Violations cited in the report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

Delaware Division of I Office of Food Protec 417 Federal St., Dovel Establishment	FOOU ESTABLISHING	nt Inspection Report			Page 1 of 4
417 Federal St., Dove	Delaware Division of Public Health		r/Intervention Violations	0	Date 01/14/2020
	tion	No. of Repeat Risk Factor		0	Time In 2:00 PM
	r. DE 19901	No. of Nopout Mon Fuoto	Score (optional)		Time Out 2:30 PM
-otabiloiliiloilt	Address	City/State	Zip Code		Telephone
Caribbean Cuisine	313 1/2 Loockerman Street	Dover, DE	19901		
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category
K000251	Ottis Brooks	Other	Permanent		Low
	DDBORNE ILLNESS RISK FACTORS AN			TICES	LOW
		Supervision			
Compliance Status				cos	R
01 02		demonstrates knowledge, and perform duties d Food Protection Manager			
02	Certified	d Food Protection Manager			
		Employee Health			
Compliance Status				cos	R
03 04		ditional employee; knowledge, responsibilities a	and reporting		
05		se of restriction and exclusion conding to vomiting and diarrheal events			
		-			
		Good Hygienic Practices	·		
Compliance Status	Dron orti	a tasting drinking or tohooo		cos	R
06		g, tasting, drinking or tobacco use ge from eyes, nose, and mouth			
		<u>yy,,</u>	•		'
	Preve	enting Contamination by Hands			
Compliance Status				cos	R
08		s clean & properly washed or a pre-approved alternative procedure prope	rly allowed		
10		ng sinks properly supplied and accessible	ny anomou		
		Approved Source			
Compliance Status	Food obt	tained from approved source		cos	R
12		ceived at proper temperature			
13		condition, safe, & unadulterated			
14	Required records avail	ilable: shellstock tags, parasite destruction			
	Pr	otection from Contamination			
Compliance Status		oteotion from Contamination		cos	R
15		Food separated and protected			
16 17	Food-contact surfaces; cleaned & sanitized Proper disposition of returned, previously served, reconditioned & unsafe food				
17	1 Toper disposition of returned	a, previously served, reconditioned & drisale to	ou		
	Time/	/Temperature Control for Safety			
Compliance Status		•		cos	R
18 19		cooking time & temperatures			
20	Proper reheating procedures for hot holding Proper cooling time and temperature				
21		Proper hot holding temperatures			
		cold holding temperatures date marking and disposition			
22		Health Control; procedures & records			
22 23 24					
23		Consumer Advisory			
23 24				cos	R
23 24 Compliance Status	Consumer Advisor	ny provided for raw/undercooked food			
23 24	Consumer Advisor	ary provided for raw/undercooked food			
23 24 Compliance Status					
23 24 Compliance Status 25 Compliance Status	Hig	ghly Susceptible Populations		cos	R
23 24 Compliance Status 25	Hig			cos	R
23 24 Compliance Status 25 Compliance Status	Hig	ghly Susceptible Populations		cos	R
23 24 Compliance Status 25 Compliance Status	Hig	ghly Susceptible Populations		cos	R
23 24 Compliance Status 25 Compliance Status	Hig Pasteurized foods	ghly Susceptible Populations s issued; prohibited foods not offered	ate:	cos	R
23 24 Compliance Status 25 Compliance Status 26	Hig Pasteurized foods	ghly Susceptible Populations s issued; prohibited foods not offered	ate:	cos	R

Violations cited in the report shall be corrected within the time frames

		AWARE HEALTH AND SOCIAL SE sion of Public Health	specified below, but w priority items, 10 days for core items (8-406.1	for priority foundation i		
		Food Establishment li	nspection Report			Page 2 of 4
Delaware Division of Public Health				tervention Violations	0	Date 01/14/2020
Office of	f Food Prote	ection			0	Time In 2:00 PM
		ver, DE 19901	No. of Repeat Risk Factor/In			Time Out 2:30 PM
Establishn	<u> </u>	Address	City/State	Score (optional) Zip Code		Telephone
			-	'		
Caribbean License/Pe		313 1/2 Loockerman Street	Dover, DE	19901		Risk Category
License/Fe	rmit # Permit Holder Purpose of Inspection Est. Type Risk Cate					Risk Category
K000251		Ottis Brooks	Other	Permanent		Low
	FC	DODBORNE ILLNESS RISK FACTORS AND PU	JBLIC HEALTH INTERVENTIONS/G	OOD RETAIL PRACTI	ICES	
		Food/Color Ad	ditives and Toxic Substances			
	nce Status	Food additives a	paravad 9 proportivised		cos	R
27 28	1		pproved & properly used perly identified, stored, & used			
			,	ı		<u> </u>
		Conformance	e with Approved Procedures			
	ice Status				cos	R
29		Compliance with variance	ce/specialized process/HACCP			
		0-4	re Food and Water			
Complian	nce Status	Sai	re rood and water		cos	R
30		Pasteurized egg	gs used where required			
31			om approved source			
32	32 Variance obtained for specialized processing methods					
		Food	Temperature Control			
Complian	nce Status	1 000	Temperature Control		cos	R
33						
34 35			ly cooked for hot holding awing methods used			
36			s provided & accurate			
				·		
		Fc	ood Identification			
	nce Status	Food associated	haladi adalah aratahan		cos	R
37		Food properly la	beled; original container			
		Prevention	n of Food Contamination			
Complian	nce Status	Trevention	ii oi i ood oontamiidaon		cos	R
38			, & animals not present			
	39 Contamination prevented during food preparation, storage & display 40 Personal cleanliness					
41						
42 Washing fruits & vegetables						
Complian	oo Status	Pro	per Use of Utensils		cos	R
43	nce Status	In-use utens	sils: properly stored		.03	K
44		Utensils, equipment & linens: properly stored, & handled				
45 46			articles: properly stored & used used used properly			
40	1	I Gioves	ασεα ριομειιγ			<u> </u>
		Utensils	Equipment and Vending			
Complian	nce Status	Jenana,			cos	R
47			nable, properly designed, constructed, & us	sed		
48 49			alled, maintained, & used; test strips ntact surfaces clean			
T-7-7	1	I Non-1000 Col	mad duridoco dicari	l		1
		P	hysical Facilities			
	ice Status				cos	R
50	IN Hot & cold water available; adequate pressure					

51		Plumbing installed; proper backflow devices						
Person In C	Charge (Signature			Date:				
Inspector (Inspector (Signature) KC HPC 007		Follow-up: NO	Follow-up Date:				



Violations cited in the report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

		Food Establishment	Inspection Report			Page 3 of 4	
Delaware Division of Public Health		No. of Risk Factor/I	No. of Risk Factor/Intervention Violations		Date 01/14/2020		
Office of Food Protection		No. of Repeat Risk Factor/I	No. of Repeat Risk Factor/Intervention Violations		Time In 2:00 PM		
417 Federal St., Dover, DE 19901			Score (optional)		Time Out 2:30 PM		
Establishme	ent	Address	City/State	Zip Code	Zip Code Telephone		
Caribbean Cuisine		313 1/2 Loockerman Street	Dover, DE	19901	19901		
License/Per	mit #	Permit Holder	Purpose of Inspection	Est. Type	Est. Type		
K000251 Ottis Brooks		Ottis Brooks	Other	Permanent		Low	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES							
Physical Facilities							
52 Sewage & waste water			te water properly disposed				
53		Toilet facilities: properly constructed, supplied, & cleaned					
54		Garbage & refuse properly disposed; facilities maintained					
55		Physical facilities installed, maintained, & clean					
56	56 Adequate ventilation & lighting; designated areas used						

Person In Charge (Signature)	Date:
Inspector (Signature) KC HPC 007	Follow-up: NO Follow-up Date:



Violations cited in the report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

	Division of Publ	ic Health	for core items (8-406	.11).		(, , , , , , , , , , , , , , , , , , ,
	F	ood Establishment I	nspection Report			Page 4 of 4
Delaware Division of Public Health No. of Risk Factor/Intervention Violations			0	Date 01/14/2020		
Office of	Food Protection		No. of Repeat Risk Factor/		0	Time In 2:00 PM
417 Fede	ral St., Dover, DE 19901			Score (optional)		Time Out 2:30 PM
Establishme	ent	(Telephone		
Caribbean C		313 1/2 Loockerman Street	Dover, DE	19901		
License/Per	mit #	Permit Holder	Purpose of Inspection	Est. Type	st. Type Risk Catego	
K000251		Ottis Brooks	Other	Permanent		Low
		OBSERVATIONS	AND CORRECTIVE ACTIONS			
Item Number						
5-103.11/Capacity-Quantity and Availability(Priority) observed water temp at (136.5 Degrees) * Hand sink temp shall be no less than 100F for all future inspections and when open						
	NO VIOLATIONS REPORTED					
		INSI	PECTION NOTES			
* (8-401.12	2) Resumption of operations at th	is location				
* This locat	ion is approved to sell prepacked	/ commercial packed Beef patties and	d coco bread per OFP approval			
* If you war	nt to change menu, you will have	to request it from :				
Office of Fo 417 Federa Dover DE 1						
* Until you	eceive approval you will be limite	ed to these two items				
* Retail/ Sh	elf stable items such as candy/ s	oda/ chips can be sold from this location	on			
	quire reheating / cooking / or are as been given	time temperature control foods outsid	e the above two hot items (Beef Patties/	Coco Bread) it can not be	sold a	t this location until
* Also please remove all additional food advertisement from this location (Chicken wraps/ Jerk Chicken/ Corn Dogs/ etc)						

Person In Charge (Signature)	Date:
Inspector (Signature) KC HPC 007	Follow-up: NO Follow-up Date: