

Received by (print):

Division of Environmental Health 100 H Street, Suite 100, Eureka CA 95501

707-445-6215 - Toll Free: 800-963-9241 Fax: 707-441-5699 envhealth@co.humboldt.ca.us

Food Facility Official Inspection Report

Date:5/6/25	Page 1 of 3
Time In:	1318
Time Out:	1610

7 174/									
Facility Nam	e:	714	Address:		City:				
BELL	iali CAFE	76F	KEDI	WOOD DR.	GARBERVILLE				
Permit Expir	ration Date: Permit Holder:		Permit Ca	tegory:	Type of Inspection:				
9/75	125 JUAN P. DIAZ		C. 11	PREP	□ Routine □ Reinspection Complaint □ Consultation □ Billable Reinspection □ Plan Review □ Change of Own	New Fac	cility		
1/20	125 JUHN VI VIAL		TUN	IKEI	☐ Billable Reinspection ☐ Plan Review ☐ Change of Own	er			
See reverse side for the code sections and general requirements that correspond to each violation listed below.									
See	reverse side for the code sections	and ge	neral re	quirements tha	t correspond to each violation liste	ed be	low.		
-									
FDF	7-24-000304 R VIOLATIONS	In = In cor	npliance	N/O = Not observ	ed N/A = Not applicable	n com	ıpliar	ice	
000	NIOI ATIONS		00	C Corrected on o	its MAI - Major violation OUT - Out		!:		
MAJOR	RVIOLATIONS		CO	S = Corrected on-s	ite MAJ = Major violation OUT = Out	or con	ірпап	ice	
DEMONSTE	RATION OF KNOWLEDGE	cos	MAJ OL	T PROTECTION F	FROM CONTAMINATION	cos	MAJ	OUT	
In WO	01. Demonstration of knowledge	0			13. Returned and reservice of food	-	111110	0	
In (N/O	02. Food safety certification, food handler card compliar				14. Food in good condition; safe and unadulterated		_		
Food Safety					15. Food contact surfaces: clean and sanitized			0	
Certification							-		
	114111111	·	***************************************	Sanitizer Type:	☐ Chlorine ☐ Quaternary Ammonium ☐ Hot	Water		ther	
	HEALTH AND HYGIENIC PRACTICES			Sanitizer Conce	entration: (ppm) Temp:		٥١	F	
(f) N/Q	03. Communicable disease; reporting, restrictions, and	0			PPROVED SOURCES				
Y	exclusions			(la)	16. Food obtained from approved source	To			
(n) N/O	04. No discharge from eyes, nose, or mouth			In HIO NIA	17. Compliance with shell stock tags, condition, display			0	
In FN/O	05. Proper eating, tasting, drinking, tobacco use			In N/O N/A	18. Compliance with Gulf Oyster Regulations				
	IG CONTAMINATION BY HANDS				E WITH APPROVED PROCEDURES				
In (N/O)	06. Hands clean and properly washed; gloves used	0			19. Compliance with variance, specialized process,	T		l	
(n)	properly 07. Adequate handwash facilities supplied and accessib	lo =			reduced oxygen packaging, HACCP plan				
'(II)	TEMPERATURE RELATIONSHIPS	le 🗆		CONSUMER AL		-			
74					20. Consumer advisory provided for raw or undercooked	T			
In N/O N/A	08. Proper hot and cold holding temperatures (°F)				foods				
	L Cold Temp 13.5 Hot Ter	mp 🗆			PTIBLE POPULATIONS				
In N/O N/A	09. Time as public health control; procedures and record		0 0		21. Licensed Health Care Facilities, public and private	T			
In N/O N/A	10. Proper cooling methods		0 0		Schools; prohibited foods not offered				
In N/O N/A	11. Proper cooking time and temperatures		0 0						
In N/O N/A	12. Proper reheating procedures for hot-holding		0 0		22. Potable hot (120°F) and cold water available	T		11	
III WY NIN	12.1 Topor Tericating procedures for fiet florating			In	Temp °F			X	
				ЫQUID WASTE					
					23. Sewage and wastewater properly disposed	To			
				VERMIN					
					24. No rodents, insects, birds, or animals	1	-	V	
	HOLATIONS				24. No rodents, maced, birds, or caminals		X		
MINOR	VIOLATIONS				24. NO Todello, insects, birds, or arintals		X		
SUPERVISI			OUT	7	24. NO TOUCHS, HISCOS, DITUS, OF CHIMINAIS		*		
SUPERVISI	ON		OUT		24. NO TOUCHS, HISCOS, DITUS, OF CHIMICAS		*		
SUPERVISION 25. Person in			OUT						
SUPERVISION 25. Person in PERSONAL	ON charge present and performs duties CLEANLINESS		OUT	PHYSICAL FA	CILITIES			OUT	
25. Person in PERSONAL 26. Personal	ON charge present and performs duties CLEANLINESS cleanliness and hair restraints		OUT	41. Plumbing: pr	CILITIES Toper backflow devices			OUT	
25. Person in PERSONAL 26. Personal GENERAL I	ON charge present and performs duties CLEANLINESS cleanliness and hair restraints FOOD SAFETY REQUIREMENTS		OUT	41. Plumbing: pr 42. Garbage and	CILITIES Toper backflow devices It refuse properly disposed; facilities maintained			OUT	
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Inspector ID:



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Food Facility Official Inspection Report

Date:5/6/25	Page Zof 3
Time In:	1318
Time Out:	1610

Facility Name: Address: BELLINI CAFE Address: Facility Name: City: GARBERVILLE									
Permit Expiration Date: Permit Holder: Permit Holder: Permit Category: Type of Inspection: Routine = Reinspection = Routine = Routine = Reinspection = Routine =									
TEMPERATURE CONTROL Documentation required for all facilities with PHF NO PHF									
Type of Food	Temp (*F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Type of Food	Temp Violation (*/) Process/Holding Location		Food Discarded (Amount)	

									-
			OBSER	RVATIONS	AND CORRECTIVE	ACTIO	NS		
· THIS WAS	A Co	MPLAIA	IT INVESTIG	ATTON FO	R DEH COUPLA	INT.	# EH	-CMP-25-0	0009/.
		A STATE OF THE STA	adent fer	ses in	every area	d	faci	lity, incl	uding but
not Im	nted		2	C	0	00	1	0	
-COOKII	ne-	<u>On-</u>	top reve	of pre	p-tolde und	211	MICKE	wave, o	m bottom
					in shelf under				
laundry containers, at floor/wall runctions behind ice machine and									
microusine, and throughout water heater closet.									
- Dish Prep Area On top of mechanical dishwasher, advacent to posts on									
shelf above 3-compartment sink, inside non-functional display refrigerator, on bottom shelf of prep table advacent to bins at utensils, on the of									
									या निव अर
					or willing to				
mak adjacent to unitorial sink on tops of multiple card of foods, in									
			an bottom	dnelto	f preptable,	and	l at	Hoorwall	Junctions
throughout. and									
- server area. On counter under neath cottes maker, in cabinet octacent									
to the syneprack.									
19/80 identified potential podent tothe marks on boug of tortilla chips and									
bog of c	turn	wig.						hazard	
This facility's persent is now suspended due to imminent health pertaining to modern infestration violation of CHSC section 114 259.1.									
moderat infestation violation of CHSC section 114 259.1.									
Received by (signa	ature):			-	Γitle:			Reinspection D	Date:
-								TBD	-
Received by (print)				ī	nspector ID:			V IN III	
To D. S. #62(cy) /09									

*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.



Division of Environmental Health

100 H Street - Suite 100 - Eureka, CA 95501 Phone: 707-445-6215 - Toll Free: 800-963-9241

Fax: 707-441-5699

envhealth@co.humboldt.ca.us

FA#	Official Insp		Date: 5/6/25	Page 3 of 3					
ra#			Time In: 13 : 18	Out: 16:10					
Eacility Name:	Address:	Reduccod		City:	o the pro-				
Permit Expiration Date: Perm	it Holder:	Permit Category:	4	: Initial Routin	ne Reinspection				
9/30/2025 Juo	in P Diaz	FULL Prep Complaint - Request - Reinspection Fee \$							
OBSERVATIONS AND CORRECTIVE ACTIONS									
To reinstate this permit the following items must be completed:									
1. All contaminated food and single-use food and drink idensit shall be									
discarded			A	1-	1				
d. All contamina	ted surfaces shall be	unshed, rin	sed, and	santhzeo	L. This				
	ounters, shelves, when so and any other food o			hroge con	rainers,				
3. Contact und	th a pest control ser	N. P. Service	should w	odude in	tial				
assessment.	of ingress and harbora	ae inthin th	e facultu	. Make al	Conception				
to building	deficiencies identified b	ou pest contr	ol. Service	e shall oc	cur				
	include monthsning and								
4. All single-use utensils in use food, and food cuntainers shall be stored in									
tight- Fitting hoded containers when not in use or in original overpack.									
5. All food entract debris, floor surfaces, wall surfaces, and other non-food									
contact surfaces shall be channed and sanitized.									
already been provided.									
	within 15 days after	r this issua	nce the s	permit hol	dexman				
reguest in we	Hina a nearing before	a hearing of	ficer to =	sha es caus	se who				
this permit suspension is not warranted. The hearing shall be held									
with 15 days of receipt of the written request. That facility may not									
reopen or prepare food or drink with I the facility is re-opened by									
	contact our office is	or remoperation	on other	all above	e items				
> how been o			es Olean	2 00 00 00	36101				
Fig Front counter handwash sink had no cold water. Please repour cold water at this handwash station.									
\$50 Observed radenticide block in employee bothroom and near water									
heater in dishwash area. Rodenticule shall be applied in a manner to provent									
contamination or adulteration of Good contact sixufaces, utensils, or packaging materials									
8. Fix all leaking	hucets remove all st	runding wete	r.	00					
Received by (print):	Received by (sign	ature):	Title:						
EH Specialist (print):	Phone:	·	Painen	ection Date:					
0 8 + C. 94		18-0329		3D	2				