

		Food Establishment Ins	pection Report			Page 1 of 5	
Delaware Division of Public Health			No. of Risk Factor/	Intervention Violations	10 <b>D</b> a	te 01/13/2020	
Office of Food Protection			No. of Repeat Risk Factor/	Intervention Violations	0 <b>Tir</b>	ne In 3:15 PM	
417 Federal St., Dover, DE 19901				Score (optional)	Tir	Time Out 4:15 PM	
Establishme	ent	Address	City/State	Zip Code	Zip Code Telephor		
Caribbean C	Cuisine	313 1/2 Loockerman Street	Dover, DE	19901	19901		
License/Per	rmit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
K000251		Ottis Brooks	Routine	Permanent		Low	
	FOO	DBORNE ILLNESS RISK FACTORS AND PUBI	LIC HEALTH INTERVENTIONS/	GOOD RETAIL PRACTI	ICES		
		S	upervision				
Complianc	e Status				cos	R	
01	IN	Person in charge present, demonstr	ates knowledge, and perform duties				
02	OUT	Certified Food Protection Manager					

	Employee Health							
Complianc	Compliance Status			R				
03	OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
04	IN	Proper use of restriction and exclusion						
05	IN	Procedures for responding to vomiting and diarrheal events						

	Good Hygienic Practices						
Compliance	Compliance Status			R			
06	N/O	Proper eating, tasting, drinking or tobacco use					
07	N/O	No discharge from eyes, nose, and mouth					

	Preventing Contamination by Hands						
Compliance Status			COS	R			
08	IN	Hands clean & properly washed					
09	N/A	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					
10	OUT	Adequate handwashing sinks properly supplied and accessible	X				

	Approved Source						
Compliance	Compliance Status			R			
11	IN	Food obtained from approved source					
12	N/O	Food received at proper temperature					
13		Food in good condition, safe, & unadulterated					
14	N/A	Required records available: shellstock tags, parasite destruction					

	Protection from Contamination							
Compliance Status			COS	R				
15	N/O	Food separated and protected						
16	N/A	Food-contact surfaces; cleaned & sanitized						
17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food						

	Time/Temperature Control for Safety						
Compliand	Compliance Status		COS	R			
18	N/O	Proper cooking time & temperatures					
19	N/O	Proper reheating procedures for hot holding					
20	N/O	Proper cooling time and temperature					
21	IN	Proper hot holding temperatures					
22	IN	Proper cold holding temperatures					
23	OUT	Proper date marking and disposition					
24	N/O	Time as a Public Health Control; procedures & records					

	Consumer Advisory					
Complianc	Compliance Status			R		
25	OUT	Consumer Advisory provided for raw/undercooked food				

Highly Susceptible Populations								
Compliance	COS	R						
26	26 OUT Pasteurized foods issued; prohibited foods not offered							
Person In Cl	narge (Signature)			1	Date:			
Inspector (Si	gnature) KC HP	C 007		Follow-up: NO	Follow-up Date:			



Food Establishment Inspection Report Page 2 of 5						
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS/GOOD RETAIL PRACTICES						

	Food/Color Additives and Toxic Substances						
Compliance	Compliance Status			R			
27	N/A	Food additives; approved & properly used					
28	N/A	Toxic substances properly identified, stored, & used					

Conformance with Approved Procedures						
Compliance	Compliance Status					
29	OUT	Compliance with variance/specialized process/HACCP				

	Safe Food and Water					
Complianc	ce Status	COS	R			
30		Pasteurized eggs used where required				
31		Water & ice from approved source				
32		Variance obtained for specialized processing methods				

	Food Temperature Control					
Complianc	e Status	COS	R			
33	Proper cooling methods used; adequate equipment for temperature control					
34	Plant food properly cooked for hot holding					
35	Approved thawing methods used					
36	Thermometers provided & accurate					

		Food Identification		
Complianc	ce Status		COS	R
37		Food properly labeled; original container		

	Prevention of Food Contamination					
Compliand	ce Status	COS	R			
38		Insects, rodents, & animals not present				
39		Contamination prevented during food preparation, storage & display				
40		Personal cleanliness				
41	OUT	Wiping cloths: properly used & stored				
42		Washing fruits & vegetables				

	Proper Use of Utensils					
Compliand	Compliance Status COS R					
43		In-use utensils: properly stored				
44	44 Utensils, equipment & linens: properly stored, dried, & handled					
45		Single-use/single-service articles: properly stored & used				
46		Gloves used properly				

	Utensils, Equipment and Vending						
Compliance	Compliance Status COS R						
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
48	OUT	Warewashing facilities: installed, maintained, & used; test strips					
49		Non-food contact surfaces clean					

	Physical Facilities							
Complianc	e Status	COS	R					
50	OUT	Hot & cold water available; adequate pressure						
51		Plumbing installed; proper backflow devices						
Person In C	Charge (Signature	) Date:						
Inspector (S	Signature) KC HF	PC 007 Follow-up: NO Follow-up Date:						



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FOC	DBORNE ILLNESS RISK FACTORS AND PU	JBLIC HEALTH INTERVENTIONS/G	GOOD RETAIL PRACT	ICES	
		hysical Facilities			
52	Sewage & waste	water properly disposed			
53	Toilet facilities: properly of	constructed, supplied, & cleaned			
54	Garbage & refuse proper	ly disposed; facilities maintained			
55	Physical facilities ins	stalled, maintained, & clean			
56	Adequate ventilation & I	lighting; designated areas used			

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



Food Establishment Inspection Report Page 4 of 5							
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License/Pe	rmit #	Permit Holder	Purpose of Inspection	Est. Type		Risk Category	
K000251		Ottis Brooks	Routine CORRECTIVE ACTIONS	Permanent		Low	
		OBSERVATIONS AND	CORRECTIVE ACTIONS				
Item Number							
10	6-301.12/Hand Drying Provisior No paper towels at hand sink	n(Priority Foundation)					
	Corrected On Site-Added paper	· · · · · · · · · · · · · · · · · · ·					
	3-501.17/Foundation Ready-To food items labeled with incorrec	-Eat Time/Temperature Control for Safety F t date markings.	Food, Date Marking(Priority Foundation)				
23	* Fresh squeeze juices with exp	viration date of 25 Jan 2020					
25	3-603.11/Foundation Consump No consumer Advisory stateme		ooked, or Not Otherwise Processed to Eliminate	Pathogens(Pr	iority Fo	pundation)	
29	3-404.11/Treating Juice(Priority Juices not pasteurized past 7 d PIC discarded items						
48	4-302.14/Sanitizing Solutions, T No test strips at this location	esting Devices(Priority Foundation)					
50	5-103.11/Capacity-Quantity and no hot water at this location	Availability(Priority Foundation)					
03	2-201.11/Responsibility of Perm No employee health forms at th	nit Holder, Person in Charge, and Condition is location	al Employees(Priority)				
02	2-102.12/Certified Food Protect No certified food protection mar						
41	3-304.14/Wiping Cloths, Use Li No Sanitizer solution	mitation(Core)					
**** This in	INSPECTION NOTES **** This inspection was conducted for the catering portion of this permit (Main location still needs to be inspected)****						
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).

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	OBSERVATIONS AND	CORRECTIVE ACTIONS				

\* Per your approved ATC letter dated December 8th, 2017 for catering at a kiosk located in the Dover Mall. Approval to operate this location was acceptable under the following conditions.

\* Menu shall be restricted to prepackaged beef patties that are not removed from original package and to commercially pre-packaged buns or rolls: (FE) selling fresh squeeze juices/ cakes/ sandwich wraps/ Jerk Chicken/ Pre-packed hot dogs

\* Beef patties or prepackaged buns/ rolls shall not be removed from the original package at any time

\* Hand wash sink water temperature shall be maintained at at least 100 Degree's Fahrenheit . If this sink and / or Heating element can not satisfy this requirement they shall be replaced and the food operation can not be approved for operation until this requirement is satisfied.

\* At this time I am closing this location for no hot water. Please call (302)744-1220 / 1222 (Kent county ) to reopen

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