

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

225 N. Tehama Street, Willows, CA 95988  
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <u>SPORTSMAN MARKET</u>		Inspection Date: <u>9/7/23</u>	
Address: <u>6378 County Road 200, ORLAND, CA 95963</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>SUNJAY RAM &amp; LINDA HOW-RUN</u>	Phone No.: <u>865-9273</u>	Inspection Time: <u>11:00</u>	Permit Exp. Date:
Certified Food Handler: <u>- PACKAGED FOOD -</u>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (See reverse side of sheet for summary)			

In = In compliance		N/A = Not Applicable		N/O = Not Observed		Maj = Major violation		Out = Items not in compliance		COS = Corrected On Site	
Critical Risk Factors for Disease						Maj	Out	COS			
<u>In</u>									24. Person in charge present and performs duties		
<u>In</u>									25. Personal cleanliness and hair restraints		
<u>In</u>	N/O								26. Approved thawing methods used		
<u>In</u>	N/O								27. Food separated and protected		
<u>In</u>	N/O								28. Washing fruits and vegetables		
<u>In</u>									29. Toxic substances properly identified, stored and used		
<u>In</u>	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
<u>In</u>	<u>N/A</u>								33. Nonfood contact surfaces clean		
<u>In</u>	<u>N/A</u>	N/O							34. Warewashing facilities maintained, test strips		
<u>In</u>	<u>N/A</u>	N/O							35. Equipment, utensils, approved, clean good repair		X
<u>In</u>	<u>N/A</u>	N/O							36. Equipment, utensils and linens, storage and use		
<u>In</u>	<u>N/A</u>	N/O							37. Vending Machines		
<u>In</u>							X		38. Adequate ventilation and lighting		
<u>In</u>	N/A	N/O							39. Thermometers provided and accurate		
<u>In</u>									40. Wiping cloths properly used and stored		
<u>In</u>	<u>N/A</u>	N/O							41. Plumbing, proper backflow prevention		X
<u>In</u>	<u>N/A</u>	N/O							42. Garbage properly disposed; facilities maintained		
<u>In</u>	<u>N/A</u>	N/O							43. Toilet facilities supplied, properly constructed, clean		X
<u>In</u>	<u>N/A</u>	N/O							44. Premises clean, vermin proof; personal items separate		X
<u>In</u>							X		45. Floors, walls and ceilings maintained and clean		X
<u>In</u>									46. No unapproved living or sleeping quarters		
<u>In</u>									47. Signs posted; Permit & inspection report available		
<u>In</u>									48. Plan Review Required		

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments: REPEAT VIOLATIONS

(13) PROVIDE TONGS FOR THE BEEF JERKY.

(21) PROVIDE HOT WATER OF AT LEAST 120°F AT THE 3-COMPARTMENT SINK H2O MEASURED ONLY 110°F

(33) REMOVE NON-COMMERCIAL MICROWAVE FROM THE PREMISES

(41) REPAIR THE BROKEN MOP SINK.

OTHER VIOLATIONS →

Received By: [Signature] REHS: ANDREW A. PERRO

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Comments:

OTHER VIOLATIONS (CONT.)

43) REPAIR THE BROKEN/MISSING TILE COMING OFF OF WALL IN THE RESTROOM.

44) REMOVE ALL UN-USED OR BROKEN EQUIPMENT FROM THE STORE. THESE ITEM PROVIDE HARBORAGE FOR PESTS & VERMIN.

45) REPAIR THE BROKEN CEILING IN THE BACK ROOM.

Received By: <i>Mike Kim</i>	REHS: <i>Andrew A. P...</i>
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