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: Permit # 000740 Chevron- Moonlit Oaks Address 1801 Fort Jones Rd. Yreka, CA 96097 Permit To Operate: Permit Holder SK Yreka Inc. X Valid Not Valid Phone E-mail: 916-530-75119 GS6966651@gmail.com Food Safety Certified Employee: Gurlal Singh **Expiration Date:** 02/2029 OUT COS The marked items represent Health Code violations and must be corrected as follows: Food Temp. Protection Time/ Temp ROUTINE INSPECTION CONDUCTED THIS DATE 2 Prep./ Service 3 X Storage/ Disp. 1) Observed numerous prepackaged hamburgers at 108F located at self-service hot 4 Frozen Food warmer case. Numerous products found out of temp are located at the front row of the case. Hold hot foods at 135F or above. Corrected during inspection. 5 Pure Food 6 Reused Food 14) Observed non-functional or broken heat lamps inside the hot warmer equipment. 7 Transportation Ensure equipment is in good repair and fully serviceable. Repair or correct within 90 8 Storage Fac. days. Storage 9 Refrig. Units 10 Thermometer 3) Observed raw eggs stored next to ready-to-eat foods in the half-bullet display cooler. Food in the front. Store raw foods on separate shelf and below fully cooked or ready-to-eat Hazardous Mat. foods. Correct ASAP. 12 Spoils 13 Wash/ Sanitize /Equip. 14) 3RD NOTICE - Observed an Amana and a Cadco convection ovens utilized without 14 Equip. Condition X an exhaust hood system. Per CRFC 114149.1, equipment that produces heat, grease, Uten./ odor, vapor, smoke, and steam should be utilized with an exhaust hood. Discontinue use 15 Utensil Condition , remove, and replace with a ventless equipment/built-in exhaust system within 60 days. 16 Storage An XpressChef ventless hood convection oven was approved for use on 09/25/2024. 17 Handwashing Employee 18 Employee Hygiene A REINSPECTION FEE ASSESSED FOR REPEAT NON-COMPLIANCE. 19 **Employee Habits** A REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIANCE. 20 Food Cert./ Card 21 Water 29, 30) Observed a wall of raw wood at the location where an incident occurred around 09/2024. Observed large gaps between the wooden wall and building. Ensure the facility 22 Cross Con. is constructed to prevent entrance or harborage of insects, vermin, rodents, or other 23 Liquid Waste external environmental contaminants. Ensure walls to be smooth, durable in 24 Refuse construction, nonabsorbent, and easily cleanable. Repair or correct within 90 days. 25 Rodents/ Insects 26 Animal/ Fowl 27 Ventilation 28 Doors Floors 30 Walls - Ceilings 31 Toilet Fac. Janitorial Fac 33 Lighting 34 Clothing - Linen 35 Signs 36 Misc. MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Gurlal Singh 01/15/2025 REHS (Print): REHS (Signature): Phone: Chalyn Dewey

The marked items represent Health Code violations and must be corrected as follows: The marked items represent Health Code violations and must be corrected as follows:	Facility Name:	Chevron- Moonlit Oaks	
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