



SANDERS COUNTY

ENVIRONMENTAL HEALTH

BED AND BREAKFAST PLAN REVIEW APPLICATION

Plans must be submitted to the local health authority for review and approval prior to new construction, addition or remodeling of an existing structure, or change of use.

Establishment is: new _____ remodel _____ conversion _____

Number of rooms: _____ Number of guests: _____

Name of establishment: _____

Address: _____

Phone: _____

Name of owner: _____

Mailing address: _____

Telephone: _____

Name, address and phone number of applicant if different from owner: _____

Required Information:

Floor plan/drawing included? Yes [] No []

Wastewater system approval? Yes [] No [] Permit: _____
Sanders County Environmental Health, 406-827-6961

Fire Marshal approval? Yes [] No [] Date: _____
Dawn Drollinger, Assistant State Fire Marshal, 406-257-2584

Building Inspector approval? Yes [] No [] Date: _____
Rob Morris, State Building Inspector, 406-202-1324

Please answer the following questions regarding your establishment:

1. Have you read and do you understand the Montana Department of Public Health and Human Services Rules for Bed and Breakfasts at ARM Title 37, Chapter 111, subchapter 3? Yes [] No []

2. Does the owner occupy this residence? Yes [] No []

3. Do you have a guest register with the guest's name, home address and assigned unit? Yes [] No []

4. Is your water supply public or private? Public _____ Private _____

If public, provide PWSID: _____

If private, provide sample results in accordance with 37.111.326.

Nitrate sample date: _____ Coliform bacteria sample date: _____

5. Is your wastewater system public or private? Public _____ Private _____

If public, provide PWWSID: _____

If private, are the number of bedrooms planned for your facility the same as the number of bedrooms on your wastewater permit? Yes [] No []

6. Solid waste storage and removal:

Storage containers: _____

Frequency and Location of Disposal: _____

7. What methods of pest control will be used: _____

8. Do you plan to offer to your guests the use of swimming pools, hot tubs, mineral baths or public swimming of any kind? Yes [] No []

If yes, you must obtain a separate State license before offering this service.

9. Do you plan to serve food? Yes [] No []

If yes, provide a separate document summarizing your menu.

10. Is your food service operation compliant with ARM 37.111.212-215 and 220-222?
Yes [] No []
11. What is your plan for washing, rinsing, and sanitizing dishes and cooking utensils? _____

12. Are proper handwashing facilities available in the kitchen, laundry, and restrooms?
Yes [] No []
13. Is the hot water for handwashing sinks and bathing facilities between 100°F and 120°F?
Yes [] No []
14. Are toilet facilities convenient and accessible?
Yes [] No []
15. Do restrooms have hand soap and individual hand towels available?
Yes [] No []
16. Is mechanic ventilation or an operable window available for any toilet facility that is adjacent to a food preparation area?
Yes [] No []
17. Provide a list of materials used for floors, walls, and ceilings indicating compliance with ARM 37.111.334.
18. Are the floors and walls smooth and non-absorbent in the toilet and bathing rooms, laundries, janitorial closets and similar rooms subject to large amounts of moisture?
Yes [] No []
19. Will you use on-site laundry or a laundry service? On-site [] Service []
20. Does the hot water in your laundry room reach a minimum temperature of 120°F?
Yes [] No []
21. If laundry is done on-site, can your dryer reach 130°F or do you use a hot iron?
Yes [] No []
22. Do you have separate areas for sorting and storing soiled laundry and folding and storing clean laundry?
Yes [] No []
23. Do you have at least one storage room sufficient in size for storing extra bedding and furnishings?
Yes [] No []

24. Do you have separate carts or laundry baskets for transporting clean and soiled laundry? Yes [] No []
25. Are pets controlled and kept out of the kitchen, dining, and laundry when in use? Yes [] No []
26. What is the frequency of housekeeping services for the following:
- Occupied guest rooms: _____
- Between guests: _____
- Shared bathrooms: _____
27. Do cleaners used for cleaning bathtubs, showers, sinks, urinals, toilet bowls, toilet seats, and bathroom floors contain an approved disinfectant or sanitizing agent? Yes [] No []
28. Do you have adequate and convenient janitorial facilities including a sink and storage area for equipment and chemicals? Yes [] No []
29. Have you read and do you understand the blood borne pathogen requirements at ARM 37.111.342? Yes [] No []
- a. Do you have a bloodborne pathogen exposure plan? Yes [] No []
- b. Are protective gloves available for cleanup? Yes [] No []
- c. Do you have a dust pan, brush, or tongs? Yes [] No []
- d. Is an appropriate cleaning solution available? Yes [] No []
- e. Are disposable towels available? Yes [] No []
- f. Is a biohazard labeled bag available? Yes [] No []
- g. Are waterproof gloves used for handling laundry? Yes [] No []
30. Are toxic chemicals stored properly and labeled? Yes [] No []
31. Are first aid supplies available? Yes [] No []
32. Are guests provided with emergency exit information at registration? Yes [] No []
33. Do bathing surfaces have anti-slip surfaces? Yes [] No []