



### Food Program Official Inspection Report

Siskiyou County Community Development Department  
 Environmental Health Division  
 806 S. Main Street  
 Yreka, California 96097  
 phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: <b>Chevron- Moonlit Oaks</b>	Permit # <b>000740</b>
Address: <b>1801 Fort Jones Rd. Yreka, CA 96097</b>	
Permit Holder: <b>SK Yreka Inc.</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>916-530-75119</b>	E-mail: <b>GS6966651@gmail.com</b>
Food Safety Certified Employee: <b>Gurlal Singh</b>	Expiration Date: <b>02/2029</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1		X	X	<p style="text-align: center; margin: 0;"><b>ROUTINE INSPECTION CONDUCTED THIS DATE</b></p> <p>1) Observed hamburgers 108F at the hot holding self-service display case. Items on the right side is not holding food to temperature. Observed pies at 112F at the hot holding equipment on the cashier's counter. Hold hot foods at 135F or above. Voluntarily discarded.</p>
	2				
	3				
	4				
	5				
	6				
	7				
Food Storage	8				<p>REINSPECTION FEE ASSESSED FOR NON-COMPLIANCE.</p> <p>14) Observed an Amana and a Cadco convection ovens used without an exhaust hood system. Equipment that produces heat, grease, odor, vapor, smoke, and steam should be utilized with an exhaust hood. Discontinue use immediately, and/or replace with a ventless/built-in exhaust system within 90 days. Submit manufactured spec sheet of equipment for preapproval prior to purchase.</p>
	9				
	10				
	11				
	12				
Uten./Equip.	13				<p>15) Observed heat damaged food trays stored in the clean utensil storage shelves. Maintain utensils in good repair and in a manner to not impart deleterious substances on food. Remove all damaged and unserviceable utensils. Corrected during inspection.</p>
	14		X		
	15		X	X	
Employee	16				<p>29) Observed a buildup of slime in the floor sink and discharge pipes below the self-serve beverage station. Clean and sanitize these surfaces immediately.</p>
	17				
	18				
	19				
Water	20				
	21				
Waste	22				
	23				
Vermin	24				
	25				
Facilities	26				<p>REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE.</p>
	27				
	28				
	29		X		
	30				
	31				
	32				
33					
Misc.	34				
	35				
	36				

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Gurlal Singh</b>	Received by (Signature): _____ Date: <b>04/05/2024</b>
REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature): _____ Phone: <b>530-841-2112</b>

**Facility Name:** Chevron- Moonlit Oaks

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

Received By (Print): Gurlal Singh	Received by (Signature):	Date: 04/05/2024
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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