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	Hol	^{der:} SK Yreka I	nc.			Permit To Operate: Valid Not Valid					
Phone:	٤	916-530-75119				E-mail: GS6966651@gmail.com					
Food Safety Certified Employee: Gurlal Singh Expiration Date: 02/2029											
			MAJ		cos	The marked items represent Health Code violations and must be corrected as follows:					
emp.	1	Food Temp.		X	X						
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
L/əı	3	Storage/ Disp.		X		1) Observed hot foods held in self service hot warmer case at 127F. Hold hot food at 135F or above. Food moved to area that is holding temperature.					
Protection Time/ Temp.	4	Frozen Food									
	5	Pure Food									
otec	6	Reused Food				14) Observed a new Hatco hot warmer installed and operating without preapproval.					
ď	7	Transportation				Ensure all new or replaced equipment are approved by this department prior to					
Carc	8	Storage Fac.				purchase and installation.					
rage	9	Refrig. Units	19.6 - 2.7			14) Observed the Winco display thermometer located in unit mention above is not					
Food Storage	10	Thermometer			8	measuring ambient temperature properly. Thermometer measured at 115F while food					
poo	11	Hazardous Mat.				temp measured between 127F-155F. Maintain equipment in good repair and fully					
Ĕ	12	Spoils				operable. Replace ASAP.					
ip.	13	Wash/ Sanitize				3) Observed a box of food wrappers, coffee, and bulk oils stored directly on the floor.					
Uten./Equip.	14	Equip. Condition		X		Store all foods and utensils at least 6" off the floor. Correct ASAP and maintain.					
en./	15	Utensil Condition									
ž	16	Storage				3) Observed products that are held for credit to be returned to distributor, stored with					
Φ	17	Handwashing				products intended to be sold to consumer. Ensure credited foods are stored in					
Employee	18	Employee Hygiene				designated area separated from food facility items. Correct ASAP and maintain.					
mp	19	Employee Habits				30) 2nd Notice- Observed gaps greater than 1/2in at the raw wood wall that was					
Ш	20	Food Cert./ Card		X		temporarily installed after an incident reported on previous inspection report. Ensur					
Water	21	Water				facility is constructed to prevent entrance or harborage of insects, rodents, dust, or other					
	22	Cross Con.				external environmental contaminants. Seal gaps and ensure it is finished to be smooth,					
Waste	23	Liquid Waste				durable in construction, nonabsorbent, and easily cleanable. Repair or correct within 30					
4000	24	Refuse				days.					
Vermin	25	Rodents/ Insects				14) 4th Notice - Observed an Amana convection oven in use without an exhaust hood					
Ver	26	Animal/ Fowl				system. Per CRFC 114149.1, equipment that produces heat, grease, odor, vapor,					
		Ventilation				smoke, and steam should be utilized with an exhaust hood. Discontinue use and/					
S	28	Doors			8	replace with a ventless equipment/built-in exhaust system within 30 days. Note- This unit was not approved for use. An XpressChef ventless hood convection					
Facilities	29	Floors				oven was approved for use on 09/25/2024.					
Fac	30	Walls - Ceilings		X							
	31	Toilet Fac.				14) Observed an insect zapper stored on the floor behind check out area. Utilize other insect control devices that does not cross contaminate facility via insect fragments.					
[32	Janitorial Fac.									
	33	Lighting				Install insect devices in locations as to not be over food or utensil handling area, clean equipment, linens, and unwrapped single-use articles. Correct and remove ASAP.					
Miso	34	Clothing - Linen				equipment, illiens, and unwrapped single-use alticles. Confect and remove ASAF.					
		Signs									
		Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Gurlal Singh 04/24/2025											
REHS (Print): REHS (Signature): Phone: 530-841-2112											

Facility Name: Chevron- Moor	nlit Oaks						
The marked it	ems represent Health Code violations and must be	corrected as follows:					
20) Observed 2 employees (Hector Torres, Arshpreett Singh) without food handlers card. Ensure all employees valued handles, stores, or serves food obtain food handlers within 30 days. Maintain copies of handler cards onsite.							
	equipment plumbed directly into the floor sink. e the floor sink. Correct ASAP and maintain.	Ensure this equipment is plumbed					
******A reinspection fee is asse ******Future non-compliance to potential permit revocation.	ssed for non-compliance. repeat violations will result in reinspection fee	s, an administrative hearing, and					
	8						
Received By (Print):	Received by (Signature):	Date:					
Gurlal Singh	(orginalato).	04/24/2025					
RFHS (Print):	RFHS (Signature)	Phone:					

530-841-2112

Chalyn Dewey

Facility Name:	Chevron- Moonlit Oaks	
	The marked items represent Health Code violations and must be corrected as follows:	
18		
Received By (Print):	Received by (Signature): Date: al Singh	4/24/2025
REHS (Print):	REHS (Signature): Phone	

530-841-2112

Chalyn Dewey

Facility Name:	Chevron- Moonlit Oaks	
	The marked items represent Health Code violations and must be correct	cted as follows:
ii.		
	,	
Received By (Print):	Received by (Signature):	Date:
	rlal Singh	04/24/2025
REHS (Print):	REHS (Signature):	Phone:
Chalyn [Dewey	530-841-2112