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DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Violations cited in this 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

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Delaware Division of Public Health
Office of Food Protection
417 Federal St., Dover, DE 19901
Establishment: Halal Magical Food
License/Permit #: None
Permit Holder: Halal Magical Food LLC
Purpose of Inspection: OTHER
Est. Type: mob
Risk Category: low

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Table with 16 columns for compliance status (IN, OUT, N/A, COS, R) and 16 rows for various food safety items like supervision, employee health, and food source.

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Table with 16 columns for compliance status (IN, OUT, N/A, COS, R) and 16 rows for retail practices like safe food and water, food temperature control, and physical facilities.

Person in Charge (Signature): X BE DO Ahmed
Inspector (Signature): NCCETSU 044
Date: 2/4/20
Follow-up: YES NO (Circle one) Follow-up Date:



Inspection Report

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Delaware Division of Public Health
 Health Systems Protection
 417 Federal St., Dover, DE 19901

License/Permit # None

Date 2/4/20

Establishment	Address	City/State	Zip Code	Telephone
<u>Halal Magical Food</u>	<u>1401 N. Clayton St. Apt 5C</u>	<u>Wilmington DE</u>	<u>19806</u>	<u>3022901892</u>

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
8-301.1(PD)	mobile unit found operating without a permit at 4001 Lancaster Pike, Wilmington DE.
	Owner has been given change of ownership application.
	Food establishment has been told to cease and desist operations.
	Servicing agreement is needed with completed change of ownership application

Person in Charge (Signature) <u>X BE DO Ahmed</u>	Date: <u>2/4/20</u>
Inspector (Signature) <u>NOEHS11044</u>	Date: <u>2/4/20</u>