



Boston Inspectional Services

Health Division - Food Services Inspection

1010 Massachusetts Avenue, Boston, MA 02118
Telephone: (617) 635-5326 Fax: (617) 635-5388
Web: www.cityofboston.gov/isd/health

Business Name: **M & M Ribs**

License/AP #: **25469**

Address: **1 Citywide**

Inspector: **Geralda Figueroa**

Owner/Operator: **Hill, Maurice - APPLICANT (P)**

Type: **Mobile Food Server**

Inspection Time: **11:36 AM**

Issue Date: **4/27/2011**

Foodborne illness risk factors and intervention violations: **1**
Other critical violations: **0**
Non-critical violations: **2**

Med1

Initial Inspection

FAILED

Result Notes: Answering Food Alert Investigation.

Official Order for Correction: Based on an inspection this day, the items cited below identify the violations in operation or facilities which must be corrected by the date specified below. This report, when signed by a Board of Health (BOH) member or its agent constitutes and order of the BOH to correct violations. Failure to comply with this notice may result in immediate suspension of your permit. If aggrieved by this directive, you have a right to a hearing. Your request must be in writing and submitted to ISD at the above address within ten (10) days of receipt of this order.

Code Violations

Code	Description	Result
M-2-103.11	PIC Performing Duties - Provide PIC performing duties Notes: Provide Allergen Awareness Certification.	Fail
15-4-202.16	Non-Food Contact Surfaces - Provide non food contact surfaces designed maintained & installed Location: Cooking line Notes: Replace missing knobs at cooking range.	Fail
24-4-904.11AB	Improper Storage of Re-usable Utensils - Provide proper handling of re-useable utensils to prevent contamination Notes: Invert food service inserts during storage.	Fail

Re-inspection Date: 05/04/2011

Signed 4/27/2011 11:45:02AM by GERALDA FIGUEROA - INSPECTOR

Signed 4/27/2011 11:45:28AM by Hill, Maurice - APPLICANT (P)

Signed 4/27/2011 11:46:33AM by Mitch Gediman - INSPECTOR



AGAR Supply Inc.

225 John Hancock Rd. Taunton MA 02780-7318

Phones: 508-821-2060

Chinese Sales: 800-877-2427

Route/Truck/Stop //

Invoice Pickup 30008698

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Main Number: 800-669-6040

Sold To

25213
M & M RIBS
MAURICE
26 PURITAN AVE
DORCHESTER MA 02121

Ship To

25213
M & M RIBS
MAURICE
26 PURITAN AVE
DORCHESTER MA 02121

PO # Date Shipped 03/28/2011 Terms: Order to Order Check

ORD	SHP	QTY	Code	Pack	Description	Brand	Wgt/Cases	Unit Price	EXT Pri
1	1	CS	105499	6/10 LB	BEEF BRISKET CHOICE	PACKER	60.400	\$ 2.11	\$ 127.4
					60.400				
					Country of Origin: US/CA/MX				
End of Cooler Reserve									
12	12	CS	405549	LB	PORK KANSAS CITY/CAROLINA RIBS	FARMLAND	374.600	\$ 1.79	\$ 670.5
					35.300/ 29.900/ 30.100/ 30.600/ 30.400/ 30.600/ 30.400/ 31.200/ 30.400				
					30.200/ 30.600				
Country of Origin: US									
2	2	CS	407698	1/30 LB	PORK FEET FRONT FROZEN	PACKER	60	\$ 0.89	\$ 53.4
					30.000/ 30.000				
Country of Origin: US									
End of Freezer Reserve									
AGAR CULINARY SMACKDOWN FOOD SHOW									
GILLETTE STADIUM FOXBORO, MA									
MARCH 30, 2011 10:00-5:00									
CONTACT YOUR SALESREP FOR MORE INFORMATION									
RSVP TO foodshow@agarsupply.com									
					Total \$			\$ 851.37	
					Total Tax			\$ 0.00	
					Total Cases	15		\$ 851.37	
					Total Weight	495.000			



Boston Inspectional Services Customer Service Call

1010 Massachusetts Avenue Boston, MA 02118 Telephone: (617) 635-5300

Service No: **90050**
Request: Food Alert - Confirmed
Address: 100 Hampden St
Roxbury MA 02119

Contact Information:

[REDACTED]
Unlisted
Boston, MA 00000
Day Phone [REDACTED]

Location:

Ward: 08

Date: 4/19/2011 3:48:45PM

Inspector: 051868 - Gediman Mitchell / *Genaro F.* Customer Contact Requested: Y

Food Alert Details

Food Items Eaten and Location:
M & M Ribs had Barbeque Spare Ribs, Macaroni & Cheese, Potato Salad

Date and Time Consumed: **4/1/2011 7:30:00PM**

Date and Time Symptoms Began: **4/2/2011 3:00:00AM**

Latest Onset if > 2:

Length of Symptoms:

Type of Symptoms: **Abdominal cramps, muscle aches, headache, diarrhea, fever, loss of appetite, fatigue.**

Anyone else in Party **N**
Eat the Same Food

DOB:

Occupation: **Bus Driver**

Food History Last 72 Hrs.: **3/31 Fish, Rice with Beans in Bahamas Hotel . 4/1 7AM Turkey Sandwich Bahamas Dunkin Donuts.**

Medical Information:

Doctors Name:

Diagnosis: **Salmonella**

Medical Facility: **Beth Israel medical Ctr.**

Number of People Ill: **1**

Male: **Y** Female: **N**

Food items eaten and location of others ill in party.

Medical Attention Received: **Y**

Stool Sample: **Y**

Blood Sample: **N**

Additional Information:

M & M Ribs, 102 Hampden St. Rox. Patient said that he did sea swimming in the Bahamas and ate local foods. On 4/1 the night of his arrival in Boston he stopped at Moe's Ribs (Food cart) and purchased food.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Administratively Closed | <input type="checkbox"/> Closed/No Permit | <input type="checkbox"/> No Violation Found/No Cause | <input type="checkbox"/> Permit Issued |
| <input type="checkbox"/> Refer to Other Agency/Division | <input type="checkbox"/> Stop Work/TSOP/Condemnation | <input type="checkbox"/> Violation Corrected | <input type="checkbox"/> Violation Filed |

Massachusetts Department of Public Health Foodborne Illness Complaint Worksheet

Date: 04/16/11
#: 90050

Please Complete and Send or Fax to:
MDPH Food Protection Program
305 South Street, Jamaica Plain, MA 02130
Fax: (617) 983-6770

Questions? Call:
Food Protection Program: (617) 983-6712
Division of Epidemiology: (617) 983-6800
Enterics Laboratory: (617) 983-6609

Person Completing Information
Name: Jenna Gray ☎: (617) 534-5611
Affiliation: Local BOH (town): _____ State DPH (division): _____ Other: _____

Reporter/Complainant
Name: [REDACTED] ☎: (617) [REDACTED]
Affiliation: Consumer specify: →
 Laboratory division,
 Local BOH facility,
 Medical Provider address,
 State DPH town, etc.
 Other _____

Illness Information
Persons ill: 1 Symptoms: (mark if reported for anyone):
 Diarrhea Vomiting Nausea Abdominal cramps
 Fever subjective Bloody stool Headache Muscle aches
 Chills Loss of appetite Fatigue Dizziness
 Burning in mouth Other symptoms: _____

Onset: → Earliest Date: 4/02/11 Time: 3: ____ AM PM
Latest (if > 2 ill) Date: 1/1/11 Time: ____: ____ AM PM
Duration: Less than 24 Hours 24-48 Hours More than 48 Hours Ongoing Unknown

Ill Persons:	Name	Address/Town	Age (yrs)	Occupation	Med. Provider/☎
1	<input checked="" type="checkbox"/> same as reporter (above)		58	Bus driver	Beth Israel medical center
2					
3					
4					

Medical attention received (by anyone)? Yes No Unknown → If Yes, specify above: ↑
Stool specimens submitted (by anyone)? Yes No Unknown → To SLI¹? Yes No Unknown
Medical diagnosis reported? Salmonella

Food History

→ Obtain history back 72 hours prior to symptoms, or, if organism identified, b/n min and max incubation periods (see p.2)
→ If > 2 ill, follow above time frame for common meals (foods) only

Date & Time ²	# Exp ³	Food(s) consumed	Restaurant / store where purchased (name, town)	Place consumed
<u>3/31/11</u> <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D		<u>Fish and rice with beans</u>	<u>Bahamas Hotel</u>	<input type="checkbox"/> Same (as left) <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):

¹ State Laboratory Institute, 305 South St., Jamaica Plain, MA, 02130: 617-522-3700 Sept 2005
² Always record Time if possible; otherwise, choose B=breakfast, L=lunch, D=dinner ³ Total # persons (both ill and well) who consumed indicated food(s)



BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
1010 MASSACHUSETTS AVE.
BOSTON, MA 02118
Tel. (617) 635-5326 Fax. (617)635-5388

FOODBORNE ILLNESS INVESTIGATION

DATE:	4/27/2011	FOOD ALERT #	90050
ESTABLISHMENT NAME:	M & M Ribs	TELEPHONE:	617 306-0788
ADDRESS:	100 Hampden St		
PERSON IN CHARGE:	Mr. Hill	CERTIFIED:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
PATHOGEN:	Salmonella	INCUBATION TIME:	7.5 hrs
SUSPECT FOOD:	Pork Ribs		
INGREDIENTS:	Pork ribs	SOURCE:	Agar
	BBQ sauce		Restaurant Depot
CONSUMER ADVISORIES REQUIRED AND POSTED:	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
WEIGHT/VOLUME OF FOOD:	10 oz portions	NUMBER OF MEALS SERVED:	50+
SAMPLE(S) AVAILABLE/COLLECTED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
NAME OF FOOD PREPARER(S)			
1) Mr. Hill	2) Ms. Hill Weeks		
3)	4)		
EMPLOYEE ILLNESS POLICY DEVELOPED:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
WAS THIS PERSON SICK OR ABSENT FROM WORK PRIOR TO OR AFTER THE COMPLAINT?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IF YES, DATE(S)			

DID THIS PERSON HAVE ANY UNCOVERED INFECTED CUTS OR BURNS PRIOR TO THE COMPLAINT?

YES NO

IF YES, EXPLAIN:

WAS THERE ANY EVIDENCE OF PHYSICAL CONTAMINATION TO THE FOOD PRODUCT OR INGREDIENTS?

YES NO

IF YES, EXPLAIN:

WAS THERE ANY EVIDENCE OF CHEMICAL CONTAMINATION TO THE FOOD PRODUCT OR INGREDIENTS?

YES NO

IF YES, EXPLAIN:

HACCP RISK ASSESSMENT OF FOOD PREPARATION STEPS

SUSPECT FOOD: Pork Ribs

CCP DELIVERY (PHF 41F or below, or 140F or above) IN OUT N/O N/A

FREQUENCY: 2X Week

UNDER TEMPERATURE CONTROL: YES NO N/A

FREEZER/FROZEN STORAGE (Product Solid) IN OUT N/O N/A

PRODUCT = Pork Ribs UNIT TEMPERATURE = -3F

THAW IN OUT N/O N/A

EXPLAIN : Thaw into refrigerator

CCP REFRIGERATION/COLD STORAGE (41F or below) IN OUT N/O N/A

SUSPECT FOOD: Pork Ribs UNIT TEMP: 38F FOOD TEMP: 38F

OTHER FOOD: Shredded Cheese UNIT TEMP: 38F FOOD TEMP: 38F

CCP PREPARATION IN OUT N/O N/A

TOTAL TIME > 41F FOOD PREPARER:

EXPLAIN:

HANDWASHING AND HYGIENIC PRACTICES SATISFACTORY:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
IF NO, EXPLAIN:				
CROSS CONTAMINATION:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
IF YES, EXPLAIN:				
TABLEWARE, UTENSILS AND EQUIPMENT CLEAN AND SANITIZED:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
IF NO, EXPLAIN:				
<input checked="" type="checkbox"/> CCP COOKING (Beef 145F, Pork 145F, Ground Meats 155F, Poultry 165F)		IN <input type="checkbox"/>	OUT <input type="checkbox"/>	N/O <input type="checkbox"/> N/A <input type="checkbox"/>
SUSPECT FOOD :	Pork Ribs	FINAL INTERNAL TEMP:	170F	
TYPE OF COOKING EQUIPMENT:	Grill	UNIT TEMP:	COOKING TIME :	45 min.
METAL STEM CHEF'S THERMOMETER PROVIDED:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
<input checked="" type="checkbox"/> CCP HOT HOLDING (140F or above)		IN <input checked="" type="checkbox"/>	OUT <input type="checkbox"/>	N/O <input type="checkbox"/> N/A <input type="checkbox"/>
SUSPECT FOOD:	Pork Ribs	UNIT TEMP:	165F	FOOD TEMP: 165F
SERVING TIME:				
STEAM TABLE:	<input type="checkbox"/>	HOT HOLDING CABINET:	<input type="checkbox"/>	HEAT LAMP: <input type="checkbox"/>
OTHER:				
<input type="checkbox"/> CCP COOLING (From 140F to below 70F within 2 hrs/70F to 41F within 4hrs)		IN <input type="checkbox"/>	OUT <input type="checkbox"/>	N/O <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
SHALLOW PANS 4" OR LESS:	<input type="checkbox"/>	ICE BATH:	<input type="checkbox"/>	OTHER:
<input type="checkbox"/> CCP REHEATING (140/165F WITHIN 2 HOURS FOR HOT HOLDING)		IN <input type="checkbox"/>	OUT <input type="checkbox"/>	N/O <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
FOOD TEMPERATURE:		TYPE OF EQUIPMENT:		
GENERAL COMMENTS:				