



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: **5/5/25** Page 1 of **3**
 Time In: **10:40**
 Time Out: **12:05**

Facility Name: Old Town Coffee & Chocolates		Address: 211 F St		City: Eureka	
Permit Expiration Date: 8/31/2025	Permit Holder: Amanda Slinkard	Permit Category: Full Prep	Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input checked="" 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
DEMONSTRATION OF KNOWLEDGE				
In N/O	01. Demonstration of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O	02. Food safety certification, food handler card compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE HEALTH AND HYGIENIC PRACTICES				
In N/O	03. Communicable disease; reporting, restrictions, and exclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O	04. No discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O	05. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTING CONTAMINATION BY HANDS				
In N/O	06. Hands clean and properly washed; gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O	07. Adequate handwash facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS				
In N/O N/A	08. Proper hot and cold holding temperatures (°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cold Temp Hot Temp			
In N/O N/A	09. Time as public health control; procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	10. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	11. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	12. Proper reheating procedures for hot-holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MINOR VIOLATIONS

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

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

Received by (signature):	Title: MANAGER	Reinspection Date:
Received by (print): Jazza Williams	Inspector ID: AGS	



Official Inspection Report

Date: 5/5/25	Page 2 of 3
Time In: 10:40	Out: 12:55
City: Eureka	
Type of Inspection: <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Request <input checked="" type="checkbox"/> Reinspection Fee \$ 171	

FA#

Facility Name: Old Town Coffee & Chocolates Address: 211 F St

Permit Expiration Date: 8/31/2025 Permit Holder: Amanda Slinkard Permit Category: Full Prep

OBSERVATIONS AND CORRECTIVE ACTIONS

Onsite for billable reinspection of major violation #24 rodents. No pest control report has been received by our office.

#24 Observed rodent feces in every area of facility including: dining room area, kitchen, hallway, dry storage, and chocolate prep room. Surfaces where rodent feces was identified include, but are not limited to:

Kitchen- On counter, on tray storing paper cups, on counter/shelf underneath microwave where personal items are stored, on shelf directly underneath microwave, on shelf near ground coffee underneath coffee makers, near flavored syrups on the bottom shelf, and underneath handwash sink.

Chocolate room- In back right corner of room on and around sticky trap on floor, in front left corner of room near sticky trap, on 2nd containers of parchment paper on upper/middle shelf of storage rack.

Dry storage- On floor near single-use cup storage, on floor near water heater, and on the bottom shelf of the storage rack near the flavored syrups.

On floors and near floor/wall junctions in dining area and hallway.

Observed potential ingress locations including, but not limited to: in corner underneath handwash sink in kitchen, in corner behind trash can in kitchen, underneath door to hallway (kitchen + dry storage), near steps at end of hallway, and under wall at floor/wall junction near water heater, and in corner of chocolate room.

This facility's permit is now suspended due to imminent health hazard pertaining to mouse infestation violation of CHSC section 114259.1.

Received by (print): JASON VALENTIN	Received by (signature):	Title: MANAGER
EH Specialist (print):	Phone: (707) 298-0329	Reinspection Date:



Official Inspection Report

Date: 5/15/25 Page 3 of 3
Time In: 10:40 Out: 12:55

FA#

Facility Name: Old Town Coffee & Chocolates Address: 211 F St City: Eureka

Permit Expiration Date: 8/31/2025 Permit Holder: Amanda Slinkard Permit Category: Full Prep
Type of Inspection: Initial Routine Reinspection
 Complaint Request Reinspection Fee \$ 171

OBSERVATIONS AND CORRECTIVE ACTIONS

- To reinstate this permit the following items must be completed:
1. All contaminated single-use food and drink utensils shall be discarded.
 2. All contaminated surfaces must be washed, rinsed, and sanitized.
 3. This includes countertops, grinders, panini press, food and drink storage containers and any other food contact surfaces.
 3. Contract with a pest control service. Service should include weekly monitoring and inspections. Initial assessment of ingress and harborage within the facility. Retain all inspection reports for review by DEH. Make all corrections to building deficiencies identified by pest control.
 4. Some surfaces (such as rear syrup racks) identified during this inspection were no longer smooth and easily cleanable and shall be resurfaced or replaced.
 5. All single use utensils in use and food containers shall be stored in tight fitting lidded containers when not in use or original overpack.
 6. All food debris, floor surfaces, wall surfaces, and other non-food contact surfaces shall be cleaned and sanitized.
 7. DEH must be contacted prior to re-opening of facility.

The permit holder has the right to request a hearing in writing within 15 calendar days of this notice. CHSC section 104409 c.

Received by (print): JASON VALENTIN Received by (signature): [Signature] Title: MANAGER
EH Specialist (print): [Signature] Phone: 707 298-0329 Reinspection Date: