



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	

Facility Name: Bellini's CAFE	Address: 767 REDWOOD DR.	City: GARBERVILLE
Permit Expiration Date: 9/30/25	Permit Holder: JUAN P. DIAZ	Permit Category: FULL PREP
Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input 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.

FDP-24-000304
MAJOR VIOLATIONS

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

DEMONSTRATION OF KNOWLEDGE		COS	MAJ	OUT
In	N/O 01. Demonstration of knowledge	☐		☐
In	N/O 02. Food safety certification, food handler card compliance	☐		☐
Food Safety Certification Name: _____ Exp. Date: _____				
EMPLOYEE HEALTH AND HYGIENIC PRACTICES				
In	03. Communicable disease; reporting, restrictions, and exclusions	☐	☐	☐
In	N/O 04. No discharge from eyes, nose, or mouth	☐	☐	☐
In	N/O 05. Proper eating, tasting, drinking, tobacco use	☐		☐
PREVENTING CONTAMINATION BY HANDS				
In	N/O 06. Hands clean and properly washed; gloves used properly	☐	☐	☐
In	07. Adequate handwash facilities supplied and accessible	☐		☐
TIME AND TEMPERATURE RELATIONSHIPS				
In	N/O N/A 08. Proper hot and cold holding temperatures (°F) 41 Cold Temp 135 Hot Temp	☐	☐	☐
In	N/O N/A 09. Time as public health control; procedures and records	☐	☐	☐
In	N/O N/A 10. Proper cooling methods	☐	☐	☐
In	N/O N/A 11. Proper cooking time and temperatures	☐	☐	☐
In	N/O N/A 12. Proper reheating procedures for hot-holding	☐	☐	☐

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

MINOR VIOLATIONS

SUPERVISION		OUT
25. Person in charge present and performs duties		
PERSONAL CLEANLINESS		
26. Personal cleanliness and hair restraints		
GENERAL FOOD SAFETY REQUIREMENTS		
27. Approved thawing methods used; frozen food		
28. Food separated and protected		
29. Washing fruits and vegetables		
30. Toxic substances properly identified, stored, used		☒
FOOD STORAGE, DISPLAY, SERVICE		
31. Food storage; food storage containers identified		
32. Consumer self-service		
33. Food properly labeled and honestly presented		
EQUIPMENT, UTENSILS, LINENS		
34. Non-food-contact surfaces clean		
35. Warewashing: installed, maintained, used. Adequate Means to measure sanitizer		
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		

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

Received by (signature):

Title:

Reinspection Date:

Received by (print):

Inspector ID:

#62 (P) / 09

TBD



Humboldt County
Department of
Health & Human
Services

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Date: <u>5/6/25</u>	Page <u>2</u> of <u>3</u>
Time In: <u>1318</u>	
Time Out: <u>1610</u>	

Facility Name: <u>BELLINI CAFE</u>	Address: <u>767 REDWOOD DR.</u>	City: <u>GARBERVILLE</u>
Permit Expiration Date: <u>9/30/25</u>	Permit Holder: <u>JUAN P. DIAZ</u>	Permit Category: <u>FULL PREP</u>
Type of Inspection: <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Billable Reinspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Change of Owner		

TEMPERATURE CONTROL									
Documentation required for all facilities with PHF NO PHF <input type="checkbox"/>									
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

• THIS WAS A COMPLAINT INVESTIGATION FOR DEH COMPLAINT # EH-CMP-25-00091.

#24 Observed rodent feces in every area of facility, including but not limited to:

- Cookline - On top level of prep table under microwave, on bottom shelf under microwave, on bottom shelf under waffle maker, under laundry containers, at floor/wall junctions behind ice machine and microwave, and throughout water heater closet.
- Dish/Prep Area - On top of mechanical dishwasher, adjacent to pots on shelf above 3-compartment sink, inside non-functional display refrigerator, on bottom shelf of prep table adjacent to bins of utensils, on top of the modular walk-in refrigerator, on rolling bus tub tray, on wire rack adjacent to sanitational sink, on tops of multiple carts of foods, in box of potatoes on bottom shelf of prep table, and at floor/wall junctions throughout.
- Server area - On counter underneath coffee maker, in cabinet adjacent to the syrup rack.

Also identified potential rodent bite marks on bag of tortilla chips and bag of croutons.

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

Received by (signature):	Title:	Reinspection Date:
		<u>TBD</u>
Received by (print):	Inspector ID:	
<u>Jim D. Diaz</u>	<u>#6204 / ag</u>	

*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

FA#	Date: 5/6/25		Page 3 of 3
Facility Name: Bellini Cafe	Address: 767 Redwood Dr	City: Garberville	Time In: 13:18 Out: 16:10
Permit Expiration Date: 9/30/2025	Permit Holder: Juan P Diaz	Permit Category: Full Prep	Type of Inspection: <input checked="" type="checkbox"/> Initial <input 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

- To reinstate this permit the following items must be completed:
1. All contaminated food and single-use food and drink utensils shall be discarded.
 2. All contaminated surfaces shall be washed, rinsed, and sanitized. This includes counters, shelves, utensils, food and drink storage containers, equipment, and any other food contact surfaces.
 3. Contract with a pest control service. Service should include initial assessment of ingress and harborage within the facility. Make all corrections to building deficiencies identified by pest control. Service shall occur weekly and include monitoring and inspections. Follow all recommendations.
 4. All single-use utensils in use, food, and food containers shall be stored in tight-fitting lidded containers when not in use or in original overpack.
 5. All food contact debris, floor surfaces, wall surfaces, and other non-food contact surfaces shall be cleaned and sanitized.
 6. Pest control reports must be sent to DEH, contact information has already been provided.
 7. At any time within 15 days after this issuance, the permit holder may request in writing a hearing before a hearing officer to show cause why this permit suspension is not warranted. The hearing shall be held with 15 days of receipt of the written request. This facility may not reopen or prepare food or drink until the facility is re-opened by DEH. Please contact our office for reinspection after all above items have been completed.
- #20 Front counter handwash sink had no cold water. Please repair cold water at this handwash station.
- #30 Observed rodenticide block in employee bathroom and near water heater in dishwash area. Rodenticide shall be applied in a manner to prevent contamination or adulteration of food contact surfaces, utensils, or packaging materials.
8. Fix all leaking faucets, remove all standing water.

Received by (print): Tom D. 42	Received by (signature):	Title:
EH Specialist (print): AG+C	Phone: (707) 298-0329	Reinspection Date: TBD