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	Na	me: Chevron-	Moo	alit C	Take	Permit # 000740					
Addres	SS:					(5000)					
		1801 Fort Jon	es R	a. Yı	гека	, CA 96097 Permit To Operate:					
SK Yreka Inc.											
		916-530-75119				E-mail: GS6966651@gmail.com					
Food S	Food Safety Certified Employee: Gurlal Singh Expiration Date: 02/2029										
			_	OUT	_	The marked items represent Health Code violations and must be corrected as follows:					
tion Time/ Temp.	1	Food Temp.		X	X						
	2	Prep./ Service				COMPLAINT INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food				Complaint received regarding power outage in the facility (and nearby area). The					
	5	Pure Food				following observations were found:					
otec	6	Reused Food									
Address Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	7	Transportation				Power outage has been abated. Facility have the following: hot running water at all handwashing stations, holding equipment are holding food to temperature, and sufficient					
a	8	Storage Fac.				lighting in all food prep and storage areas.					
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	9	Refrig. Units	F6 35			ngriang in an room prop and otorago aroun.					
Sto	10	Thermometer									
Sec. 10	11	Hazardous Mat.				1) Observed a prepackaged burger at 118F at hot holder. Hold hot food at 135F or					
4	12	Spoils				hotter. Voluntarily discarded.					
<u>d</u>	13	Wash/ Sanitize									
Equ	14	Equip. Condition									
en./	15	Utensil Condition									
5	16	Storage				Note: continue to work on non-compliance noted on previous inspection reports.					
(I)	17	Handwashing									
loye	18	Employee Hygiene									
ldu	19	Employee Habits									
	20	Food Cert./ Card									
ater		Water									
W	22	Cross Con.									
aste	23	Liquid Waste									
Pacilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	24	Refuse									
min	Total Carry	Rodents/ Insects									
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	26	Animal/ Fowl			0						
	27	Ventilation									
Se	28	Doors									
cilitie	29	Floors									
Fa	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
SC.	34	Clothing - Linen									
Mis	35	Signs									
		Misc.									
)UT =	Out	of con	npliance COS = Corrected on-site					
Receive	a B)	Gurlal S	Singh			Received by (Signature): Date: 07/16/2025					
REHS (Print	Chalyn Dew	ey			REHS (Signature): Phone: 530-841-2112					

Facility Name:	Chevron- Moonlit Oaks	
	The marked items represent Health Code violations and must be corrected as follows:	
78		
	•	
Received By (Print):	Received by (Signature): Date:	
Gl		07/16/2025
RFHS (Print):	REHS (Signature): Phone	

530-841-2112

Chalyn Dewey

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18		
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Gur	rlal Singh	07/16/2025
REHS (Print):	REHS (Signature):	one:

530-841-2112

Chalyn Dewey