



Division of Environmental Health  
 100 H Street, Suite 100, Eureka CA 95501  
 707-445-6215 - Toll Free: 800-963-9241  
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# Food Facility

## Official Inspection Report

Date: <u>3-2-24</u>	Page 1 of <u>5</u>
Time In: <u>1245</u>	Time Out: <u>1630</u>

Facility Name: <u>Moonstone</u>	Address: <u>100 Moonstone Beach Rd</u>	City: <u>Trinidad</u>
Permit Expiration Date: <u>2/28/25</u>	Permit Holder: <u>Ariel Tanski</u>	Permit Category: <u>Full Prep</u>
Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input type="checkbox"/> Billable Reinspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Change of Owner		

See reverse side for the code sections and general requirements that correspond to each violation listed below.

In = In compliance N/O = Not observed N/A = Not applicable ☒ = Items not in compliance  
 COS = Corrected on-site MAJ = Major violation OUT = Out of compliance

### MAJOR VIOLATIONS

Code	Description	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
In <u>(N/O)</u>	01. Demonstration of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	02. Food safety certification, food handler card compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety Certification Name: _____ Exp. Date: _____				
<b>EMPLOYEE HEALTH AND HYGIENIC PRACTICES</b>				
In <u>(N/O)</u>	03. Communicable disease; reporting, restrictions, and exclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	04. No discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	05. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PREVENTING CONTAMINATION BY HANDS</b>				
In <u>(N/O)</u>	06. Hands clean and properly washed; gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	07. Adequate handwash facilities supplied and accessible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
In <u>(N/O)</u>	08. Proper hot and cold holding temperatures (°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cold Temp _____ Hot Temp _____			
In <u>(N/O)</u>	09. Time as public health control; procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	10. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	11. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	12. Proper reheating procedures for hot-holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code	Description	COS	MAJ	OUT
<b>PROTECTION FROM CONTAMINATION</b>				
In <u>(N/O)</u>	13. Returned and reserve of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	14. Food in good condition; safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	15. Food contact surfaces: clean and sanitized	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Hot Water <input type="checkbox"/> Other _____				
Sanitizer Concentration: _____ (ppm) Temp: _____ °F				
<b>FOOD FROM APPROVED SOURCES</b>				
In <u>(N/O)</u>	16. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In <u>(N/O)</u>	17. Compliance with shell stock tags, condition, display	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In <u>(N/O)</u>	18. Compliance with Gulf Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
In <u>(N/O)</u>	19. Compliance with variance, specialized process, reduced oxygen packaging, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONSUMER ADVISORY</b>				
In <u>(N/O)</u>	20. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
In <u>(N/O)</u>	21. Licensed Health Care Facilities, public and private Schools; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WATER, HOT WATER</b>				
In <u>(N/O)</u>	22. Potable hot (120°F) and cold water available Temp <u>2120</u> °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIQUID WASTE DISPOSAL</b>				
In <u>(N/O)</u>	23. Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VERMIN</b>				
In <u>(N/O)</u>	24. No rodents, insects, birds, or animals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### MINOR VIOLATIONS

<b>SUPERVISION</b>		OUT
25. Person in charge present and performs duties		
<b>PERSONAL CLEANLINESS</b>		
26. Personal cleanliness and hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
27. Approved thawing methods used; frozen food		
28. Food separated and protected		
29. Washing fruits and vegetables		
30. Toxic substances properly identified, stored, used	<input checked="" type="checkbox"/>	
<b>FOOD STORAGE, DISPLAY, SERVICE</b>		
31. Food storage; food storage containers identified		
32. Consumer self-service		
33. Food properly labeled and honestly presented		
<b>EQUIPMENT, UTENSILS, LINENS</b>		
34. Non-food-contact surfaces clean		
35. Warewashing: installed, maintained, used. Adequate Means to measure sanitizer	<input checked="" type="checkbox"/>	
36. Equipment and Utensils approved; installed, clean, good repair, and capacity		
37. Equipment, utensils and linens: storage and use		
38. Adequate ventilation and lighting, designated areas, use		
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
AB 1276. Single-Use foodware by customer request		

<b>PHYSICAL FACILITIES</b>		OUT
41. Plumbing: proper backflow devices		<input checked="" type="checkbox"/>
42. Garbage and refuse properly disposed; facilities maintained		
43. Toilet facilities: properly constructed, supplied, cleaned		
44. Premises: personal or cleaning items; vermin-proofing		<input checked="" type="checkbox"/>
<b>PERMANENT FOOD FACILITIES</b>		
45. (Floor, walls) and ceiling: constructed, maintained, clean		<input checked="" type="checkbox"/>
46. No unapproved private homes, living or sleeping quarters		
47. Vending machines		
<b>SIGNS, REQUIREMENTS</b>		
48. Signs posted, last inspection report available		
<b>COMPLIANCE, ENFORCEMENT</b>		
49. Plan Review		
50. Valid Facility Permit: expiration date, proper operation category		
51. Impoundment		
52. Permit Suspension - Facility Closed		<input checked="" type="checkbox"/>
Reinspection Fee Assessed: <u>\$</u>		

Received by (signature): <u>Ariel Tanski</u>	Title: _____	Reinspection Date: _____
Received by (print): <u>[Signature]</u>	Inspector ID: <u>M Cook</u>	

BELOW ARE THE CORRESPONDING LISTINGS AND REGULATIONS FOR THE VIOLATIONS LISTED ON THE FRONT SIDE OF THIS FORM. THIS PAGE LISTS THE APPLICABLE SECTIONS FROM THE CALIFORNIA RETAIL FOOD CODE FOR EACH ITEM, UNLESS OTHERWISE NOTED. THE DEPARTMENT MAY CITE ADDITIONAL SECTIONS AS APPLICABLE.

01. Demonstration of knowledge; food safety certification.	113947
02. Food safety certification, food handler card compliance.	113947.1-113947.5, 113948
03. Communicable disease; reporting, restrictions, and exclusions.	113949.1, 113949.2, 113949.4, 113949.5, 113950, 113973(a), 113975
04. No discharge from eyes, nose, or mouth.	113974
05. Proper eating, tasting, drinking, tobacco use.	113977
06. Hands clean and properly washed; gloves used properly.	113952, 113953.3, 113953.4, 113961, 113968, 113973
07. Adequate handwash facilities supplied and accessible.	113953, 113953.1, 113953.2, 114067(f)
08. Proper hot and cold holding temperatures (°F).	113996, 113998, 114037, 114343(a)
09. Time as public health control; procedures and records.	114000
10. Proper cooling methods.	114002, 114002.1
11. Proper cooking time and temperatures.	114004, 114008, 114010
12. Proper reheating procedures for hot-holding.	114014, 114016
13. Returned and reservice of food.	114079
14. Food in good condition; safe and unadulterated.	113967, 113976, 113980, 113982, 113988, 113990, 114035, 114041(a), 114254.3
15. Food contact surfaces: clean and sanitized.	114097, 114099.1, 114099.2, 114099.4, 114099.6, 114099.7, 114101, 114105, 114109, 114111, 114113, 114115(a, c), 114117, 114125(b), 114141
16. Food obtained from approved source.	113980, 114021-114031, 114041(b), 114376, Humboldt County Code § 512-4
17. Compliance with shell stock tags, condition, display.	114039-114039.5
18. Compliance with Gulf Oyster Regulations.	Title 17 CA Code of Regulations §13675, CA Health and Safety Code §114029
19. Compliance with variance, specialized process, reduced oxygen packaging, HACCP plan.	114057, 114057.1, 114417, 114117.2, 114417.5, 114417.6, 114417.7, 114419 -114419.3
20. Consumer advisory provided for raw or undercooked foods.	114012, 114093
21. Licensed Health Care Facilities, public and private Schools; prohibited foods not offered	114091
22. Potable hot (120°F) and cold water available.	113953(c), 114099.2(b), 114163(a)(3), 114189, 114192, 114192.1, 114195
23. Sewage and wastewater properly disposed.	114197
24. No rodents, insects, birds, or animals.	114259.1, 114259.4, 114259.5
25. Person in charge present and performs duties.	113945, 113945.1, 113984.1, 114075(c)
26. Personal cleanliness and hair restraints.	113969, 113971
27. Approved thawing methods used; frozen food.	114018, 114020
28. Food separated and protected.	113984(a-f), 113986, 114060, 114067(a, d, e, j), 114069(a, c, d), 114077, 114089.1(c), 114143(c, e)
29. Washing fruits and vegetables.	113992
30. Toxic substances properly identified, stored, used.	114254, 114254.1, 114254.2
31. Food storage; food storage containers identified.	114047, 114049, 114051, 114053, 114055, 114067(h), 114069(b)
32. Consumer self-service.	114063, 114065
33. Food properly labeled and honestly presented.	114087, 114088, 114089, 114089.1(a, b), 114090, 114093.1, 114094, 114094.5, 114377
34. Non-food-contact surfaces clean.	114115(b)
35. Warewashing: installed, maintained, used. Adequate Means to measure sanitizer.	114067(f, g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125(a)
36. Equipment and Utensils approved; installed, clean, good repair, and capacity.	114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182
37. Equipment, utensils and linens: storage and use.	114074, 114075(a, b, d, e), 114081, 114119, 114121, 114161, 114172, 114178, 114179, 114083, 114185, 114185.2, 114185.3, 114185.4, 114185.5
38. Adequate ventilation and lighting, designated areas, use of.	114149, 114149.1, 114149.2, 114149.3, 114252, 114252.1
39. Thermometers provided and accurate.	114157, 114159
40. Wiping cloths: properly used and stored.	114135, 114185.1, 114185.3(d - e)
AB 1276. Single-Use Foodware Accessories	CA Public Resources Code, Chapter 5.2
41. Plumbing: proper backflow devices.	114171, 114190, 114192, 114193, 114193.1, 114199, 114201, 114269
42. Garbage and refuse properly disposed; facilities maintained.	114244, 114245, 114245.1, 114245.2, 114245.3, 114245.4, 114245.5, 114245.6, 114245.7
43. Toilet facilities: properly constructed, supplied, and cleaned.	114250, 114250.1, 114276
44. Premises; personal or cleaning items; vermin-proofing.	114123, 114143(a, b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282
45. Floor, walls, and ceilings: built, maintained, clean.	114143(d), 114266, 114268, 114268.1, 114271, 114272
46. No unapproved private homes, living or sleeping quarters.	114285, 114286
47. Vending machines	114145
48. Signs posted, last inspection report available.	113725.1, 113953.5, 113978, 114381(e)
49. Plan Review.	114380 (a, b)
51. Valid Facility Permit: expiration date, proper operation category.	114067(b, c), 114381, 114387
51. Impoundment.	114393
52. Permit Suspension - Facility Closed	114405, 114409



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# Food Facility

## Official Inspection Report

Date: 3/7/25	Page 2 of 5
Time In: 12:45 pm	
Time Out: 16:30 pm	

Facility Name: Moonstone		Address: 100 Moonstone Beach Rd		City: Trinidad
Permit Expiration Date: 2/28/25	Permit Holder: Ariel Tanski	Permit Category: Full Prep	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input type="checkbox"/> Billable Reinspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Change of Owner	

TEMPERATURE CONTROL					NO PHF <input type="checkbox"/>				
Documentation required for all facilities with PHF									
Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)

**OBSERVATIONS AND CORRECTIVE ACTIONS**

#7 Bathroom (employee) lacked cold water @ hand wash sink - hot water was 136 °F making sink unusable for hand washing. Prep area hand sink had leaky valves + bar lacking hand towels @ hand sink. Repair all hand wash sinks so as to be fully functional + keep fully stocked w/ soap + towels.

#17 When inspector arrived, shell stock bags were observed stored unorganized in a pan in prep area. One was observed on floor next to a refrigerator unit's PIC arranged bags by month during inspection. Please further organize by dates served. Suggest a method such as date label when in use and date when consumed prior to label retention.

#15 In use food prep sink had one rat feces in rear rt. corner. This and all prep, utensil, wash sinks must be washed, rinsed, sanitized once rodents are excluded/removed, and before used for food or utensils.

#24 Observed evidence of rodent infestation throughout facility. Rodent (rat) feces were observed throughout kitchen/cook area on floors, in ice machine nook on floor, on cabinets in food prep room, on backstock stored dishes in rear dry storage and on floors of these areas. Rat chew holes were observed in kitchen cook/prep wall, ceiling of rear prep area, in ceiling of rear dry/utensil storage room and around various floor intersections. Mouse feces were observed on shelves of bar area, in cabinet under coffee service area and in rear wine storage space.

Received by (signature):	Title: M Cook	Reinspection Date:
Received by (print):	Inspector ID:	

\*The above major violations must be corrected by \_\_\_\_\_. A reinspection may be conducted and a reinspection fee of \$ \_\_\_\_\_ assessed, as authorized by current County ordinance. This fee may be waived if a mailed or faxed receipt or other satisfactory documentation showing proof of the correction or repair is received prior to the compliance date. The local building official may require a permit for above corrections. Please contact the appropriate office for assistance.



# Official Inspection Report

Date: 3/7/24 Page 3 of 5  
Time In: 12:45 Out: 16:30

FA#	Facility Name: <u>Moanstone</u> Address: <u>100 Moanstone Beach Rd</u> City: <u>Trinidad</u>		
Permit Expiration Date: <u>2/28/25</u>	Permit Holder: <u>Ariel Tanski</u>	Permit Category: <u>Food Prep</u>	Type of Inspection: <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Request <input type="checkbox"/> Reinspection Fee \$ _____

## OBSERVATIONS AND CORRECTIVE ACTIONS

Continued  
Due to the evidence of rodent access to all areas of the facility inspected, along with evidence of ongoing contamination of critical surfaces, and potential/actual contamination of utensils/food contact and food. DEH is suspending the permit to operate the food facility due to an immediate danger to the public health & safety. The CA Health and Safety Code Section that the closure & imminent hazard pertains to is 114259.1/114259.  
Please note that the permit holder has the right to request a hearing in writing within 15 days (calendar) of his notice to show cause why the permit suspension is not warranted.

The following corrections must be made prior to requesting reopen w/ this division

- 1 - Contact & contract w/ professional pest control contractor to identify all ingress points both to the building envelope and to the inside of the facility housing food/drink/utensils.
- 2 - Close and repair all interior ingress so that rats and mice are excluded from the interior portions of building as directed by pest control operator. Repairs must be of good workmanship, smooth, easily cleanable & non-absorbent.
- 3 - Work with pest control operator for pest control and inspection plan. In the short term at minimum weekly service is required. Provide pest control plan to this division (DEH). Plan should include immediate removal of rodents from interior spaces of building where access to food/drink/utensils/surfaces may occur.
- 4 - Develop construction/repair plan with pest control professional assistance to seal exterior portions of building to exclude rodents to attic and wall spaces. Submit plan with time-frame to DEH for approval.

Received by (print): <u>M Cook</u>	Received by (signature): 	Title:
EH Specialist (print): <u>M Cook</u>	Phone:	Reinspection Date:



### Official Inspection Report

Date: 3/7/24	Page: 8 of 5
Time In: 12:45p.m.	Out: 1:30p.m.

FA#	Facility Name: Moonstone			Address: 100 Moonstone Beach Rd			City: Trinidad
Permit Expiration Date: 2/28/25	Permit Holder: Ariel Tanstki	Permit Category: Full Prep	Type of Inspection:	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Reinspection	
			<input checked="" type="checkbox"/> Complaint	<input type="checkbox"/> Request	<input type="checkbox"/> Reinspection Fee \$		

#### OBSERVATIONS AND CORRECTIVE ACTIONS

- #5 Discard all food that was prepared or stored out of refrigerators. This includes cooked, chopped, washed, open stand foods.
- #6 Clean all standing water, grease, food debris, soiling from floors, walls, ceilings. Wash, rinse, sanitize all food contact surfaces including sinks, cutting boards, dishes, nozzles, pour spouts, utensils and other equipment.
- #7 Place clean and sanitized utensils into boxes with tight fitting lids to ensure protection until rodent activity is no longer an acute issue - re no activity w/in or into attic/walls.
- #8 Remove stored items from south side of building. Place all garbage and recyclables into containers w/ tight fitting lids on a permanent basis.
- #30 Rodent pellet baits observed on floor around cooking equipment and adjacent to refer units. This is not an approved method of pest control and not a legal use of rodenticides. Only use pest professionals for control. Work w/ pest control/waste disposal to dispose of these scattered items. Be especially careful that wood or food contact surfaces become contaminated w/ these products.
- #31 Facility lacks measuring device for high temp dish machine and for quats and chlorine sanitizer concentration measuring - obtain and use for verification.
- #41 Map sink fixture lacks backflow protection w/ flush valve/riser - add.
- #44 See #21 for details of required vermin proofing. Facility observed to lack adequate vermin proofing.  
Facility also lacks proper screening on doors/windows to exclude flies from kitchen area - add to exclude these pests.

Received by (print): <i>[Signature]</i>	Received by (signature):	Title:
BH Specialist (print): M Cook	Phone:	Reinspection Date:



Date: 3-7-24	Page 5 of 5
Time In: 12:45	Out: 16:30

## Official Inspection Report

FA#		Facility Name: Moonstone		Address: 100 Moonstone Beach Rd		City: Trinidad	
Permit Expiration Date: 2/28/25	Permit Holder: Annel Taucki	Permit Category: Full	Type of Inspection: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection				
			<input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Request <input type="checkbox"/> Reinspection Fee \$ _____				

### OBSERVATIONS AND CORRECTIVE ACTIONS

#195 Floors, walls, ceilings are visibly soiled and in poor repair. Walls & ceilings are covered in a heavy soot. Floors are damaged in areas, lacking intact covering and soiled around cooking equipment, dish area, and behind refrigerator unit. Submit plans for replacement of these deteriorated surfaces w/ in 30 days to DEH for approval.

#152 Facility permit is suspended due to imminent health hazard. See section #195 violation #24 for details of violation, applicable statute(s), corrective actions, and right to a hearing. Operator must contact DEH for clearance prior to reopening facility.

Inspection was conducted as a routine inspection and complaint investigation. See complaint # EH-CMP-24-00030.

Photographs taken during inspection will be added to file as documentation of selected conditions observed.

Business card w/ contact info provided to operator today.

Received by (print): <i>M Cook</i>	Received by (signature): <i>[Signature]</i>	Title:
EH Specialist (print): M Cook	Phone:	Reinspection Date: