

Inspector (Signature) 007

DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health

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 Establishme	ent Inspection Report			Page 1 of 5	
Delaware Division of	Public Health	No. of Risk Factor/I	ntervention Violations	0 [Date 09/06/2019	
Office of Food Protect	tion	No. of Repeat Risk Factor/I	ntervention Violations	0 T	ime In 11:30 AM	
417 Federal St., Dover, DE 19901			Score (optional)	T	ime Out 1:45 PM	
stablishment	Address	City/State	Zip Code	T	Telephone	
aribbean Grill & BBQ (MOB	ILE) 587 Carrington Drive	Dover, DE	19904	9	17-207-1818	
cense/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Categor	
004793	Lincoln Notice	Other	Mobile		High	
		ND PUBLIC HEALTH INTERVENTIONS/		ICES		
		Supervision	A SE THE SERVICE	5 1	Dir Form Co	
ompliance Status				cos	R	
01	Person in charge present Certifie	t, demonstrates knowledge, and perform duties ed Food Protection Manager				
		Employee Health		MINI		
03 IN	Management food ampleyed and see	ditional employee; knowledge, responsibilities an		cos	R	
04		use of restriction and exclusion	ia reporting			
05	Procedures for res	ponding to vomiting and diarrheal events				
		26 500 h 2 -				
ompliance Status	UNITED TO SERVICE OF THE SERVICE OF	Good Hygienic Practices		cos	R	
06	Proper eatin	g, tasting, drinking or tobacco use		000		
07	No discha	rge from eyes, nose, and mouth				
			In the second second	-		
ompliance Status	Prev	venting Contamination by Hands	NEW TENESTIC	cos	T R	
08	Hands clean & properly washed					
09 10 IN		or a pre-approved alternative procedure properlying sinks properly supplied and accessible	y allowed			
10 110	Adequate nandwash	ing sinks properly supplied and accessible				
4		Approved Source			T. W. W. L.	
ompliance Status	F = 5-1-1	L. 16		cos	R	
11 12		otained from approved source eceived at proper temperature				
13	Food in goo	d condition, safe, & unadulterated				
14	Required records ava	ailable: shellstock tags, parasite destruction				
	P	rotection from Contamination	(1 my 1 my	7V	a ne horska	
ompliance Status				cos	R	
15 16		d separated and protected act surfaces; cleaned & sanitized				
17		ed, previously served, reconditioned & unsafe foo	d			
	Time	e/Temperature Control for Safety				
ompliance Status	Proper	cooking time & temperatures		cos	R	
19	Proper rehe	eating procedures for hot holding				
20 21		cooling time and temperature			_	
22	Proper hot holding temperatures Proper cold holding temperatures					
23	Proper date marking and disposition					
24	I Ime as a Public	Health Control; procedures & records				
		Consumer Advisory		1200		
ompliance Status	1			cos	R	
25	Consumer Advis	ory provided for raw/undercooked food			4	
		ighly Susceptible Populations			Carrie Land	
ompliance Status		iginy odoceptime ropulations		cos	R	
26	Pasteurized food	ds issued; prohibited foods not offered				
erson In Charge (Signature		Dat	te:			

Follow-up: NO Follow-up Date:



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		Food Establishmer	nt Inspection Report			Page 2 of 5	
Delaware Div	ision of Public He	ealth	No. of Risk Factor	/Intervention Violations	0	Date 09/06/2019	
Office of Food Protection			No. of Repeat Risk Factor	/Intervention Violations	0	Time In 11:30 AM	
17 Federal	St., Dover, DE 199	01		Score (optional)		Time Out 1:45 PM	
stablishment		Address	City/State	Zip Code			
aribbean Grill &	BBQ (MOBILE)	587 Carrington Drive	Dover, DE	19904		917-207-1818	
icense/Permit#		Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
004793		Lincoln Notice	Other	Mobile		High	
	FOODBORNE	ILLNESS RISK FACTORS AN	ID PUBLIC HEALTH INTERVENTIONS		rices		
100000000000000000000000000000000000000		Food/Cole	or Additives and Toxic Substances				
ompliance Sta	tus	r dod/con	or Additives and Toxic difficulties		cos	I R	
27			ves; approved & properly used				
28	IN .	Loxic substance	s properly identified, stored, & used				
		Conform	nance with Approved Procedures	1 PAGE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	All ma		
compliance Sta	tus	Compliance with u	/ariance/specialized process/HACCP		cos	R	
23		Compilarice with v	ranance/specialized process//1/COI				
cool a	1		Safe Food and Water		200	10 33 - 16-2	
30 Sompliance Sta	ius	Pasteurize	ed eggs used where required		cos	R	
31		Water 8	ice from approved source				
32		Variance obtained	d for specialized processing methods				
88-11-11-1V	il a what as a high		Food Temperature Control		817		
	mpliance Status Proper cooling methods used; adequate equipment for temperature control						
33		Plant food properly cooked for hot holding					
35		Approv	ed thawing methods used				
36		I hermor	meters provided & accurate				
milety tiled	The state of the s	THE AMERICAN PROPERTY OF	Food Identification		15° 5		
37 Sta	tus	Food prope	erly labeled; original container		cos	R	
01		1 ood prope	ony rabolod, original containor				
		Prev	ention of Food Contamination		W (1)		
ompliance Sta	tus	Insects ro	odents, & animals not present		cos	R	
39			d during food preparation, storage & display				
40	IN _	Personal cleanliness Wiping cloths: properly used & stored					
41 42	IIN		hing fruits & vegetables				
			Declaration of the second		and the same		
ompliance Sta	tus		Proper Use of Utensils	E WAY Shall de lack	cos	R	
43			utensils: properly stored				
44			linens: properly stored, dried, & handled ervice articles: properly stored & used				
46			Bloves used properly				
100			nsils, Equipment and Vending	Christian Commenced in the	N III		
ompliance Sta	tus				cos	R	
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used Warewashing facilities: installed, maintained, & used; test strips					
48	IN		c: installed, maintained, & used; test strips and contact surfaces clean				
			D) 1 (P				
ompliance Sta	tus		Physical Facilities		cos	R	
50	IN		ter available; adequate pressure				
51		Plumbing ins	stalled; proper backflow devices				
erson In Charg	e (Signature)		D	ate			
	- 1 - 121 101 101 07						

Follow-up: NO

Follow-up Date:



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Delaware Division of Public Health Office of Food Protection		No. of Risk Factor/li	ntervention Violations	0 1	Date 09/06/2019	
		No. of Repeat Risk Factor/li	No. of Repeat Risk Factor/Intervention Violations			
417 Fedei	ral St., Dover, DE 19	901		Score (optional)		Time Out 1:45 PM
Establishme	Establishment Address		City/State	Zip Code	ode Teleph	
Karibbean Grill & BBQ (MOBILE)		587 Carrington Drive	Dover, DE	19904	19904	
License/Permit #		Permit Holder	Purpose of Inspection	Est. Type	Est. Type	
K004793		Lincoln Notice	Other	Mobile		High
1110	FOODBORN	E ILLNESS RISK FACTORS AND	PUBLIC HEALTH INTERVENTIONS/G	OOD RETAIL PRACTI	CES	
Ell Forme			Physical Facilities	15 28 2 20 20	N 1973	
52		Sewage & wa	ste water properly disposed			
53		Tollet facilities: properly constructed, supplied, & cleaned				
54		Garbage & refuse properly disposed; facilities maintained				
55	IN	Physical facilities installed, maintained, & clean				
56		Adequate ventilation & lighting; designated areas used				

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



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Delaware	Division of Public Heal		. птэрс		ntervention Violations	0 1	Date 09/06/2019	
Office of Food Protection			No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations			Time In 11:30 AM		
417 Federal St., Dover, DE 19901			No. of Repeat Kisk Factori	Score (optional)	1	Γime Out 1:45 PM		
Establishm		Address		City/State	Zip Code		relephone	
Veribbeen C	SHIR DDO (MODILE)	597 Corrington Drive		Dover, DE	19904		917-207-1818	
License/Pe	Grill & BBQ (MOBILE)	587 Carrington Drive Permit Holder		Purpose of Inspection	Est. Type		Risk Category	
K004793		Lincoln Notice	- 1	Other	Mobile		High	
N004793	AND THE WAY			ORRECTIVE ACTIONS	Mobile	11 17	7 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Item Number								
03	2-201.11/Responsibility of Permit Holder, Person in Charge, and Conditional Employees(Priority Foundation) employee health forms accessible							
10	5-205.11/Using a Handwashing Slnk-Operation and Maintenance(Priority Foundation) unblocked hand sink							
47	4-302.11/Utensils, Consumer S test strips on hand gave bottle of test strips	Self-Service(Priority Foundation)						
28	7-201.11/Separation-Storage(Priority) chemicals properly stored							
10	6-301.14/Handwashing Signage(Core) hand wash sign posted at hand sink							
41	3-304.14/Wiping Cloths, Use Limitation(Core) sanitizer in use							
50	5-103.11/Capacity-Quantity and Availability(Core) hot water available (105.5 degrees) water temp 105.5 degrees at hand sink							
55	6-501.114/Maintaining Premises, Unnecessary Items and Litter(Core) PIC de-cluttered mobile unit							
	NO VIOLATIONS REPORTED							
- n 155 10	FIRE THE HELLING		NSPECTIO	ON NOTES				
(8-401.12)	Resumption of operations: You c	an now resume cooking to the pub	olic.					
		nent until you have two inspection		no violations.				
You will be	inspected every 4 months until y may 2020: Sept 2020) and every	ou move from high to medium risk (January/ May/ September) until drive to Thomas Collins building a	category.	ved to medium risk.				
Please sub	omit request to office of plan revie	w for Grill , not submitted during or	riginal plan r	eview				
Person In 6	Charge (Signature)			Da	te:			
i eison in i	onarye (olynature)			Da				
Inspector (Signatura\ 007			Follow-up: NO Follow-up	Date:			



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blishment	Address	City/State	Zip Code	Telephone	
bean Grill & BBQ (MOBILE)	587 Carrington Drive	Dover, DE	19904		917-207-1818
nse/Permit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category
1793	Lincoln Notice	Other	Mobile		High
ALEXANDER DE LA COMPANSION DE LA COMPANS	OBSERVATIO	INS AND CORRECTIVE ACTIONS	1957/1779	ophari	
I not approved by office of food prote	ction				
I not approved by office of food prote	ction				

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