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: Valid 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	Food Temp.	1411/10	X	X					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3	Storage/ Disp.		X		A vehicle crashed into the facility, causing broken glass and spilled liquid inside.				
	4	Frozen Food				Location of the incident did not occur in food prep area. Facility has isolated majority the contaminated area from public access. The following observations were observed				
	5	Pure Food								
	6	Reused Food				2) Normania and distribution and floor beautiful and a second state of the second stat				
	7	Transportation				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				
Ф	8	Storage Fac.				contamination. Destroy compromised/damaged items immediately. Clean and sanitize				
rag	9	Refrig. Units	50 37			all products, shelves, and hard to reach places immediately. A reinspection will be				
Food Storage	10	Thermometer				conducted on 09/27/2024.				
	11	Hazardous Mat.				4) Observed by the left for the restriction of 407F at a 16 and a 1				
	12	Spoils				 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 				
Uten./Equip.	13	Wash/ Sanitize			2	at 135F or above. Corrected during inspection.				
	14	Equip. Condition		X		at tool of above, contested daming moreover.				
ten.	15	Utensil Condition				14) Observed an Amana and a Cadco convection ovens utilized without an exhaust				
Ď	16	Storage				hood system. Equipment that produces heat, grease, odor, vapor, smoke, and steam				
Φ		Handwashing		X		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				
loye	18	Employee Hygiene				equipment for preapproval prior to purchase. 2ND NOTICE.				
Employee		Employee Habits				oquipment of proupproval prior to parentage. 2112 110 1102.				
	20	Food Cert./ Card	Ш			A REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE.				
ater		Water	Ш			44.05) 01				
		Cross Con.	Ш			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				
aste		Liquid Waste	Ш			entrances of insects or other vermin. Repair or correct immediately.				
Waste Wat	_	Refuse		N. 15		on an account of care verning repair of contest managinately.				
Vermin Waste Water	10000	Rodents/ Insects		X		17) Observed no hand soap in a pump/dispenser in one restroom and no single-use				
Ve		Animal/ Fowl			8	paper-towel or air dryer in another restroom. Ensure handwash stations are constantly				
		Ventilation	Ш			supplied with warm water, hand soap, and single-use paper towels in dispenser. Repair or correct immediately.				
es		Doors				or correct infinediately.				
Facilities	Contract of	Floors								
Fa	30	Walls - Ceilings								
		Toilet Fac.								
		Janitorial Fac.				NOTE: Issued "Facility Inspection Notice" form.				
	_	Lighting				NOTE. Issued Tacility Inspection Notice Ionn.				
Misc.		Clothing - Linen								
		Signs	Н							
MA I -		Misc. or violation C	IIT -	Out	of com	pliance COS = Corrected on-site				
			101 -	Out C	n coll	pliance COS = Corrected on-site Received by (Signature): Date:				
Received By (Print): Received by (Signature): Date: Gurlal Singh Received by (Signature): 09/24/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2112										

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	The marked items represent Health Code violations and must be corrected as follows:	
	•	
Received By (Print):	Received by (Signature): D	ate:
Gı	urlal Singh	09/24/2024
REHS (Print): Chalyn D	REHS (Signature):	none: 530-841-2112

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		Descrived by (Circuttura):	2
	al Singh	Received by (Signature):	Date: 09/24/2024
REHS (Print): Chalyn I	 Dewey	REHS (Signature):	Phone: 530-841-2112

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	rlal Singh	09/24/2024 Phone:
REHS (Print): Chalyn [REHS (Signature): Dewey	530-841-2112