



SANDERS COUNTY

ENVIRONMENTAL HEALTH

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

May 19, 2016

This document provides guidance for obtaining a Montana retail or wholesale food establishment license. **PLAN REVIEW MAY TAKE SEVERAL WEEKS. DO NOT START ANY CONSTRUCTION WORK UNTIL YOU RECEIVE APPROVAL.**

Application Steps

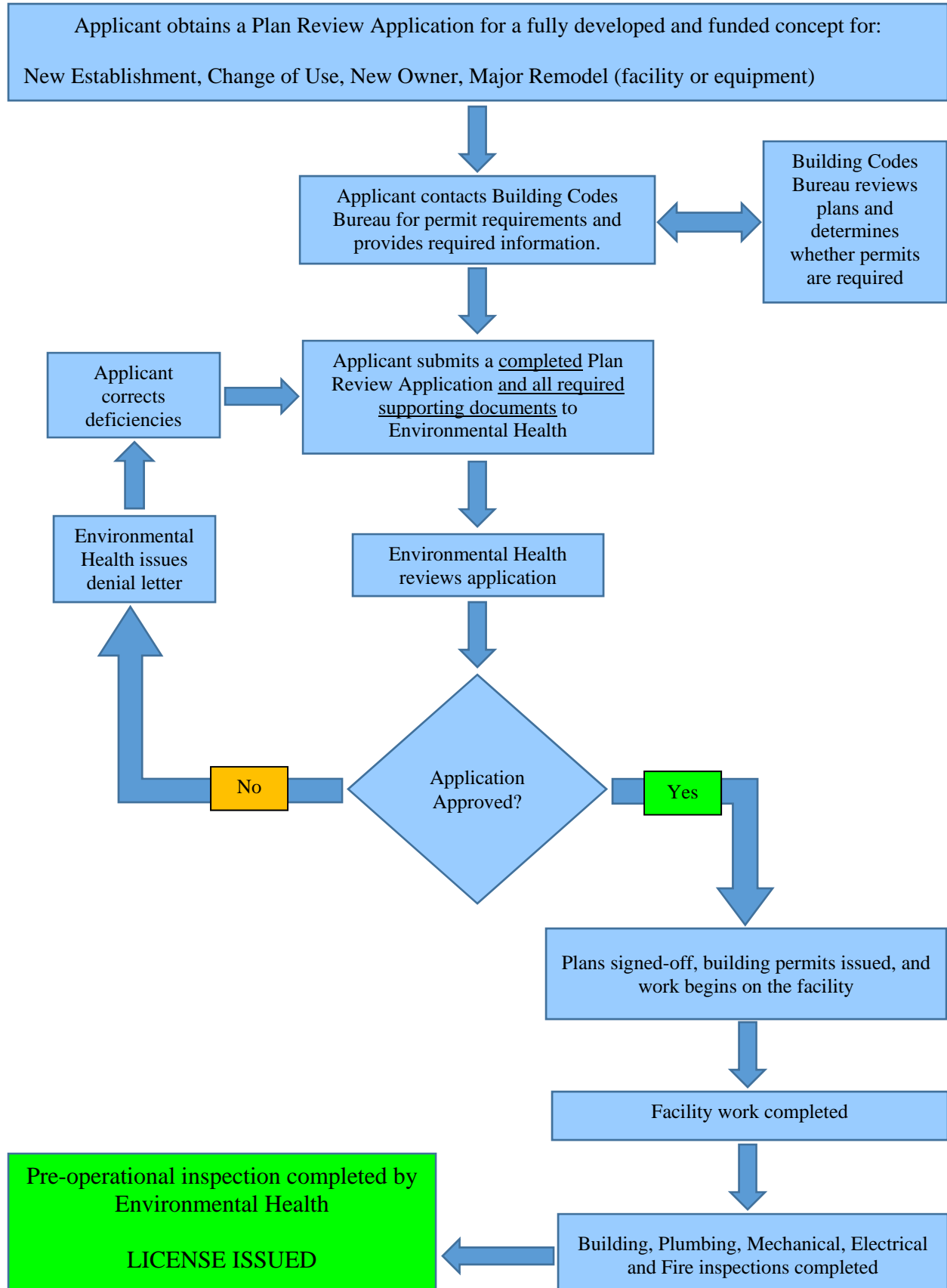
1. Obtain copies of and read the Montana and Sanders County food rules. You are responsible for understanding and complying with these regulations.
2. Read plan review application materials and develop your plan completely on paper before any equipment or materials are purchased.
3. Submit your complete plan review application and the appropriate fees, payable to *Sanders County Treasurer*, to the Sanders County Environmental Health Department for review and consultation.
4. Contact the Montana Building Codes Bureau, as described in **Part III** of this document, to determine whether State permits are required.
5. **AFTER** the County issues approval, obtain all necessary building, mechanical, electrical and plumbing permits, complete construction, and request State inspections.
6. Contact the Environmental Health Department to schedule a pre-opening inspection. Call at least 5 business days in advance. At the time of your pre-opening inspection you will need to have a check payable to the Montana Department of Public Health and Human Services (MDPHHS) for your Food Establishment License. The fee is as follows:
 - a. One (1) or two (2) employees per shift - \$85.00
 - b. Three (3) or more employees per shift - \$115.00

**** Important -- Please Read ****

This application, and appropriate review fees, must be completed in full and submitted to the Sanders County Environmental Health Department BEFORE startup inspection and licensing.

See **Part III: Building Codes Requirements** to determine whether State permits are required. If required, State approvals must be received **BEFORE** startup inspection and licensing.

PLAN REVIEW APPLICATION PROCESS



Summary of Application Requirements

This application contains the sections listed below. Each section **must be completed** and the entire application must be completed and approved **BEFORE** a food license is issued.

- Part I: Applicant and Establishment Information
- Part II: Project Summary
- Part III: Montana Building Codes Requirements
- Part IV: Operational Details
- Part V: Food Handling
- Part VI: Physical Facility
- Part VII: Food Safety During Remodel
- Part VIII: Applicant Statement of Responsibility and Understanding

Most reviews can be completed within 30 days, depending on the quality and completeness of your operational plan and your application submittal. To make your review process as fast and easy as possible, ensure the following:

- Read and understand applicable rules before submitting the plan review form.
- Turn in a complete application and submittal requirements that are easy to read.
- Don't leave items blank, write N/A on items that do not apply to your operation.
- Submit an application that reflects how you intend to operate at the time of licensing.
- Do not start construction or remodeling prior to getting required approvals.
- Check-in with other agencies during the review process.
- Respond quickly and completely to questions from the reviewer.

Required Submittals

- Signed and completed application form
- Documentation showing property ownership or lease
- Menu
- Site plan showing parking, streets, dumpsters, wastewater system and well if applicable
- Documentation of approved water service and approved wastewater system
- Floor plan, drawn to scale and showing, at minimum:
 - Equipment and locations for food receiving, storage, preparation, cooking, serving, cleaning, and sanitizing.
 - Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
 - Mechanical heating and ventilation plan, including hood types and locations
 - Electrical plan
 - Entrances and exits
- Specification sheets or a list of make and model for all food equipment
- HACCP or Special Process Diagrams, if applicable

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Part I: Applicant and Establishment Information

Date application submitted: _____

Date application received: _____

(This date completed by the County)

Application fees (from table): _____

_____ New	_____ Remodel*
_____ Ownership change	_____ Subtype change
_____ Change of use**	_____ Menu change

Application Fees	Fee	
Complex operation	\$150	
Limited operation	\$150	
Minor remodel	\$100	
Ownership change	\$100	
Equipment upgrade	\$0	
Subtype change	TBD	
Menu change	TBD	
Total		

Name of Establishment: _____

Previous Name (if changing): _____

Establishment Physical Address: _____

Establishment Mailing Address: _____

Establishment Phone #: _____ Email: _____

Contact Name: _____ Contact Title: _____

Contact Mailing Address: _____

Contact Phone #: _____ Email: _____

*Remodel defined as: 1) the installation of any major piece of food service equipment, including, but not limited to cooking and dishwashing equipment; and/or 2) altering the structural configuration of the facility housing the food service establishment, such as the removal or addition of walls or a change in the designated use of an area in the facility.

**Change of use defined as: 1) the existing facility is not currently a food service establishment; and/or 2) a menu change to an existing food establishment.

Part II: Project Summary

What type of food establishment do you plan to operate? _____

What is your experience operating a food establishment? _____

Describe your project, including any new construction, remodeling, new equipment, new electrical or mechanical systems, structural alterations, changing the use of an existing facility, changing an approved menu, or other: _____

What was the prior use of this facility? _____

Who are your contractors? _____

Do you own or lease this property? _____

Total square feet of the facility: _____

Projected construction start date: _____

Projected construction completion date: _____

Projected operational start date: _____

Part III: Montana Building Codes and Fire Marshal Requirements

Please complete the following steps to determine if your project will require permits for Building, Electrical, Mechanical, or Plumbing and a State Fire Marshal Inspection.

1. Contact the Montana Building Codes Bureau at (406) 841-2056 to determine which, if any, permits are required. If required, you will be assigned a project number.

Date Contacted: _____ Project #: _____

The Montana Building Codes Bureau will tell you which of the following permits and inspections are required. Contact each of the inspectors below to obtain required permits and schedule inspections.

Note: Building permits must be issued on all projects requiring a building permit before plumbing, mechanical, or electrical permits can be issued and before work authorized under these permits can start.

Rob Morris, Building Inspector, 406-202-1324

Permit Number: _____ Inspection Scheduled/Completed: _____ / _____

Don Moree, Plumbing/Mechanical Inspector, 406-439-2258

Permit Number: _____ Inspection Scheduled/Completed: _____ / _____

Andy Wasson, Electrical Inspector, 406-822-1502

Permit Number: _____ Inspection Scheduled/Completed: _____ / _____

Note: It is the responsibility of the permit holder to call the appropriate Inspector at least 24 hours before a requested inspection. The Inspector then has 72 hours to perform the requested inspection.

2. Contact Dawn Drollinger, Deputy State Fire Marshal, 406-257-2584, to determine whether a fire inspection is required.

Date Contacted: _____

Inspection Required? **YES / NO** Date Completed: _____

Note: A Fire Marshall inspection is always required for new construction, remodels, change in ownership, and change of use. It is typically the last State inspection to be completed before our office conducts your pre-operational inspection.

Part IV: Operational Details

3. Type of food establishment (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Food Service Establishment | <input type="checkbox"/> Tavern or Bar |
| <input type="checkbox"/> Meat Market (onsite retail only) | <input type="checkbox"/> Baker (onsite retail only) |
| <input type="checkbox"/> Temporary Food Service | <input type="checkbox"/> Food Manufacturing (onsite retail only) |
| <input type="checkbox"/> Produce (onsite retail) | <input type="checkbox"/> Perishable Food Dealer (retail only) |
| <input type="checkbox"/> Food Service/Catering (retail) | <input type="checkbox"/> Food Service/Deli (onsite retail) |

4. Type of service (check all that apply):

- | | | |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Sit Down Meals | <input type="checkbox"/> Catering | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Take Out | <input type="checkbox"/> Delivery | |

5. Number of seats: _____

6. Number of staff (max per shift): _____

7. Number of customers expected:

- | | | | |
|------------------------------------|--------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner | <input type="checkbox"/> TOTAL |
|------------------------------------|--------------------------------|---------------------------------|---------------------------------------|

8. Hours of operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ .

Part V: Food Handling

A. Management and Personnel

9. Establishment owner: _____

10. Establishment manager: _____

11. Person(s)-In-Charge: _____

****Person-In-Charge must complete the Areas of Knowledge questionnaire BEFORE inspection.**

Training and Certification

12. Is Food Protection Manager Certification required? **YES / NO**

13. Is your manager or Person-In-Charge a certified Food Protection Manager? **YES / NO**
If no, when and where will training and certification be obtained? _____

14. Can your Person-In-Charge demonstrate the 17 Code-required elements of knowledge? **YES / NO**

15. Describe your employee training program: _____

Employee Hygiene, Illness, and Handling

16. You must provide a written plan for responding to vomiting and diarrheal events. Sanders County can provide a standard response plan at inspection and licensing.
17. Proper exclusion of ill employees is essential in preventing the spread of foodborne illness. List the symptoms or situations for which employees will be sent home: _____

18. Are handwashing sinks used only for handwashing? **YES / NO**
19. When will hand washing be required? _____

20. Describe proper hand washing procedures: _____

21. Bare hand contact with ready-to-eat food is **not** permitted. What barriers will be utilized when handling ready-to-eat foods? _____

B. Food

Time/Temperature Control for Safety Foods

“Time/Temperature Control for Safety Food” means a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation

Examples include, but are not limited to: an animal food that is raw or heat-treated; a plant food that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes that are modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation, or garlic-in-oil mixtures that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation.

22. Will this operation offer Time/Temperature Control for Safety Food? **YES / NO**

If yes, indicate the categories of TCS foods to be handled, prepared, and served:

TCS Category	YES / NO
Thin meats, poultry, fish, eggs: (hamburger; sliced meats; fillets)	
Thick meats, whole poultry: (roast beef; whole turkey, chickens, hams)	

Cold processed foods: (salads, sandwiches, vegetables)	
Hot processed foods: (soups, stews, rice/noodles, gravy, chowders, casseroles)	
Bakery goods: (pies, custards, cream fillings & toppings)	
Other: _____	

Source

23. Are all food supplies from an approved source?

YES / NO

Complete the table below:

Food	Source	Frequency of Delivery
Meats		
Seafood		
Dairy		
Produce		
Baked Goods		
Eggs		
Spices		

24. Describe your process for receiving food and documentation receiving temperatures and condition of food: _____

25. Do you plan to offer shell stock or shucked shellfish?

YES / NO

If yes, describe Packaging, Identification, and Condition requirements: _____

Temperature Measuring Devices

26. Indicate the types of temperature measuring devices that will be used and describe their intended use (e.g. taking grill temps, internal cooking temps, equipment monitoring, etc.).

Thermometer Type	Y / N	Intended Use
Bimetallic Stemmed (Dial)		
Digital/Thermocouple		
Infrared (Laser)		
Integral devices		

27. Describe the calibration process, including frequency and the temperature to which the devices will be calibrated: _____

Equipment

29. Is all food equipment certified or classified for sanitation by an American National Standards Institute (ANSI) certification program? **YES / NO**

Cold Storage

30. How much storage space (in cubic feet) is available for:
Dry: _____ Refrigerated: _____ Frozen: _____

31. How will dry goods be stored off the floor? _____

32. Is adequate freezer space available to store frozen foods in frozen form? **YES / NO**

Number of freezer units: _____

33. Is adequate refrigerator space available to store refrigerated food at or below 41°F? **YES / NO**

Number of refrigerator units: _____

34. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked, ready-to-eat foods? **YES / NO**

If yes, how will food be arranged to prevent cross-contamination? _____

35. Does each refrigerator have a thermometer? **YES / NO**

36. Is there a bulk ice machine available? **YES / NO**

Dispensing method and ice scoop placement: _____

Thawing

37. Will you be thawing frozen TCS foods? **YES / NO**

Use the table to show how TCS foods will be thawed. More than one method may apply.

Thawing Method	Thick Frozen Foods (>1")	Thin Frozen Foods (<1")
Refrigeration (at or below 41°F)		
Running water (less than 70°F)		

Microwave (part of cooking process)		
Cooked from frozen state		
Other approved method		

Cooking

38. Will you be cooking TCS Foods?

YES / NO

This table shows internal cooking temperatures of general raw animal food categories.

Internal Cooking Temperature	Raw Animal Foods
145°F for 15 seconds	Raw eggs cooked for immediate service Fish, except as listed below Meat, except as listed in the next 2 rows Commercially raised game animals, rabbits
155°F for 15 seconds	Ratites (ostrich, rhea, and emu) Injected meats Mechanically tenderized meats Raw eggs not for immediate service Comminuted meat, fish, or commercially raised game animals
165°F for 15 seconds	Wild game animals Poultry Stuffed fish, meat, pork, pasta, ratites, and poultry Stuffing containing fish, meat, ratites, and poultry Reheated TCS foods

*Whole Meat Roasts: Refer to cooking charts in the Code.

39. What types of cooking equipment will be used? _____

40. How will cooking temperatures be verified? _____

Consumer Advisory

41. Will any TCS foods be served raw or undercooked?

YES / NO

If yes, list TCS foods that will be served raw or undercooked: _____

42. Does your menu have the proper consumer advisory information, including Disclosure and Reminder?

YES / NO

Hot and Cold Holding

43. Will you be hot or cold holding TCS foods? **YES / NO**

44. How will TCS foods be maintained at or above 135°F during hot holding for service? _____

45. How will TCS foods be maintained at or below 41°F during cold holding for service? _____

46. Will you be using Time as a Public Health Control for any TCS foods? **YES / NO**

If yes, list the TCS foods or processes for which you expect to use Time as a Public Health Control: _____

Cooling

47. Will you be cooling TCS foods? **YES / NO**

If yes, complete the table below. Include locations where cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thick Soups/ Sauce/Gravy	Thin Soups/ Sauces/Gravy	Rice/ Noodles	Assembled Foods	Locations of Cooling
Shallow Pans							
Reduce Volume or Size							
Rapid Chilling							
Ice Bath							
Container Selection							
Addition of Ice							
Other							

Date Marking

48. Ready-to-eat, TCS foods must be date marked if held for more than 24 hours after preparation or after the manufacturer’s packaging has been opened. Describe the date marking system that will be used: _____

49. How long can ready-to-eat, TCS foods be held at or below 41°F? _____

50. How will you ensure that ready-to-eat, TCS foods are discarded according to the discard date? _____

Reheating

51. Will you be reheating cooked and cooled TCS foods for hot holding or service? **YES / NO**

If yes, what items will be reheated for hot holding? _____

52. What is the required reheating temperature for most TCS foods cooked and cooled within your establishment? _____ °F.

53. What is the required reheating and hot holding temperature for fully cooked TCS food commercially processed and packaged in a processing plant and reheated in your establishment? _____ °F.

54. What equipment will be used for reheating TCS foods for hot holding? _____

55. Describe the temperature and process for using a microwave to reheat TCS foods cooked and cooled within your establishment: _____

General Food Preparation

56. Will produce (fruits, vegetables, herbs) be washed before use? **YES / NO**

If yes, list produce that will be washed before use: _____

57. Do you have a separate sink for washing produce? **YES / NO**

If no, where will produce be washed and how will you minimize contamination? _____

58. Are there any produce items that will not be washed **YES / NO**

If yes, why? _____

59. Will all ingredients of cold, ready-to-eat foods (i.e. tuna salad, chicken salad) be pre-chilled prior to assembly? **YES / NO**

If not, describe how the product will be quickly cooled to 41°F for cold holding: _____

60. How will you minimize the amount of time that TCS foods spend within the temperature danger zone between 41°F and 135°F? (e.g. only work with small batches, work in cold room, cook to order only, etc.): _____

61. Will the facility offer food primarily to a highly susceptible population? **YES / NO**

62. Will any of the following processes be don on-site?

Process	Yes/No	Foods Processed/Produced
Smoking for preservation		
Curing		
Additives (including acidifying sushi rice)		
Reduced Oxygen Packaging		
Sous Vide		
Cook Chill (vacuum sealing cooked product into a bag and ice bathing)		
Juicing		
Seed Sprouting		
Custom Cutting		
Fermentation		

*Attach a HACCP plan and/or process authority documentation for each food processed above.

C. Cleaning and Sanitizing

Equipment and Utensil Cleaning and Sanitizing

63. Will a manual dishwashing process be used? **YES / NO**

64. Will a three-compartment sink be used for ware washing? **YES / NO**

65. What sanitizer will be used in the three-compartment sink? _____

If chemical, what is the chemical and what will the solution strength be in PPM? _____

If high-heat, what temperature will be achieved in degrees F? _____

66. Provide the dimensions (in inches) of each compartment in your three-compartment sink:

Length: _____ Width: _____ Depth: _____

67. What are the dimensions of your largest dish or piece of movable equipment?
 Length: _____ Width: _____ Height: _____
68. Will your largest dish or piece of equipment fit in your three-compartment sink? **YES / NO**
69. Does the three-compartment sink have drain boards at each end? **YES / NO**
70. Will a dish machine be used? **YES / NO**
71. Do all dish machines have templates with operating instructions? **YES / NO**
72. Do all dish machines have temperature and pressure gauges as required that are accurately working? **YES / NO**
73. What sanitizer will be used in the dish machine? _____
 If chemical, what is the chemical and what will the solution strength be in PPM? _____
 If high-heat, what temperature will be achieved in degrees F? _____
74. Describe how sufficient and sanitary drying space will be provided: _____

75. Are there any pieces of clean-in place equipment or stationary equipment that need to be cleaned where they are installed? **YES / NO**
 If yes, describe the procedure for cleaning and sanitizing procedure for stationary items: _____

76. What surface sanitizer will be available for use throughout the day? _____
77. What will be the solution strength be in PPM? _____
78. Are test strips or test kits available to monitor pH, temperature, and concentrations of sanitizer solutions? **YES / NO**
79. Describe the frequency and process that will be used to clean and sanitize in-use items (e.g. grill line utensils, blenders, meat slicers) throughout the day: _____

General Facility Cleaning

80. Briefly describe and attach a master cleaning schedule for the establishment: _____

81. Will there be a master cleaning schedule to ensure that equipment and areas that are not cleaned daily (e.g. under grill lines, hoods) are adequately maintained? **YES / NO**

If yes, please attach the schedule or briefly describe how often items will get cleaned: _____

82. If a master cleaning schedule is not in place, how will management ensure the facility is kept clean and well maintained? _____

D. Off-Site Delivery and Catering

Delivery

83. Do you plan on delivering foods off-site? **YES / NO**

If not, skip to the next section.

84. Are you planning on delivering food to other businesses for resale? **YES / NO**

85. Will you offer all of your menu items for delivery or only select items? **ALL / SELECT**

86. If you are only offering select items by delivery, please list items or indicate on your menu: _____

87. What is your estimated delivery area by mileage and drive time? _____

88. How will you ensure that food is protected from contamination during transport? _____

89. How will TCS foods be kept hot or cold during transport? _____

Catering Service

Catered events are often off-site, away from the commissary, and may include indoor or outdoor setup. It is essential that food safety measures are in place at catered locations the same as they would be in a permanent kitchen. Retail catering licenses only apply to on-site events at my establishment location or off-site events under contract for a set amount of goods or services.

90. Do you plan on catering events off-site?

YES / NO

If not, skip to the next section.

91. Handwashing must be available at points of food prep and service. Describe the handwashing station that will be utilized (handwashing sinks in toilet rooms are not approved): _____

92. How will you ensure adequate rotation of utensils anytime they become contaminated or have been in-use for four hours? _____

93. How will overhead and ground cover be provided for outdoor events? _____

94. How will service areas be protected during inclement weather? _____

95. How will TCS food be maintained at or above 135°F or at or below 41°F during transport? _____

96. How will TCS foods be maintained at or above 135°F or at or below 41°F at the event? Please note that if events last longer than 4 hours (including transport, set-up, and service), mechanical refrigeration or hot holding equipment may be required: _____

97. What TCS foods will be reheated on-site? _____

98. How will TCS foods be reheated on-site? _____

99. What items will be cooked on-site? _____

100. What cooking equipment will be used on-site? _____

101. Will any food be taken back to the commissary and re-served?

YES / NO

102. Describe the cleaning and sanitizing process (and sanitizers used) of equipment, utensils, and food contact surfaces on-site: _____

Part VI: Physical Facility

A. Type of Facility

- 103. _____ I am applying to have my own licensed retail food kitchen in Sanders County. The information in the subsequent sections pertains to my planned facility.
- 104. _____ I am applying to be a commissary kitchen that rents to multiple users. The information in the subsequent sections pertains to my planned facility. I understand that the approved physical facility will determine which renters are approved to use the facility.
- 105. _____ I do not have my own kitchen facilities and will be using a Commissary Kitchen.

Commissary Name: _____

Commissary License: _____

- a. Attach an agreement letter signed by the commissary manager or owner.
- b. Provide a current floor plan of the commissary kitchen and equipment schedule. You may use a floor plan currently on file at the Health Department as long as you have reviewed the plan and included any updates, changes, or additions to the facility since the last review. Add any equipment that will be brought into the facility and indicate where items will be stored. Indicate food preparation space that will be used. Initial and date the plan indicating that you have reviewed it and that it is correct to the best of your knowledge.
- c. Provide any specification sheets for equipment you are adding to the facility.
- d. Is the commissary used by others? **YES / NO**

If yes, describe how you will keep your operation, including supplies, separate from other operations in time or space during preparation: _____

B. Physical Requirements

Finish Schedule

106. Use the table to describe the finish materials, including the color, of each surface.

Location	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Dry Storage				
Walk-in Refrigeration				
Toilet Rooms				
Garbage Storage				
Mop/Utility				
Dishwashing				
Receiving				
Other:				

Storage Locations

107. Do you plan to store any food or single-service items in any of the following areas?

- Toilet Rooms **YES / NO**
- Under stairwells **YES / NO**
- Under unshielded water or sewer lines **YES / NO**
- Mechanical rooms **YES / NO**
- Outside sheds/storage units **YES / NO**
- Detached refrigeration units **YES / NO**

Plumbing – Handwashing and Toilet Facilities

- 108. Are handwashing sinks conveniently located for use in each food preparation, food dispensing, and ware washing area? **YES / NO**
- 109. Are handwashing sinks located in, or immediately adjacent to each toilet room? **YES / NO**
- 110. Is hand cleanser available at all handwashing sinks? **YES / NO**

111. Are hand drying facilities available at all handwashing sinks? **YES / NO**
112. Is hot and cold running water under pressure available at each handwashing sink? **YES / NO**
113. Will toilet rooms be available to the public? **YES / NO**
114. Will there be separate toilet room for employees? **YES / NO**
115. Will employee toilet rooms be within 200 feet of the prep or service area? **YES / NO**

If toilet rooms are not available in the same building as the establishment, state where toilet rooms are located and include a toilet room use agreement signed by the owner/manager of the building in which toilet rooms are located.

Location: _____ Agreement? **YES / NO**

116. Are covered waste receptacles available in each toilet room? **YES / NO**
117. Are all toilet rooms equipped with self-closing doors? **YES / NO**
118. Are all toilet rooms equipped with adequate ventilation? **YES / NO**
119. Is a handwashing sign posted in each employee toilet room? **YES / NO**

Plumbing – Backflow Prevention and General Plumbing Requirements

120. Is at least 1 service sink or 1 curbed cleaning sink available? **YES / NO**
121. Is the service sink or curbed cleaning sink equipped with a floor drain? **YES / NO**
122. Indicate which equipment your facility will have.

Fixture/Equipment	Yes / No
Ice Machine	
Ice Bin	
Food Prep Sink	
Three-compartment Sink	
Running Water Dipper Well	
Rinse Sink	
Dish Machine	
Beverage Systems (soda, tap beer, espresso)	
Steam Table/Bain-marie/Steam Kettle	
Plumbed Drain boards	
Condensate Drain Lines for Refrigeration	

123. You must have appropriate backflow prevention devices in all required locations. Have you or your contractor verified backflow requirements with the State plumbing inspector? **YES / NO**

Water

124. Will the establishment serve 25 or more people per day for at least 60 days out of the year? **YES / NO**

If not, skip to question #125.

If yes, will the establishment connect to an existing Public Water System? **YES / NO**

If yes, what is the Public Water System Identification Number: _____

If you meet the definition of a Public Water Supply and your system is not yet approved, contact the Montana Department of Environmental Quality, Public Water Supply Bureau (DEQ-PWS) at 406-755-8979. Note that we cannot issue an approval letter until DEQ-PWS has approved the water supply.

If the establishment does not serve 25 or more people per day for at least 60 days out of the year, the water supply must be reviewed as a non-public system. New systems must meet CIRCULAR FCS 1-2012 and be approved by Environmental Health. Note that we cannot issue an approval letter until the non-public system has been approved.

125. Will the establishment use a non-public water system? **YES / NO**

If yes, has the source been approved? **YES / NO**

If approved, provide copies of all sampling results and approval documentation.

If not approved, contact the Environmental Health department for instructions on obtaining approval.

126. What is the capacity (in gallons) of your hot water generator? _____

127. Is the water heater capacity sufficient for the needs of the facility? **YES / NO**

128. Are any water treatment devices installed? **YES / NO**

If yes, where? _____

If yes, how are they inspected, maintained, and serviced? _____

Wastewater

129. To which type of wastewater system is the building connected?

- () Municipal Approval or identification number: _____
() Private Approval or identification number: _____

If an existing private system is used, provide documentation that the system is fully functional.

130. Does the facility have a grease trap (normally inside)? **YES / NO**

If yes, where: _____

If yes, describe the cleaning and maintenance schedule: _____

131. Does the facility have a grease tank (outside)? **YES / NO**

If yes, describe the cleaning and maintenance schedule: _____

Solid Waste Storage and Disposal

132. Will garbage or recyclables be stored inside? **YES / NO**

If yes, where? _____

133. Will garbage cans located inside have liners? **YES / NO**

134. Will garbage cans located inside have lids when not in use? **YES / NO**

135. Where will garbage cans be cleaned? _____

136. Will a commercial dumpster be provided for outside storage and pickup? **YES / NO**

If yes, what garbage collection service will be used? _____

If not, how and where will you transport garbage? _____

Frequency of garbage pickup or transport will be _____ times per week.

137. Where will recycling be stored outside? _____

Insect and Rodent Control

138. Will all outside doors be self-closing and rodent proof? **YES / NO**

139. Are screen doors provided on all entrances left open to the outside? **YES / NO**

140. Do all operable windows have a minimum #16 mesh screening? **YES / NO**
141. Is the placement of electrocution devices identified on the plan? **YES / NO**
142. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? **YES / NO**
143. Is the area around the building clear of unnecessary brush, litter, boxes and other harborage? **YES / NO**
144. Will air curtains be used? **YES / NO**
145. Do you plan to prop doors or windows open in any section of the facility? **YES / NO**
- If yes, describe how you will prevent pests from entering: _____
-

146. Will you have a pest control provider? **YES / NO**
- If yes, who will be your service provider? _____
147. If you provide your own pest control services, describe the pest controls will you use (e.g. mouse traps, pesticides). If pesticides are used, you must include specification sheets and Material Safety Data Sheets for the chemicals you plan to use. Describe how you will ensure that food and equipment do not get contaminated through chemical use: _____
-
-
-
-

Employee Dressing Rooms and Personal Storage

148. Where will employees be able to change clothes? _____
149. Where will employees be able to store personal items? _____
150. How will personal medications, including those requiring refrigeration, be stored? _____
-

Toxic Materials

151. Will all containers of toxic materials, including sanitizing spray bottles, be labeled? **YES / NO**

152. Where will toxic materials be stored? _____

153. If toxic materials are stored in the same area as food or single-service items, explain how contamination of food will be prevented: _____

154. Will chemicals be stored in secured areas or under constant supervision? **YES / NO**

Laundry Facilities

155. Will laundry facilities be located on the premises? **YES / NO**

If yes, is the location clearly shown on you floor plan? **YES / NO**

If yes, list items that will be laundered on-site:

If yes, list items that will be laundered on-site: _____

156. Will a dryer be available? **YES / NO**

157. Where will clean linens, towels, apron, or uniforms be stored? _____

158. Where will dirty linens, towels, aprons, or uniforms be stored? _____

Exhaust Hoods

159. Use the table below to indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Devices	Square Feet	Fire Protection	Air Capacity (CFM)	Air Makeup (CFM)

160. Have you or your contractor verified hood requirements with the State mechanical inspector? **YES / NO**

161. How will each listed ventilation hood system be serviced and maintained? _____

Part VII: Food Safety During Remodel

162. Will this facility be operated as a food establishment during remodeling or construction activities? **YES / NO**

If no, proceed to the next section.

If yes, food safety cannot be compromised during this project and construction plans and activities must be altered as needed to protect public health. These alterations may include a change in menu, changing the type of dishware or utensils used, or use of barriers to prevent contamination. Operational hours may need to be changed if utilities are disrupted and food safety requirements cannot be met or if adequate separation cannot be maintained between the renovation and the food preparation areas.

163. What areas of the facility will be operating during construction/remodeling? _____

164. What is the project timeline? _____

165. Provide a copy of the menu offered during construction.

166. Will any utilities be disrupted during operational hours (i.e., no power, water, or hot water)? **YES / NO**

If yes, how will the food establishment ensure safety during utility disruption? _____

167. Will any sinks be inaccessible or removed during the project? **YES / NO**

If yes, which sinks will be inaccessible or removed? _____

How will food safety needs be met when sinks are not available? _____

168. Will there be a reduction in refrigeration capacity during the project? **YES / NO**

If yes, describe how refrigeration needs will be met during the project: _____

169. How will construction activities be separated from food preparation, service, and storage? _____

Part VIII: Applicant Statement of Responsibility and Understanding

Statement

I hereby certify that the information included in this application, including the attached floor plans, equipment lists, menu, and other information are accurately and honestly presented. I understand that any deviation from the submitted information may incur additional review fees and may delay approval. In addition, I understand that changes made after an approval letter is issued without prior permission of the health department may nullify the approval.

By submitting this signed application, I acknowledge that the process may take up to 60 days and that applications are reviewed in the order that they are received. I further acknowledge that it is my responsibility to contact other regulatory agencies and that an approval letter issued from the health department does not indicate compliance with any other code, law, or regulation that may be required whether federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). I understand that a preoperational inspection of the establishment to assess functional equipment, sinks, and other fixtures is required to determine compliance with food service establishment regulations, and that before a facility can operate, a food purveyor's license must be issued.

Signature of Applicant

Date

Printed Name of Applicant

THIS PAGE FOR ENVIRONMENTAL HEALTH DEPARTMENT USE ONLY

Establishment: _____

Date of Submittal: _____

Complexity Category: 1 2 3 4

Reviewer: _____

Submittal Review Table

Item	Status	Comments
Completed and signed application form		
Ownership or lease documentation		
Building permit and inspection		
Plumbing or mechanical permit and inspection		
Electrical permit and inspection		
Fire Marshall inspection		
Menu		
Site plan		
Water service documentation		
Wastewater system documentation		
Floor plan		
Equipment specification sheets		
HACCP or specialized process plans		

Review Results

_____ Unapproved

The plan review application is not approved. Complete actions specified in the denial letter.

Reviewing Authority

Date

_____ Approved

This plan review application is approved, including correction of deficiencies stated in the denial letter.

Contact the Environmental Health Department at least 5 days prior to the operation start-date to schedule pre-operational inspection and licensing.

Reviewing Authority

Date