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 000740								
Address: 1801 Fort Jones Rd. Yreka, CA 96097								
Permit Holder: SK Yreka Inc.								
Phone	Phone: 916-530-75119 E-mail: GS6966651@gmail.com							
Food S	Safe	ty Certified Employ	yee: (Gurla	al Sin	gh Expiration Date: 02/2029		
			MAJ		COS	The marked items represent Health Code violations and must be corrected as follows:		
Protection Time/ Temp.	1	Food Temp.		X	Х			
	2	Prep./ Service				FOLLOW-UP INSPECTION CONDUCTED THIS DATE		
	3	Storage/ Disp.				1) Observed hot held foods measuring at 115F at self-service display case. Hold hot		
	4	Frozen Food				foods at 135F or above. Voluntarily discarded.		
	5	Pure Food						
otec	6	Reused Food				8) Observed broken glass underneath the kick stands on multiple shelves. Continue to		
P.	7	Transportation				clean hazards to reduce risk of injury. Correct immediately.		
O	8	Storage Fac.		×		14, 25) Observed numerous flies in the facility. Observed both air curtains not working at		
orag	9	Refrig. Units	10.000		ĺ	the entrances and/or exits. Ensure air curtains are operating to prevent entrances of		
Food Storage	10	Thermometer	2			insects or other vermin. Repair or correct within 7 days. 2ND NOTICE. A		
000	11	Hazardous Mat.				REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE.		
<u> </u>	12	Spoils						
Uten./Equip.	13	Wash/ Sanitize		-				
	14	Equip. Condition		X				
ten.	15	Utensil Condition						
5	16	Storage						
e	17	Handwashing						
Employee	18	Employee Hygiene						
du	-	Employee Habits						
	20	Food Cert./ Card						
Water	-	Water	_			NOTE: Oractions to work on any compliance actual on 00/24/2024 increastion and at		
		Cross Con.			-	NOTE: Continue to work on non-compliance noted on 09/24/2024 inspection report.		
Waste		Liquid Waste	_					
		Refuse			-			
Vermin	Contraction of the			Х				
Ve	0 22 0 52	Animal/ Fowl	-		8			
	-							
es	1 1				8			
Facilities		Floors	_	_	-			
ц	-	Walls - Ceilings		<u> </u>	2			
Misc.	31	Toilet Fac.		-				
	32	Janitorial Fac.			2			
		0	-	-				
	-		-	-				
	1	Signs	-	-				
MAJ =	_	Misc. or violation	OUT =	Out	of com	pliance COS = Corrected on-site		
		y (Print): Gurlal S				Received by (Signature): Date: 09/27/2024		
REHS (REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112							
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Facility Name: Chevron- Moonlit Oaks							
The	marked items represent Healt	n Code violations and must be correct	ed as follows:				
Received By (Print):		d by (Signature):	Date:				
Gurlal Sin			09/27/2024				
REHS (Print):	REHS (Signature):	Phone: 530-841-2112				
Chalyn Dewey Page 2			550-041-2112				

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Gurl	al Singh	(cignatalo).	09/27/2024			
REHS (Print):	~	REHS (Signature):	Phone:			
Chalyn	Dewey		530-841-2112			
Page 3	•					

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	lal Singh		09/27/2024
REHS (Print):) OWOV	REHS (Signature):	Phone:
Chalyn I	лемеу		530-841-2112