



County of Kings - Department of Public Health

Environmental Health Services Division

330 Campus Drive Hanford, CA 93230

Phone - 559-584-1411 Fax - 559-584-6040

Internet - www.countyofkings.com/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BASKIN ROBBINS	BUSINESS PHONE: (559) 905-1171	RECORD ID#: PR0000542	DATE: March 11, 2022
FACILITY SITE ADDRESS: 533 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CYNTHIA ESLICK	CERTIFIED FOOD MANAGER: CYNTHIA ESLICK	EXP DATE: 10/16/2025	INSPECTOR: Liliana Stransky - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

Violation: FACILITY DOES NOT HAVE A VALID PERMIT [HSC 114381 (a)]

Description/Corrective Action: The facility is under new ownership and a food vending permit application has not been submitted to our department. Complete the food vending permit application and pay the corresponding fee by the close of business day.

General Comments:

Thank you for your attention to process the food vending permit application and corresponding fees. This must be process today, March 11, 2022 before 5PM.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Received By:

Liliana Stransky - REHS

Agency Representative

NOTE: This report must be made available to the public on request



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BASKIN ROBBINS	BUSINESS PHONE: (559) 905-1171	RECORD ID#: PR0000542	DATE: January 13, 2022
FACILITY SITE ADDRESS: 533 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: CYNTHIA ESLICK	CERTIFIED FOOD MANAGER: CYNTHIA ESLICK	EXP DATE: 10/16/2025	INSPECTOR: SEM HAR GEBREGZIABIHE

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Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

Description/Corrective Action: Prepackaged drinks were placed in the employee bathroom. The inspector told the employee to remove them immediately to a different location. This was correctly immediately. Please do not store items in the restroom to prevent cross contamination.

Violation: IMPROPER CLEANING OF UTENSILS AND EQUIPMENT [HSC 114095-114099.5 & 114101-114119]

Description/Corrective Action: One of the blast freezers in the back was dirty on the inside when opened. The inspector instructed one of the employees to clean this when the inspection was over.

General Comments:

Observations:

Food handler and manager certification were available upon request.

Hand washing stations were supplied with hot water, soap, and paper towels.

Besides what was noted above about the restrooms, they were clean and supplied with soap, hot water, and paper towels.

Dipping wells were in constant water flow and maintained well.

Besides what was noted about the blast freezer above, all freezer units were 0F or below.

All refrigerator units were at 41F or below.

Overall well maintained facility.

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RESULTS OF EVALUATION: <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	Reinspection Required: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> Reinspection Date (on or after): N/A <input type="checkbox"/> Potential Food Safety All Star:
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Sam De

SEM HAR GEBREGZIABIHE

Received By: _____

Agency Representative _____

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