### FOOD SAFETY EVALUATION REPORT

**FOOD SAFETY EVALUATION REPORT**

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>BUSINESS PHONE:</th>
<th>RECORD ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASKIN ROBBINS</td>
<td>(559) 905-1171</td>
<td>PR0000542</td>
<td>March 11, 2022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>CITY:</th>
<th>ZIP CODE:</th>
<th>INSPECTION TYPE:</th>
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<tbody>
<tr>
<td>533 N 11TH AVE</td>
<td>HANFORD</td>
<td>93230</td>
<td>ROUTINE INSPECTION</td>
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<thead>
<tr>
<th>OWNER NAME:</th>
<th>CERTIFIED FOOD MANAGER:</th>
<th>EXP DATE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYNTHIA ESLICK</td>
<td>CYNTHIA ESLICK</td>
<td>10/16/2025</td>
<td>Liliana Stransky - REHS</td>
</tr>
</tbody>
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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

#### 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 processed today, March 11, 2022 before 5PM.

#### RESULTS OF EVALUATION:
- PASS
- NEEDS IMPROVEMENT
- FAIL

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<tr>
<th>Reinspection Required:</th>
<th>Yes:</th>
<th>No:</th>
<th>Reinspection Date (on or after):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
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<tr>
<th>Potential Food Safety All Star:</th>
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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: SEMHAR GEBREGZIABIHE

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:** 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:**
- ☑ PASS
- ☑ NEEDS IMPROVEMENT
- ☐ FAIL

Reinspection Required: ☑ Yes, ☐ No.

Reinspection Date (on or after): N/A

**Potential Food Safety All Star:**

Received By:

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SEMHAR GEBREGZIABIHE

Agency Representative

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DAYOT5H0V 4:15 PM