

## **Environmental Health Division**

## **Establishment Re-Inspection Request**

Email Form to: eh@carson.org

Carson City Health and Human Services **Environmental Health Division** 900 E Long St Carson City, NV 89706 Phone: 775-887-2190 Gethealthycarsoncity.org







MAKE YOUR PAYMENT ONLINE! Scan our OR code to be taken to our online payment website.

## RETURN THIS FORM WITH PAYMENT NO LATER THAN:

(Inspector Date 15 Business Days from Initial Inspection)

- Poor letter grades are bad for business; get your business back on track by correcting violations, especially "critical" violations thoroughly and quickly. Once violations are adequately corrected, you can request your re-inspection for the purpose of re-grading. If your re-grading inspection is successful, the establishment's grade and corresponding placard will be updated accordingly.
- \*A permit holder has a duty to correct the violations noted on the inspection report. Your inspector can guide you as to which violations are priorities. In general, most violations should be corrected before requesting re-inspection, but your inspector may agree to extend time frames for corrections to certain non-critical violations at their professional discretion.
- All establishments that do not receive an A grade require re-inspection and are subject to a \$50 re-inspection fee. The permit holder must bring the establishment into compliance and submit this form as a written request for re-inspection for the purposes of re-grading within fifteen (15) business days after the initial inspection. The re-inspection fee of \$50 must be paid prior to re-inspection for re-grading. Inspectors may re-visit as often as necessary to ensure that critical violations are corrected sufficient to allow the establishment to continue operations, but no re-grading will be conducted until mandatory fee is paid and written request for re-inspection / re-grading is received. Failure to pay re-inspection fees within fifteen (15) business days will result in the initial grade remaining until the next routine inspection and will constitute a violation to Carson City Municipal Code 9.05.090 and may result in citation and mandatory court appearance.
- The Health Authority will professe and importing for the angular or modified within five /F\ business days fallowing the appoint of the angular fallowing the appoint of th

inspection request and payment of applicable fee.										
General Information										
Name of Company Rep and Title:				Phone:						
Establishment Name:					Email:					
Mailing Address:					City:			Zip Code:		
Request Ackr				nowledgem	ment  Check boxes and submit your signature to acknowledge that you are ready for re-inspection.				•	
ALL necessary corrections to violations received have been corrected as directed by the Health Authority.										
The above mentioned establishment hereby formally request re-inspection and re-grading.										
By signing you certify that you have knowledge of the facts herein set forth, and that the same are true and correct to							Signature			
								Printed Nar	ne	
the best of your knowledge and belief.						/	/	Date		
Please explain the items that have been corrected by the establishment operators:										
Fee Amount Paid:	Date Paid:	/	/	Receipt Number:				Online Card	Online Check Cash	
Witness/Reviewer:				Date:	/	/		OFFICE USE ONLY		