



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

TEMPORARY SUSPENSION OF PERMIT

Business Name: **Clover Fast Food Inc.**

License/AP #: **67372**

Address: **1 Citywide St**

Inspector: **Thomas McAdams**

Owner/Operator: **Ayr Muir, C.E.O. - APPLICANT (P)**

Type: **Mobile Food Server**

Inspection Time: **12:33 PM**

Issue Date: **2/03/2011**

Foodborne illness risk factors and intervention violations: **4**

Other critical violations: **0**

Non-critical violations: **4**

MedI

Initial Inspection

Result Notes: Handsink not functioning. PIC didn't have water filled into unit and hot water mechanism (crank) not functioning. Please have all certificates, permits, and licenses onsite (Health, serve-safe, allergen, etc.). Please ensure all allergen criteria is met. Review Health Code regulations (i.e. handwashing, food protection, temperature requirements and PIC knowledge, etc.). Thank you! PIC states all product/equipment comes from main commissary.

The Boston Inspectional Services Department, Health Division, acting as an agent for the Boston Public Health Commission, has determined that an imminent health hazard exists which requires the immediate suspension of operations per 105 CMR 590.000: Massachusetts Sanitary Code, Article X, Section 590.014, Minimum Standards for Food Establishment operations.

The suspension shall remain in effect until the conditions cited in this order are corrected and confirmed by the Health Division.

Upon receiving this order, you have a right to a hearing, if requested in writing within ten (10) days. A hearing will be scheduled within three (3) business days upon receipt of the hearing request.

Code Violations

Code	Description	Result
03-3-501.16	Hot Holding - Provide proper hot holding temperatures Notes: Cooked vegetarian dish holding on top of oven at 86F. Other cooked dishes holding above 140F. Discontinue holding foods on top of oven. Provide proper storage inside oven, hotbox, steam table, etc.	Fail
12-2-401.11-.12	Good Hygienic Practices - Provide proper hygienic practices Notes: Multiple open containers of food for employee consumption in serving areas. Discontinue eating in service area.	Fail
27-5-103.11-.12	Hot and Cold Water - Provide proper water pressure and capacity Notes: No hot or cold water available from handsink. Provide required hot/cold water under pressure (with soap, paper towels, signage).	Fail
M-2-103.11	PIC Performing Duties - Provide PIC performing duties Notes: PIC not performing required duties as evidenced by not providing suitable handwashing facilities during operation.	Fail
05-4-302.12	Food Thermometers Provided - Provide food thermometers	Fail

License/AP #: 67372

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- Notes: Provide and utilize a metal stem thermometer to monitor required temperatures.

08-3-305-307.11 **Food Protection - Provide proper food protection during storage, display, and transportation.** Fail

Notes: Opened and unopened beverages (apple juice/water) stored outside without any oversight of food products. Product is on bumper of truck available to general public and possible means of contamination. Provide strict oversight to food/beverage.
- 17-4-302.14 **Test Kit Provided - Provide proper test kits to properly test sanitizers** Fail

Notes: Test kit not available from PIC to test sanitizer. Inspector tested at 50-100ppm. Provide and have available.
- 25-4-904.11 **Single Service Articles Stored, Dispensed - Provide proper storage and dispensing of single service articles** Fail

Notes: Single service utensils stored with eating side upright. Properly store handle up.

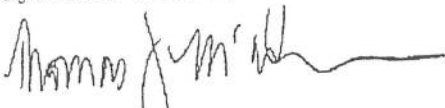
Sincerely,



Thomas Goodfellow
Assistant Commissioner, Health Division
City of Boston, Inspectional Services Dept.

Re-inspection Date: 02/04/2011

Signed 2/3/2011 2:38:33PM by THOMAS MCADAMS - INSPECTOR



OWNER'S NAME:
Clover Fast Food Inc.
1 Citywide Street
Boston, MA

ESTABLISHMENT:
Clover Fast Food
11 Citywide Street
Boston, MA

Re:
Clover Fast Food
1 Citywide Street
Boston, MA

NOTICE OF DECISION

On September February 3, 2011 the Boston Inspectional Services Department, Division of Health Inspections, conducted an inspection at the above referenced establishment. The Division of Health Inspections issued a temporary suspension of Clover Fast Food's establishment permit pursuant to 105 CMR 590:000 Massachusetts Sanitary Code, Article X, Section 590:014, Minimum Sanitation Standards for Food Establishments. The inspector's report documenting the imminent health hazards found at Clover Fast Food is incorporated herein and made part of this decision by reference. An administrative hearing was scheduled for February 4, 2011 at 9:00 AM.

HEARING:

An administrative hearing, Permit # 67372, commenced at or about 9:00 AM on February 4, 2011 at 1010 Massachusetts Avenue, in the Division of Health Inspections conference room. Testimony in support of the suspension of Clover Fast Food's permit to operate was presented by Thomas McAdams, Environmental Sanitation Inspector, Division of Health Inspections. The violation notices regarding the illegal conditions observed during the inspection were entered into evidence and are incorporated herein by reference. Clover Fast Food was represented by operators Ayr Muir and Rolando Robledo. Documents and testimony were submitted and received into evidence.

DETERMINATION:

After consideration of the testimony and evidence presented at the hearing, the Hearing Officer has determined that there is sufficient cause to uphold the temporary suspension of permit for Clover Fast Food due to the serious nature of the violations observed during the inspection of February 3, 2011. These violations include but are not limited to (1) Lack of sufficient hot water, (2) Lack of proper employee hygienic practices - handwashing, (3) lack of sufficient facilities to maintain product temperature, (4) Improper temperatures of potentially hazardous food products, (5) Person in charge not performing duties as required and (6) General unsanitary conditions throughout.

It is the decision of the Hearing Officer that this establishment shall be designated as Urgent Risk and shall be inspected a minimum of three times annually.

The Hearing Officer may consider lifting the temporary suspension when and if all of the following conditions are met.

1. The operator shall correct all violations cited by the Division of Health Inspections.
2. The operator is responsible for any and all costs incurred by the city of Boston and all fines assessed regarding this establishment. **The fee for a re-inspection of an establishment with risk factor critical violations is one hundred dollars (\$100) which shall be paid prior to a re-inspection.**

If any of the above conditions are not met the Hearing Officer reserves the right to reinstate the temporary suspension of operations and may pursue further remedies available under applicable laws.

Sincerely,

Thomas J. Goodfellow RS, CHO
Assistant Commissioner
Hearing Officer

Date: February 4, 2011



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Inspector: **Thomas McAdams**

Owner/Operator: **Ayr Muir, C.E.O. - APPLICANT (P)**

Type: **Mobile Food Server**

Inspection Time: **02:06 PM**

Issue Date: **2/04/2011**

Med I

Compliance Inspection

PASSED

Result Notes: Continue to train and educate staff.

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.

Re-inspection Date: / /

Signed 2/4/2011 2:16:09PM by Person In Charge -



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Thomas J. Goodfellow RS, CHO
Assistant Commissioner
Hearing Officer

Date: February 4, 2011

14) Source of Water City of Cambridge, 2 stage filter
 Sewage Disposal Cambridge

15) Rubbish Disposal Co. Safe That Stuff
 Rendering Co. (For Grease) same

16) Days and Hours of Operation: Mon-Sun 7am-10pm

17) No. of Food Employees will be 7

18) Name of Person In Charge Certified in Food Protection Management: Ayr Muir

Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.

19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No

20) Length of Permit:
 (check one)

Annual
 Seasonal/Dates

21) Establishment Type (check all that apply)

<input type="checkbox"/> Retail (sq.ft)	<input type="checkbox"/> Caterer
<input type="checkbox"/> Food Service (Seats)	<input type="checkbox"/> Food Delivery
<input type="checkbox"/> Food Service-Takeout	<input type="checkbox"/> Residential Kitchen for Retail Sale
<input type="checkbox"/> Food Service-Institution (Meals/Day)	<input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home
(Beds)	<input type="checkbox"/> Residential Kitchen for Bed and Breakfast Estab.
	<input type="checkbox"/> Frozen Dessert Manufacturer

22) Food Operations:
 (check all that apply):

Other (Describe):
Mobile

Definitions: PHF-potentially hazardous food (time/temperatures controls required). Non-PHF's-non-potentially hazardous food(no time/temperature controls required) RTE-ready-to-eat foods(Ex. Sandwiches, salads, muffins which need no further processing)

<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's	<input checked="" type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<input checked="" type="checkbox"/> Preparation of Non-PHF's	<input checked="" type="checkbox"/> Delivers Food Within 1 Hour of Preparation	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Customer Self-Service	
Other (Describe): _____ _____ _____		

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.

23) Signature of Applicant: 

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

24) Social Security Number or Federal ID: 017707483

25) Signature of Owner or Corporate Officer: 