



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/health/ehs

FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BASKIN ROBBINS	BUSINESS PHONE: (559) 583-8600Ext. 582-7669	RECORD ID#: PR0000542	DATE: February 01, 2011
FACILITY SITE ADDRESS: 533 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PHILLIP ESLICK	CERTIFIED FOOD HANDLER: Rebecca Silva	EXP DATE: 10/22/2010	INSPECTOR: Government Intern

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: None Noted

General Comments:

Restroom was observed fully stocked with soap, paper towels and hot water.

Hand wash sink was noted to be fully stocked with soap, paper towels and hot water.

Refrigeration units were noted satisfactory.

Overall, the facility was observed to be in satisfactory operating condition.

This inspection was conducted by Gene Mora, REHS.

RESULTS OF EVALUATION: <input checked="" type="checkbox"/> PASS <input 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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Received By: _____

Government Intern

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) 583-8600Ext. 582-7669	RECORD ID#: PR0000542	DATE: February 25, 2010
FACILITY SITE ADDRESS: 533 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PHILLIP ESLICK	CERTIFIED FOOD HANDLER: Rebecca Silva	EXP DATE: 10/22/2010	INSPECTOR: Yatee Patel - 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: None Noted

General Comments:

Overall, the food facility appeared in good operational condition.

All cold food temperatures monitored today were satisfactory.

Sanitizer was 150 ppm of QAC at 3 Comp sink.

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

Received By: _____

Yatee Patel - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: BASKIN ROBBINS	BUSINESS PHONE: (559) 583-8600	RECORD ID#: PR0000542	DATE: February 04, 2009
FACILITY SITE ADDRESS: 533 N 11TH AVE	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: PHILLIP ESLICK	CERTIFIED FOOD HANDLER: Rebecca Silva	EXP DATE: 10/22/2010	INSPECTOR: Susan Lee-Yang - 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: None Noted

General Comments:

Observed hand wash station fully stocked with soap and paper towels.

Observed dipper wells with continuous water flow.

QUAT sanitizer in three compartment sink and bucket measured 200 ppm, good.

All cold holding units measured below 41°F.

Overall, facility is good operating condition.

RESULTS OF EVALUATION: PASS NEEDS IMPROVEMENT FAIL

Reinspection Required: Yes: No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

Susan Lee-Yang - REHS

Received By:

Agency Representative

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