 CFR 133.169 **Pasteurized Process Cheese** or 21 CFR 133.187 **Semisoft Cheeses**

⦿ § 133.116 Low sodium cheddar cheese.

Low sodium cheddar cheese is the food prepared for use as prescribed in § 133.113 for cheddar cheese and containing

⦿ § 133.165 Parmesan and reggiano cheese.

(a) Parmesan cheese, reggiano cheese, is the cheese specified in this section, by the procedure specified in this section, which produces a finished cheese.

⦿ § 133.118 Colby cheese.

(a) Colby cheese is the cheese produced by the procedure specified in this section when the procedure is used.

48 Hour without a HACCP Plan Cheese ROP

Requirements

- **41°F, label, no sale/distribution, remove from ROP within 48 hours**
- Limited to approved commercially manufactured cheeses
 - 21 CFR: Hard, Pasteurized Process, Semisoft Cheeses
 - No added ingredients



2 Barrier Reduced Oxygen Packaging

- ROP of TCS food that meets the criteria below:

- 1st Cold Holding Barrier

- Temperature
- Time



- 2nd Barrier Options (choose one)

- Water activity of 0.91 or less
- pH of 4.6 or less
- USDA cured with nitrates or nitrites
- Competing microorganisms (raw meat/produce)



48 Hour without a HACCP Plan 2 Barrier ROP

Requirements

- **41°F, label, no sale/distribution, remove from ROP within 48 hours**
- Confirmation of 2nd Barrier
 - Lab test for water activity or pH
 - Manufacturer's label for USDA cured product
- Cool, if required, per SNHD Regulations



Sous Vide

- Time/Temperature Control for Safety product cooked in ROP

- Package → Cook



→ Cool → Cold Hold → Reheat → Hot Hold → etc.

OR

→ Hot Hold → etc.

48 Hour without a HACCP Plan Sous Vide

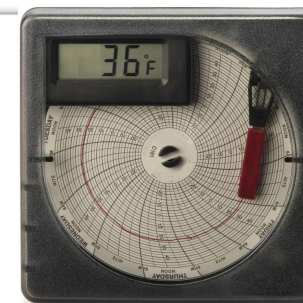
Requirements

- **41°F, label, no sale/distribution, remove from ROP within 48 hours**
- Cook, Cool, Reheat, and Hot Hold per SNHD Regulations
- Cooling Log completed and maintained on file 6 months
- Cold Holding Log completed and maintained on file 6 months
 - Continuous electronic temperature monitoring, or
 - Twice daily temperature check and documentation of the cold holding unit with prior SNHD approval



Month		20		PIC Verification	
Date	Time AM/PM	Temperature	Recorded By	Corrective Action	

Date	Food	Start Time & Temp	After 1 Hour	After 2 Hours	135°F to 70°F in 2 hours?	After 3 Hours	After 4 Hours	After 5 Hours	After 6 Hours	70°F to 41°F in 4 hours?	Corrective Actions?	Employee	Verified By
0/28/24	Short Ribs in ROP	8 am 135°F	9am 100°F	10am 67°F	YES	11am 60°F	12pm 50°F	1pm 45°F	2pm 38°F	YES	No	TE	CS

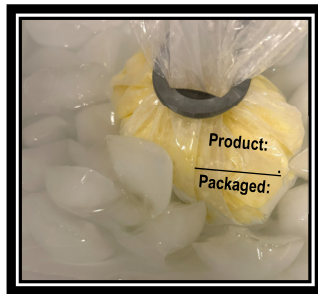


Continuous Electronic Temperature Monitoring

Cook Chill

- Time/Temperature Control for Safety product cooked then packaged hot

Cook → Package → Cool → Cold Hold → Reheat



48 Hour without a HACCP Plan Cook Chill

Requirements

- **41°F, label, no sale/distribution, remove from ROP within 48 hours**
- Cook, Package, Cool, Reheat, and Hot Hold per SNHD Regulations
- Cooling Log completed and maintained on file 6 months
- Cold Holding Log completed and maintained on file 6 months
 - Continuous electronic temperature monitoring, or
 - Twice daily temperature check and documentation of the cold holding unit with prior SNHD approval



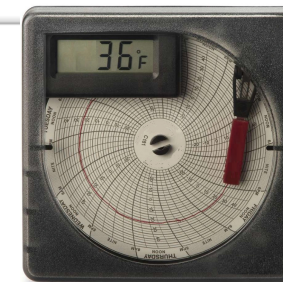
Refrigerator Temperature Log
Month _____ 20____

Refrigerator - Name/ Location _____

Date	Time AM/PM	Temperature	Recorded By	Corrective Action	PIC Verification

Cooling ROP Foods Log

Date	Food	Start Time & Temp	After 1 Hour	After 2 Hours	135°F to 70°F in 2 hours?	After 3 Hours	After 4 Hours	After 5 Hours	After 6 Hours	70°F to 41°F in 4 hours?	Corrective Actions?	Employee	Verify By Manager
0/28/24	Short Ribs in ROP	8 am 135°F	9am 100°F	10am 67°F	YES	11am 60°F	12pm 50°F	1pm 45°F	2pm 38°F	YES	No	TE	CS



Continuous Electronic Temperature Monitoring

Fish ROP

- Includes fish and any product containing fish
 - Worcestershire sauce
 - Fish sauce
 - Caesar Dressing
- Definition of fish includes
 - Fin fish
 - Crustaceans
 - Mollusks
 - Other forms of aquatic life, not including birds or mammals
 - alligator, frog, aquatic turtle, jellyfish, sea cucumber, sea urchin
 - Roe of any animal listed above



48 Hour without a HACCP Plan Fish ROP

Requirements

- **Label, no sale/distribution, remove from ROP within 48 hours**
- Frozen before, during, and after packaging
- Label that it is to be kept frozen until time of use



When is a ROP HACCP Required?

- Store in ROP longer than 48 hours
- Deviating from the Regulations
- Conducting a process that requires a HACCP plan



- Food Establishment Operations
- Hazard Analysis and Critical Control Point (HACCP) Plan

Reminders for 48 Hour ROP without a HACCP Plan

- All other Regulations still apply
- Shelf life of the product is a separate timeline
- Freezing does not extend the 48 hour time allowance in ROP
- Cannot re-ROP
 - Once the ROP is opened, it cannot go back into ROP
- No fish unless conducting a Fish ROP Process
 - Follow all requirements for labeling and maintain frozen before, during, and after ROP
- Any ROP at a special event requires prior approval

Questions?





PEST AUDITS

GROCERY STORE WITH
ADJOINING RESTAURANT

HISTORY

1/12/2024 – Facility Closed by SNHD

Pest Infestation

1/17/2024 – Facility Reopened

7/11/2024 – Seafood/Restaurant Closed

Sewage Issue

7/30/2024 – Reopened

8/6/2024 – Pest Audit

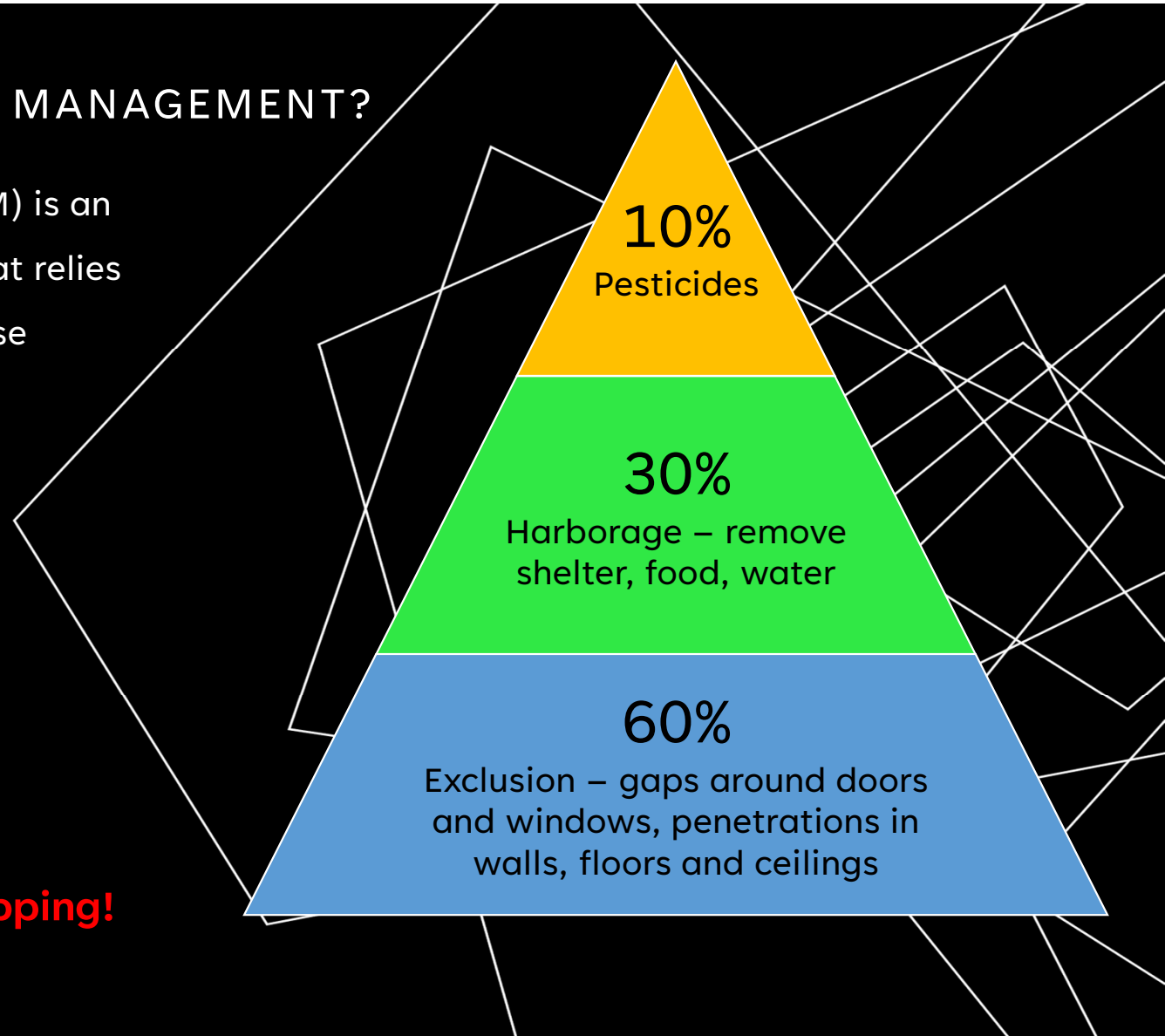


WHAT IS INTEGRATED PEST MANAGEMENT?

Integrative Pest Management (IPM) is an approach to pest management that relies on a combination of common-sense practices

- Monitoring
- Prevention
- Control

More than just spraying/trapping!





SNPD

Exclusion - Gaps





Harborage -
Food



Exclusion - Penetrations

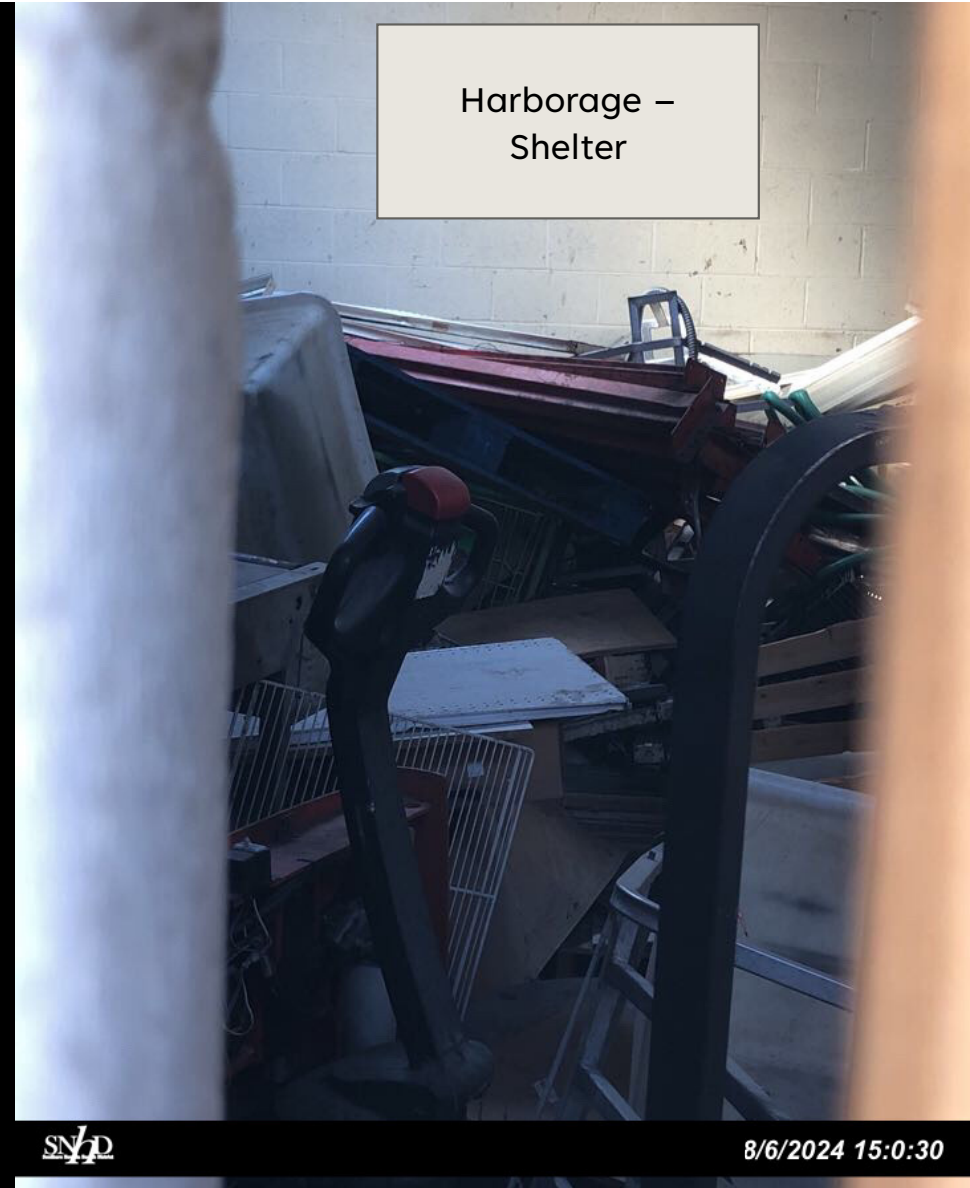
SN/D





Harborage -
Food





Harborage -
Shelter

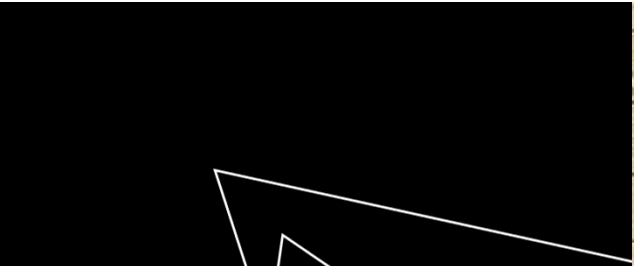


SNYD

Exclusion - Penetrations

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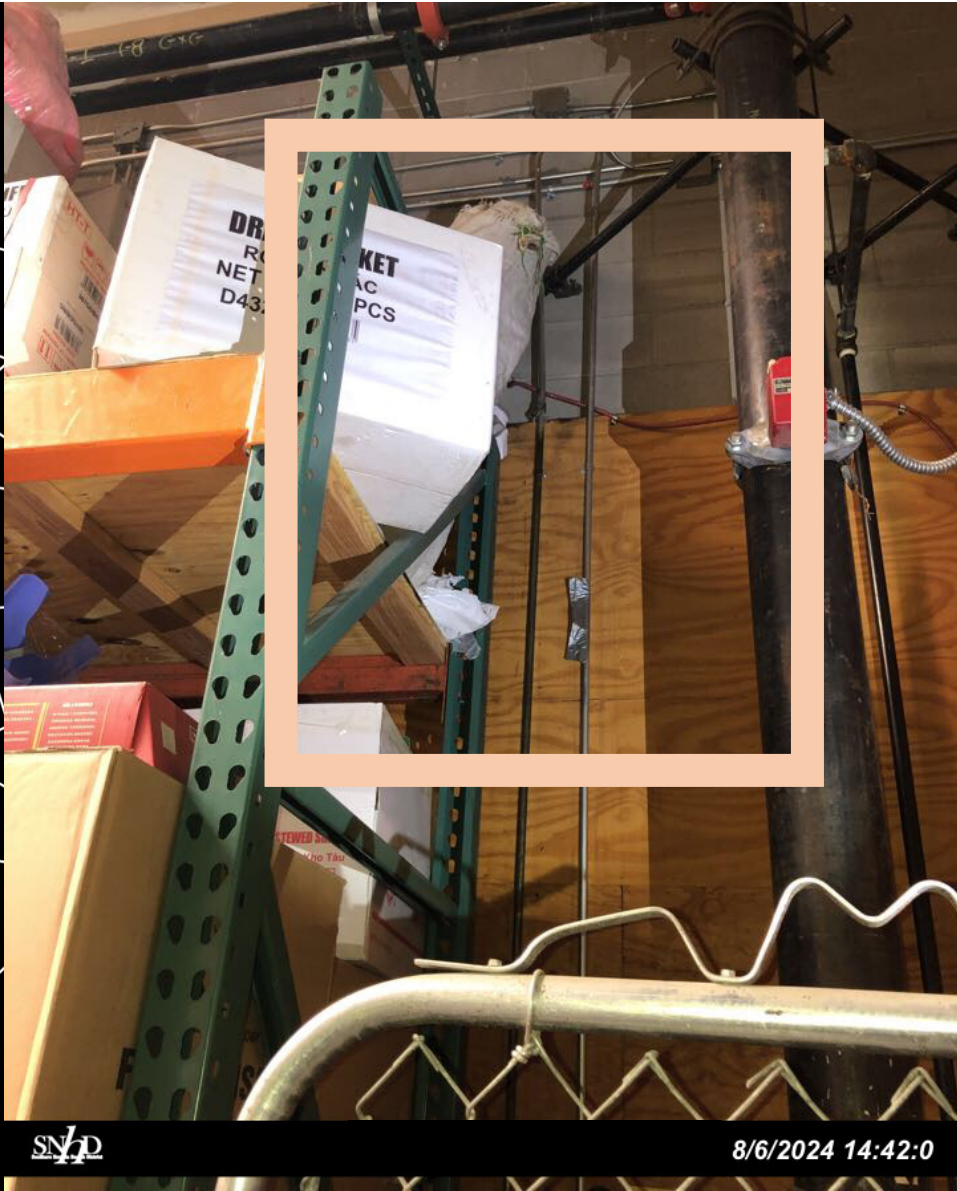
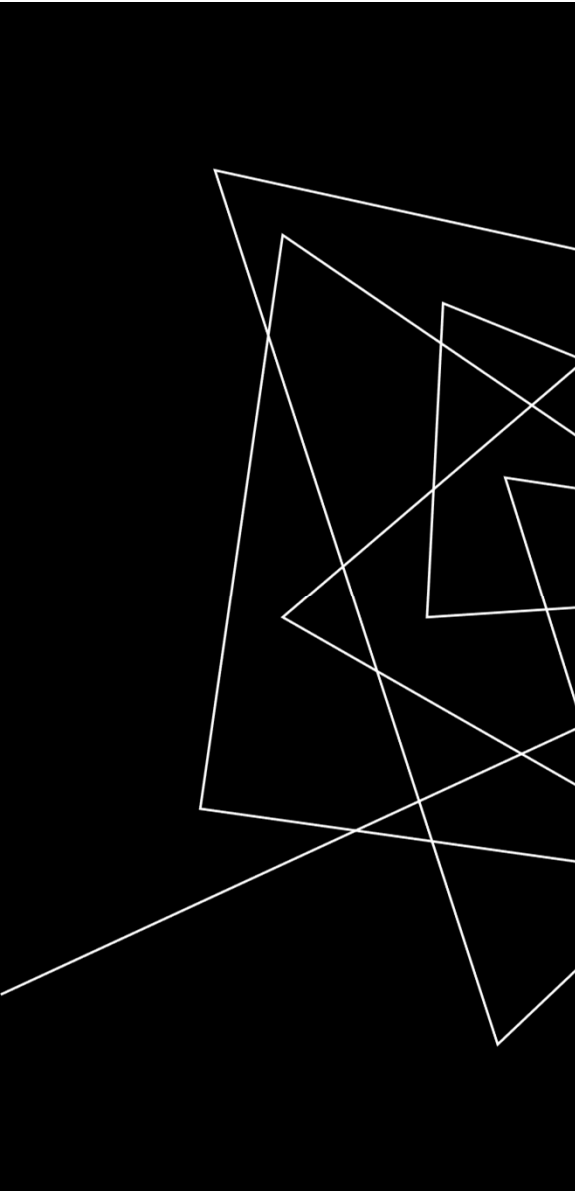




SN/D

Exclusion - Gaps

8/6/2024 14:50:1



SN/D

8/6/2024 14:42:0

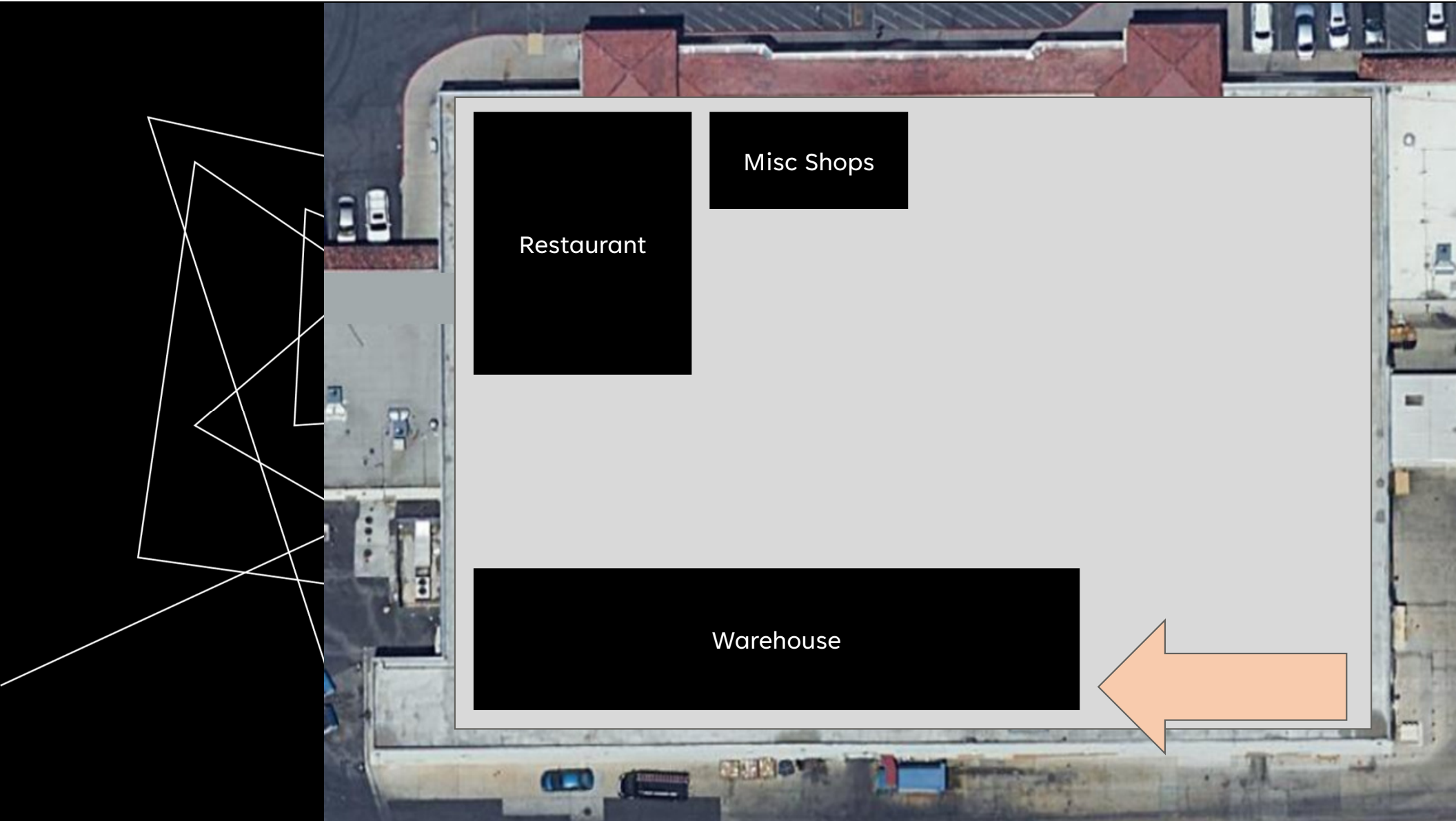




SNPD

Rodent droppings

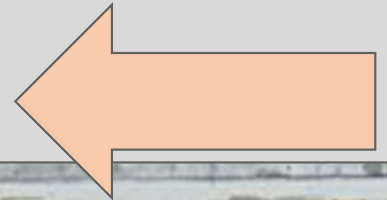
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Restaurant

Misc Shops

Warehouse





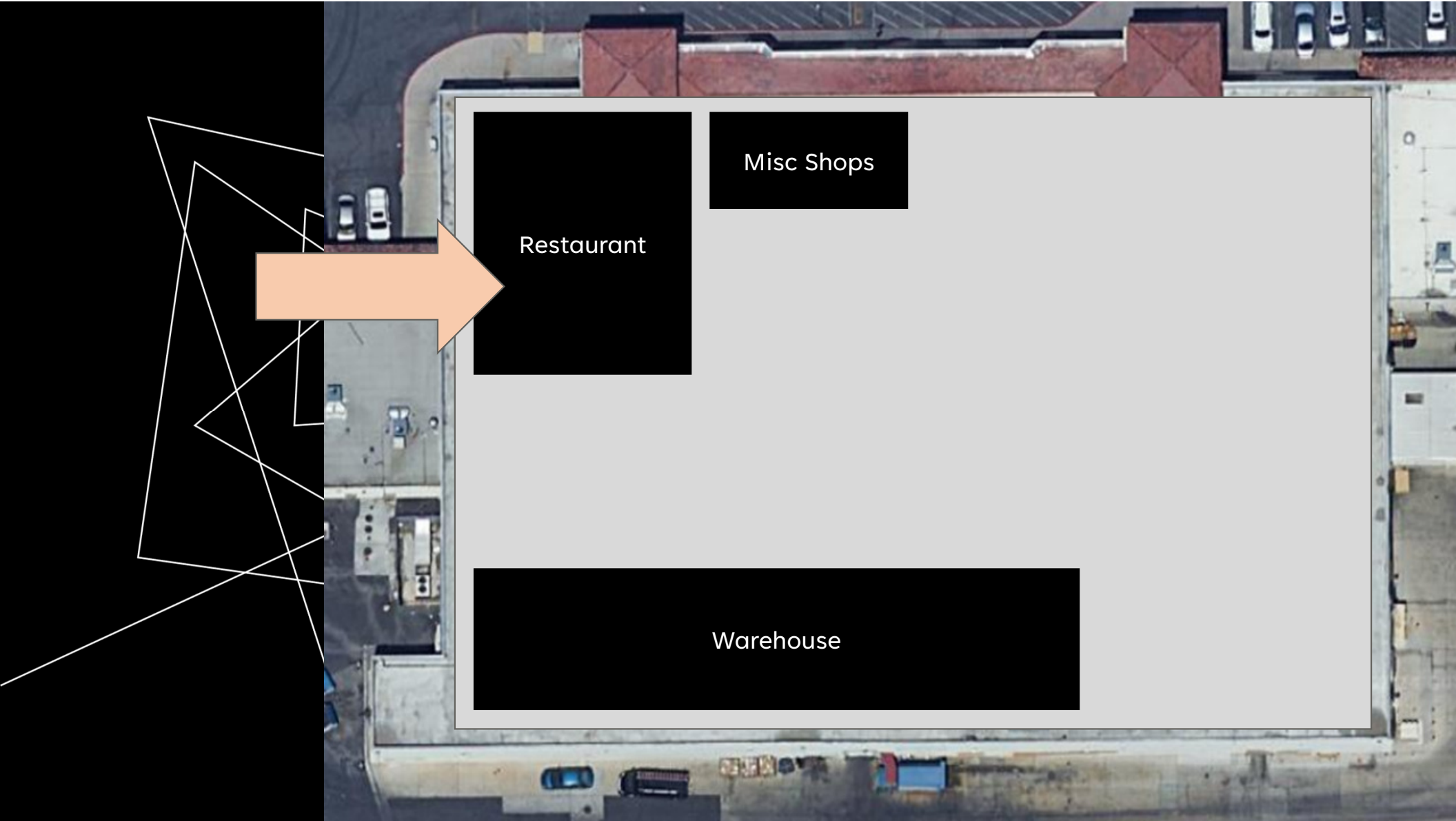
SYD Harborage - shelter 8/6/2024 14:48:35



8



8/6/2024 14:48:35

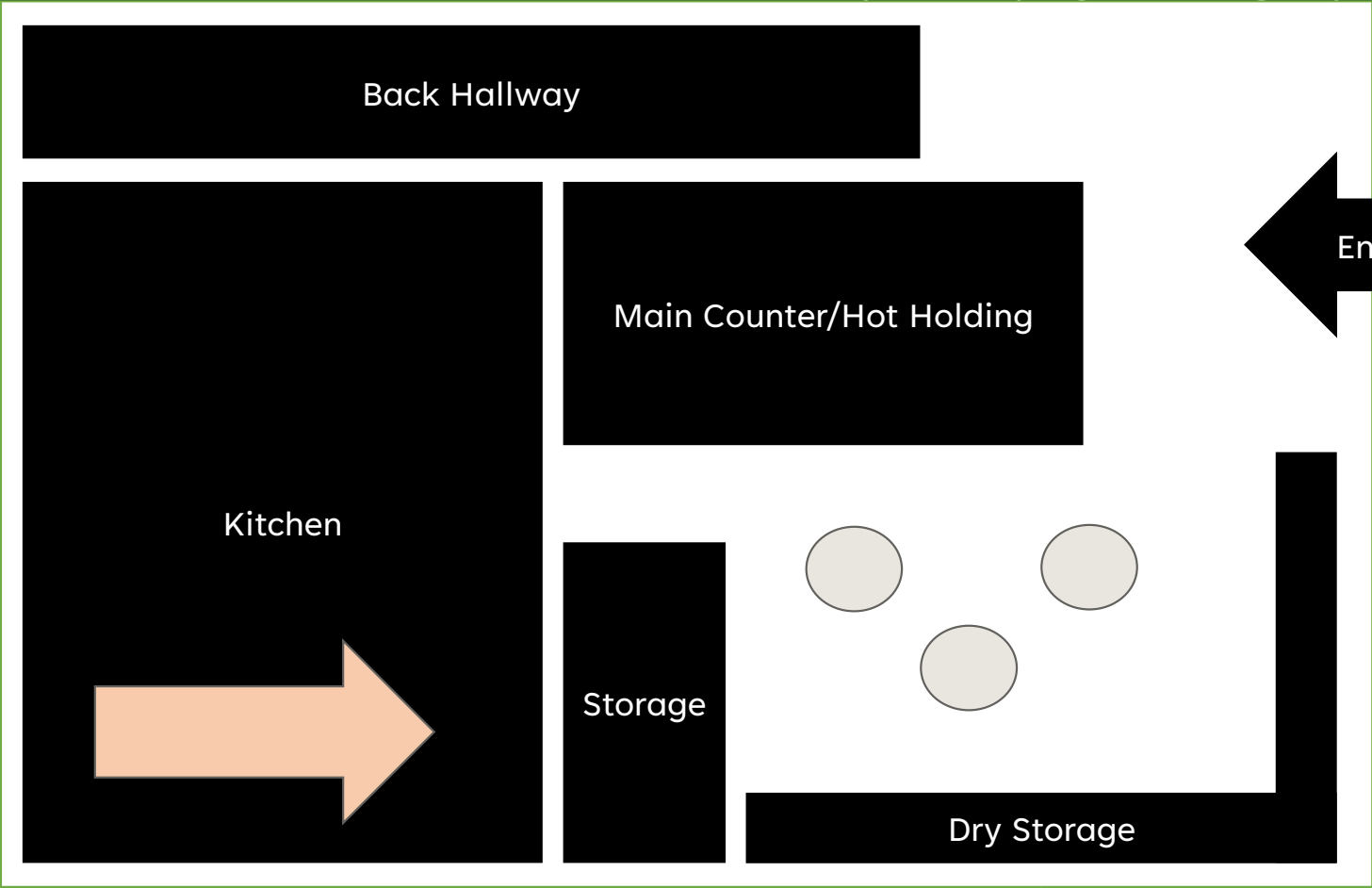


Restaurant

Misc Shops

Warehouse

RESTAURANT





Graw marks

8/6/202



Droppings



**BROKEN
REFRIGERATOR**





SNYD

Dead rodent inside refrigerator fan

8/6/2024 13:52:20



SNPD

Rodent droppings and penetration in wall /6/2024 13:51:8



Hot food holding

8/6/2024 14:9:36



Rodent droppings

8/6/2024 14:8:16



Penetration into ceiling

DIFFICULTIES AND POSSIBLE IMPROVEMENTS

Language/Cultural Barriers

Permitting Restrictions – Non-Food Inside/Outside Facility

Management not present, possibly out of state

Tension/Hostility between operators

Follow Up



QUESTIONS / COMMENTS



Q&A Time

What's on your mind?
How can we help?

Please use Q&A function to send questions or comments

Thank you for joining us today!



**Next FSP Meeting is
January 27, 2025
Any suggested topics?**



**Send comments, questions, or
suggestions to:
EHTrainingOffice@snhd.org**



**Copy of presentation and
information for next meeting at:
www.snhd.info/ehrcp**



**Contact us:
702-759-0500**