



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

		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;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>A vehicle crashed into the facility, causing broken glass and spilled liquid inside. Location of the incident did not occur in food prep area. Facility has isolated majority of the contaminated area from public access. The following observations were observed:</p> <p>3) Numerous products, shelves, and floor has been contaminated with broken glass and/or spilled liquids. Products sold and offered to the public are to be pure and free of contamination. Destroy compromised/damaged items immediately. Clean and sanitize all products, shelves, and hard to reach places immediately. A reinspection will be conducted on 09/27/2024.</p> <p>1) Observed hot held foods measuring at 127F at self-service display case. Observed chicken tenders at 126F at hot holding equipment next to cash register. Hold hot foods at 135F or above. Corrected during inspection.</p> <p>14) Observed an Amana and a Cadco convection ovens utilized 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. Replace with a ventless/built-in exhaust system within 60 days. Submit manufactured spec sheet of equipment for preapproval prior to purchase. 2ND NOTICE.</p> <p style="text-align: center;">A REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE.</p> <p>14, 25) Observed numerous flies in the facility. Observed the air curtains are not working or turned on in both the entrances and exits. Ensure air curtains are operating to prevent entrances of insects or other vermin. Repair or correct immediately.</p> <p>17) Observed no hand soap in a pump/dispenser in one restroom and no single-use paper-towel or air dryer in another restroom. Ensure handwash stations are constantly supplied with warm water, hand soap, and single-use paper towels in dispenser. Repair or correct immediately.</p> <p style="margin-top: 20px;">NOTE: Issued "Facility Inspection Notice" form.</p>
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	3		X		
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	5				
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	7				
Food Storage	8				
	9				
	10				
	11				
Uten./Equip.	12				
	13				
	14		X		
Employee	15				
	16				
	17		X		
Water	18				
	19				
Waste	20				
	21				
Vermin	22				
	23				
Facilities	24				
	25		X		
	26				
	27				
	28				
	29				
	30				
Misc.	31				
	32				
	33				
	34				
	35				
	36				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Gurlal Singh	Received by (Signature): _____ Date: 09/24/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Chevron- Moonlit Oaks

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

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Gurlal Singh

Received by (Signature):

Date:
09/24/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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]

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