



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: HANDSOME JOHN'S SPEAKEASY	Permit # 000250
Address: 316 CHESTNUT ST. MOUNT SHASTA, CA	
Permit Holder: JOHN A. REDMOND	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-856-3631	E-mail: MICHIGANMADMAN420@YAHOO.COM
Food Safety Certified Employee: JOHN A. REDMOND	Expiration Date: 11/2027

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>14) Observed a Countertop Grill in use to prepare food. Facility owner installed a homemade ventilation system over the grill, as well. All equipment used to prepare food that creates odors, smoke, steam, grease, heat, and vapors is required to be operated under a commercial Type 1 or Type 2 mechanical ventilation system. Discontinue use and remove the countertop grill from the facility immediately.</p> <p>14) The Countertop Grill observed in use in the above violation was not approved for use in this facility, by this department. All new and replacement equipment is required to be ANSI certified and pre-approved by this department prior to installation into the facility. If you wish to add equipment, please provide this department manufacturer specification sheets for review prior to installation.</p> <p>14) The observed hood ventilation system is has not been evaluated by this department, is not commercial, and was not constructed to mechanical ventilation standards in compliance with the California Retail Food Code and California Mechanical Code. Please complete a plan check for the installation of any ventilation system and submit to this department before installation. The construction of any mechanical ventilation system will require an official building permit as well. Discontinue use and remove.</p> <p>28) Observed the doors on the restrooms not self-closing. Toilet rooms are to be well-fitted, with self-closing doors that prevent the passage of flies, dust, and odors. Install self-closing devices and door seals within 90 days.</p> <p>29) Observed that the floors in the men's restroom are damaged and un-cleanable. Maintain these floors in a serviceable condition and cleanly manner. Repair within 90 days.</p>
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize			
	14	Equip. Condition		X	
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
Water	20	Food Cert./ Card			
	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors		X	
	29	Floors		X	
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): John Redmond Received by (Signature): _____ Date: 02/19/2025
REHS (Print): Rick Florendo REHS (Signature): _____ Phone: 530-841-2114

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