



**Food Establishment Plan Review Application**

Receipt Number \_\_\_\_\_  
Date Received \_\_\_\_\_

Type of Plan:  New Construction  Remodel  Conversion

Type of service (check all that apply):  Mobile Food Unit  Mobile Food Cart  Semi-permanent Structure

Date of Submission: \_\_\_\_\_

Name of establishment: \_\_\_\_\_

Address of establishment: \_\_\_\_\_

Phone number of establishment (if available): \_\_\_\_\_

	Owner	Applicant (if different)
Name		
Street Address		
City, State, Zip		
Email		
Telephone		
Fax		

All code references are from the "Food Code, 2013, Recommendations of the United States Public Health Service, Food and Drug Administration" adopted by reference in Administrative Rules of Montana (ARM), Title 37, Chapter 110, Subchapter 2, Section 37.110.260.

**I have submitted plans/applications to the following departments:**

- Planning
- Building
- Fire
- Environmental Health Services
- On-site Wastewater System
- Department of Environmental Quality
- Public Water Supply

Projected date for start of project: \_\_\_\_\_ Completion of project: \_\_\_\_\_

Plans must be submitted for review and approval prior to construction, conversion or remodeling. (Food Code 8-201.11) **Please allow 30 days for review of your application.**

Total square footage of facility: \_\_\_\_\_ Number of floors on which operations are conducted: \_\_\_\_\_

Hours of operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Will this Operation be Seasonal?**  YES Dates \_\_\_\_\_ to \_\_\_\_\_  NO

**Number of seats:** \_\_\_\_\_ **Number of staff (maximum per shift):** \_\_\_\_\_

**Maximum meals to be served (approximately):** Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Total meals/day or Total customers served/day: \_\_\_\_\_

### Food Preparation Review

Providing safe food requires managing the 5 most common causes of foodborne illness as identified by CDC. This will include providing active managerial control over the following risks:

1. Food from unsafe sources
2. Inadequate cooking temperatures
3. Inadequate holding temperatures (including hot and cold holding, cooling)
4. Poor personal hygiene
5. Contaminated equipment

This plan review application will evaluate your proposed procedures, food sources, and facility design and their ability to control the risks of foodborne illness.

Provide the proposed menu, including seasonal, off-site (catering), and banquet menus.

Please check “yes or no” and answer the following questions

**Location of food operation:**

Will all food be prepared, stored, and served in the mobile facility? \_\_\_\_\_

If not, where else will food be prepared or stored? Please be advised that all food must be prepared and stored in a licensed facility (commissary). \_\_\_\_\_

Will unit need to return to a commissary between uses? \_\_\_\_\_

If so, how many meals can be served before return to commissary is necessary? \_\_\_\_\_

**Please identify the flow of food through your facility as described below:**

Check all that apply	YES	NO
100% prepackaged items (no on-site preparation)	<input type="checkbox"/>	<input type="checkbox"/>
Receive, prepare and serve (salads, deli sandwiches, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Receive, prepare, cook and serve (immediately served after cooking)	<input type="checkbox"/>	<input type="checkbox"/>
Receive, prepare, cook, hold and serve	<input type="checkbox"/>	<input type="checkbox"/>
Receive, prepare, cook, hold, cool, reheat and serve	<input type="checkbox"/>	<input type="checkbox"/>
Process includes smoking, curing, and preserving	<input type="checkbox"/>	<input type="checkbox"/>

Other (Describe): \_\_\_\_\_

**FOOD FROM SAFE SOURCES:**

I. Please list all suppliers for this facility. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. **Receiving:** Identify procedures for receiving that assures safe and unadulterated foods. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Will you have live shellstock? (Check one)  YES  NO

If yes, describe the procedures to be used for shellstock tags.(Food Code 3-203.12) \_\_\_\_\_

\_\_\_\_\_

**Storage Facilities:**

1. What is the projected frequency of deliveries (used to identify storage demands) for:

Frozen foods \_\_\_\_\_ days/week

Refrigerated foods \_\_\_\_\_ days/week

Dry goods \_\_\_\_\_ days/week

2. Please list equipment to be used for maintaining refrigerated foods at 41°F (5 °C) and below or frozen. All refrigeration must be commercial grade. (Food Code 4-201.11 and 4-205.10)

Number of commercial refrigeration units:

Storage units \_\_\_\_\_ Capacity in cu.ft. \_\_\_\_\_

Prep Units \_\_\_\_\_ Capacity in cu.ft. \_\_\_\_\_

Walk-in Dimensions: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_ Capacity in cu.ft. \_\_\_\_\_

Walk-in Dimensions: \_\_\_\_\_

3. Does each refrigerator/freezer have a thermometer? (Check one)  YES  NO

Each refrigerator must have a permanently affixed temperature measuring device located in the warmest part of each unit. (Food Code 4-204.112)

4. How often will cold holding temperatures be monitored? \_\_\_\_\_

**Provide copies of log sheets that will be used to record monitored temperatures.**

5. Will you be using raw meats, poultry or seafood? (Check one)  YES  NO If no, see question 6.

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? (Check one)  YES  NO

How will cross-contamination be prevented? \_\_\_\_\_

\_\_\_\_\_

6. What procedures will you use to provide product rotation in this operation? \_\_\_\_\_

\_\_\_\_\_

7. How will dry goods be stored off the floor? \_\_\_\_\_

\_\_\_\_\_

8. Total square feet of dry goods storage shelving space in facility: \_\_\_\_\_

9. What types of containers are used to store bulk food products? This must meet the requirements of 4-101.11 (safe, durable, non-absorbent, easily cleanable) \_\_\_\_\_  
\_\_\_\_\_

10. Please describe how you will store/manage damaged goods in this operation. \_\_\_\_\_  
\_\_\_\_\_

**Training:** The 2013 Food Code 2-102.12 requires at least one employee with supervisory and management responsibility and the authority to direct and control food preparation and service to be a certified food protection manager.

Number(s) of employees with ServSafe or manager certification training: \_\_\_\_\_

Provide copies of the ServSafe Manager certificates

How will food employees be trained in good food sanitation practices? \_\_\_\_\_  
\_\_\_\_\_

## Preparation

### PREVENTING CONTAMINATION FROM HANDS 3-301.11

1. Describe procedures to prevent bare hand contact with exposed, ready-to-eat foods. \_\_\_\_\_  
\_\_\_\_\_

2. Hand contact with raw meats in the cook line is a source of contamination. Please indicate how you will minimize or eliminate hand contact (i.e. use of tongs, spatulas, etc) or otherwise prevent contamination.  
\_\_\_\_\_  
\_\_\_\_\_

### READY TO EAT FOODS

1. Where will produce be washed? \_\_\_\_\_

Food Code 4-301.12(F) A food preparation sink must be provided if food is placed into a sink or sink compartment for the purposes of thawing or cleaning.

2. Will ingredients for cold ready-to-eat food such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? (Check one)  YES  NO  N/A

If not, how will ready-to-eat foods be cooled to 41°F? \_\_\_\_\_  
\_\_\_\_\_

3. How will displayed foods be protected from contamination (i.e. sneeze shields, covered, individually wrapped)? \_\_\_\_\_  
\_\_\_\_\_

### TIME-TEMPERATURE MANAGEMENT

1. Describe the procedure used for minimizing the length of time temperature controlled for safety foods will be kept in the temperature danger zone (41°F - 135°F) during preparation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is thawing temperature controlled for safety food part of your operation?  YES  NO

If yes, please indicate by checking the appropriate boxes how frozen foods will be thawed. More than one method may apply.

**Thawing Method**

- Refrigeration
- Running water (Less than 70° F.)
- Microwave (as part of cooking process)
- Cooked from frozen state

Other (describe): \_\_\_\_\_

**Cooking:**

1. List cooking equipment: \_\_\_\_\_
2. How often will cooking temperatures be monitored? \_\_\_\_\_  
**Provide copies of log sheets that will be used to record monitored temperatures.**
3. Will you be selling or serving raw or undercooked animal foods? This would include eggs or steaks cooked to order. YES NO  
 If yes, then a consumer advisory will be required. (Food Code 3-603.11) Please attach a copy of the notice and reminder that you will use to provide the consumer advisory.

**Hot and Cold Holding:**

4. How will hot temperature controlled for safety (TCS) foods be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units \_\_\_\_\_
  5. How will cold temperature controlled for safety foods be maintained at 41°F (5°C) or below during holding for service? \_\_\_\_\_
  6. Please describe your procedures for assuring that hot and cold holding temperatures are at safe levels. \_\_\_\_\_
- Provide copies of log sheets that will be used to record monitored temperatures.*

**Cooling and Reheating:**

1. Please list categories of food prepared and then cooled more than 12 hours in advance of service: \_\_\_\_\_
2. Will any temperature controlled for safety (TCS) foods be cooled for later service? (Check one) YES NO
3. Please indicate by checking the appropriate boxes how TCS foods will be cooled from 140-70° F in two hours and 70-41° F in four hours. (Food Code 3-501.14)

Cooling Methods	Thick Meat	Thin Meat	Thin Soup, Gravy	Thick Soup, Gravy	Rice, Noodles
Shallow pans	<input type="checkbox"/>				
Ice baths	<input type="checkbox"/>				
Reduce volume or size	<input type="checkbox"/>				
Rapid chill (ice paddles)	<input type="checkbox"/>				
Blast Chiller	<input type="checkbox"/>				

Other (describe) \_\_\_\_\_

- 4. Provide copies of cooling logs that will be used to document your cooling procedures are meeting the standard listed in number 3 above.
- 5. How will TCS foods be reheated for hot holding so that all parts of the food reach a temperature of at least 165° F for 15 seconds within two hours? (Food Code 3-403.11) Include type and number of units used. \_\_\_\_\_

**Specialized processing (3-502.11)** Place a check by any special process you are planning.

- Smoking  Food additives for preservation or to change to a non-TCS food
- Curing  Molluscan shellfish display tank
- Reduced Oxygen Packaging  Sprouting seeds or beans

These processes will require a variance and an approved HACCP plan.

**Serving Highly Susceptible populations**

Will the facility be serving food primarily to a highly susceptible population? (Check one)  YES  NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? \_\_\_\_\_

Are you aware of prohibitions on certain foods when serving to a high risk population? (Food Code 3-801) (Check one)  YES  NO

**Catering Option:** Will you be catering from this facility?  Yes  No

**If yes, then please provide the following:**

- 1. Catering menu
- 2. Provide copies of any log sheets to be used.
- 3. Please indicate how many meals you can safely prepare in addition to the meals referenced on page 2.

Maximum number of meals/event: \_\_\_\_\_

- 4. Please indicate what commercial refrigeration is available for food preparation and storage activities for the catering operation. Include a description of how this will be shared with day to day operations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 5. Please indicate how you will maintain safe food temperatures throughout all phases of your catering operations (receiving, preparation, cooking, cooling, reheating). Include procedures for taking food temperatures. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Potentially hazardous food may not be transported without temperature controls. Please list all equipment used to transport hot or cold food. Provide specification sheets for any equipment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Please list all equipment used to maintain hot TCS food above 135° F for service. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Please list all equipment used to maintain cold potentially hazardous food below 41° F. for service. \_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Please describe how food will be displayed and served. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Please describe what happens with any leftovers. \_\_\_\_\_  
 \_\_\_\_\_

**Employees and Personal Hygiene:**

**Employee Health**

1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? (Check one)     YES    NO   Please attach the policy for review. (Food Code 2-201.11)
2. Provide written procedures for employees to follow for responding to vomiting or diarrheal events that involve discharge onto surfaces in the food establishment. The procedures must address specific actions to be taken to protect the employee, consumers, food and surfaces. (Food Code 2-501-11) Attach a copy for review.
3. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):  
 \_\_\_\_\_

**Handwashing/toilet facilities: (Food Code 5-204.11-12)**

Please check the appropriate box:

	<u>Yes</u>	<u>No</u>	<u>NA</u>
1. Is there a designated, conveniently located handwashing sink in the food preparation, food service and warewashing areas ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do self-closing metering faucets provide a flow of water for at least fifteen seconds without the need to reactivate the faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is hand cleanser available at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 5. Are single-use hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?
- 6. Is hot and cold running water under pressure available at each handwashing sink? Minimum temperature is 100° F.
- 7. Are all toilet room doors that open into the food prep or service areas self-closing?
- 8. Is ventilation provided in toilet rooms?

**Water Source:** Water must be obtained from an approved community public water supply that is currently in compliance with construction, monitoring and water quality requirements. Chlorine will be added with appropriately scaled, food grade devices at the rate of 2 drops per gallon with household bleach of 5.25% hypochlorite solution.

**1. Source:** Provide written authority to use an existing water supply.

- a. Where will water be obtained? \_\_\_\_\_
- b. Public Water Supply ID #: \_\_\_\_\_
- c. Chlorinated at source: \_\_\_\_\_
- d. Chlorinated at point of use: \_\_\_\_\_

**2. Water Connections:** Hoses must be drinking water grade.

- a. Frost-free hydrants are unacceptable as a water source for mobile food units, and semi-permanent buildings.
- b. Hose bibbs can be used when
  - i. There is a backflow preventer or vacuum breaker to protect the water supply.
  - ii. The connections are sanitized and rinsed prior to connecting to the hose.
  - iii. The hose is stored in a protected, approved place with the ends screwed together to prevent contamination.
  - iv. The hose is labeled "For potable water only."
- c. Describe how freshwater tanks will be filled. Water that is hauled to the unit must be transported by a licensed water hauler. \_\_\_\_\_  
\_\_\_\_\_
- d. Describe the water connection on the unit. Water hookups must be above and of a different fitting than the wastewater valve. Provide a drawing. \_\_\_\_\_  
\_\_\_\_\_
- e. Where will the hose be stored between uses? \_\_\_\_\_  
\_\_\_\_\_

**1. Water Storage Tank:** The water tank will be sized at 1.5 to 2 times the maximum daily requirement in order to allow for proper rotation of the water supply.

- a. Maximum daily requirement will be calculated by the sum of the following:
  - i. Utensil washing water volume

Length of Basin \_\_\_\_\_ (ft) X Width of Basin \_\_\_\_\_ (ft) X Depth of Basin \_\_\_\_\_ (ft) X  
 75% capacity X 3 sinks x 7.48 gal/cu.ft X Number times/day Utensils will be washed \_\_\_\_  
 = \_\_\_\_\_ **gallons/day required for Utensil washing**

ii. Hand washing requirements

Number of times/day hands will be washed/person

= \_\_\_\_\_ (hours in operation) x \_\_\_\_\_ (handwash/hour) = \_\_\_\_\_ X Gallons per  
 minute from faucet \_\_\_\_\_ X .33 minutes (20 second hand wash)

X \_\_\_\_\_ (number of employees)

= \_\_\_\_\_ **gallons/day required for Handwashing**

iii. Cleaning and sanitizing requirements: 5 gallons per day for cleaning

**Total gallons per day:** \_\_\_\_\_

b. Storage tank size: What is the size of the fresh water tank? \_\_\_\_\_ Gallons  
 Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

**3. Maintaining a potable water system tank:** The water storage tank will be sanitized with 50 ppm chlorine with a contact time of 12-24 hours

- a. Every 6 months for chlorinated water
- b. Every month for an unchlorinated water source
- c. The sanitized water will be drained from the tank prior to adding potable water. The tank need not be rinsed.

**4. Water treatment systems**

- a. Water treatment system must be a closed system between the water tank and the point of use.
- b. Water treatment must be approved
- c. Leaks are unacceptable.

**5. Monitoring**

- a. In order to determine that a water supply remains at an acceptable quality, a bacteriological analysis will be conducted on water samples at least two times per year.
  - i. The sample will be taken from a faucet inside the unit and sent to a certified water quality lab.
  - ii. Maintain all records of water samples on site for inspection.

**6. Will ice be provided?     YES    NO**

- a.  Ice made on premises? Provide specifications for the ice machine.
- b.  Purchased commercially?
- c. Describe provision for ice scoop storage: \_\_\_\_\_

**7. Is there a water treatment device (i.e. softener, filter, etc)? (Check one)  YES    NO**

If yes, what type of device? Please provide specification sheets and indicate location on the plans.\_\_\_\_  
 \_\_\_\_\_

**8. How will the device be inspected and serviced? \_\_\_\_\_**  
 \_\_\_\_\_

**4. Provide the following information on the size of the hot water generator (heater) for this establishment.**

BTU \_\_\_\_\_ kW \_\_\_\_\_ Temperature Rise \_\_\_\_\_ GPH provided \_\_\_\_\_

Provide a copy of the **hot water heater** specification sheets for calculating hot water needs of this facility.

**Sewage disposal:**

1. Is unit connected to a municipal sewer or public wastewater system? (Check one)  YES  NO
  - a. If not, what is the size of the wastewater tank? \_\_\_\_\_ Gallons
    - i. Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_
  - b. Please be advised that the wastewater tank must be at least 15% larger than the freshwater tank.
2. Describe method and location for wastewater dumping. A written agreement for wastewater disposal must be provided.
 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
3. Are grease traps provided? (Check one)  YES  NO
 

What is the capacity (gallons)? \_\_\_\_\_

Provide a schedule for cleaning and maintenance: \_\_\_\_\_

\_\_\_\_\_
4. Describe location of restroom facilities. Restrooms must be located within 200 feet and must be available during all hours of operation. A written agreement outlining employee restroom use must be provided. \_\_\_\_\_

**Cleaning and Sanitizing**

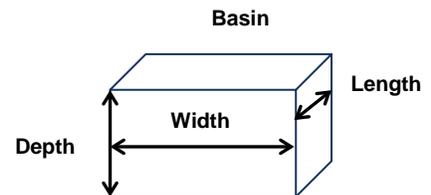
What will be used for utensil washing?

- Three compartment sink in unit
- Three compartment sink at commissary
- Commercial dish machine at commissary

**Three-Compartment Sink**

1. What are the dimensions of each basin of the “three-compartment sink(s)?” (Food Code 4-301.12) See diagram for assistance.

Sink location	Basin Length	Basin Width	Basin Depth	Drainboards (Length)



2. Does the largest pot and pan fit into each compartment of the pot sink? (Check one)  YES  NO
 

If not, what is the procedure for cleaning and sanitizing of those utensils? \_\_\_\_\_

\_\_\_\_\_
5. Are there drain boards on both ends of the pot sink? (Check one)  YES  NO

If not, what is the procedure for stacking dirty dishes and air-drying clean dishes? Note: There must be adequate space to hold dirty dishing until washing and sanitized dishes for air drying. (Food Code 4-301.13) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What type of sanitizer is used? (Check one)

- Chlorine     Quaternary ammonium     Iodine     Hot water  
 Other: \_\_\_\_\_

4. Are test papers and/or kits available for checking sanitizer concentration? (Check one)  YES  NO

5. How often are sanitizer concentrations checked? \_\_\_\_\_

Provide copies of sanitizer log sheets.

**Food Contact Surfaces**

Please indicate the process that will be used to clean equipment in place. This would include counter tops, cooking equipment, cutting boards and other surfaces. (Food Code 4-602.11 (C) \_\_\_\_\_  
 \_\_\_\_\_

Chemical type: \_\_\_\_\_ Concentration: \_\_\_\_\_ Test kit (Check one)  YES  NO

**Building and General Information**

**Finish Schedule**

Applicant must indicate what materials (quarry tile, stainless steel, 4” vinyl covered molding, etc.) will be used in the following areas. All surfaces must be durable, non-absorbent and easily cleanable.

	<i>Floor</i>	<i>Coving</i>	<i>Walls</i>	<i>Ceiling</i>
<b><i>Kitchen</i></b>				
<b><i>Bar</i></b>				
<b><i>Food storage</i></b>				
<b><i>Other storage</i></b>				

**Insect & Rodent Control (Food Code 6-202.15):**

Please check the appropriate box:

- |  | <b>Yes</b>               | <b>No</b>                | <b>NA</b>                |
|--|--------------------------|--------------------------|--------------------------|
| 1. Will all outside doors be self-closing and rodent proof?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will air curtains be used to exclude flying insects? If so, where? _____<br>_____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are screen doors provided on all entrances left open to the outside?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do all openable windows have a minimum #16 mesh screening?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is area around building clear of unnecessary brush, litter, boxes, and other harborage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?
7. Will there be a placement of insect electrocution or entrapment devices?
- If so, where? \_\_\_\_\_

**Garbage & refuse:** (Food Code 5-502.13)

What will be provided for garbage & refuse handling? (Check all that apply, then answer questions located below)

- Dumpster       Compactor       Grease Storage Receptacle  
 Individual Garbage Cans       Recycled Containers

Describe surface and location where **dumpster/compactor/cans** are to be stored: \_\_\_\_\_

Number: \_\_\_\_\_ Size: \_\_\_\_\_

Frequency of pickup: \_\_\_\_\_

Contractor: \_\_\_\_\_

Describe location of **grease storage** receptacle: \_\_\_\_\_

Frequency of pickup: \_\_\_\_\_

Contractor: \_\_\_\_\_

**Recycled Containers:** Indicate what materials will be recycled:

- Glass       Metal       Paper       Plastic       Cardboard

**Plumbing connections:**

An indirect connection to the sewerage system must be provided for any drains originating from food equipment, portable equipment, or for utensils. This would be by floor sink, hub drain or other approved method of breaking the sewer connection. Please indicate all locations where an indirect connection is provided:

- Dishwasher       Ice machines       Ice Storage bins       Food Prep Sinks  
 Water station       Steam tables       Dipper Wells       Beverage dispensers  
 Utensil Sinks       Refrigeration/Condensate Lines  
 Other \_\_\_\_\_

**General:**

1. Will pesticides be stored on site? (Check one)  YES  NO

Indicate location: \_\_\_\_\_

Note: Pesticides must be stored in a locked, separate cabinet away from food and utensils and separate from cleaning and sanitizing agents.

2. Indicate storage location for all toxics (cleaning supplies, chemicals, etc) for use on the premise or for retail sale (this includes personal medications) that is located away from food preparation and storage areas. \_\_\_\_\_

3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? (Check one)  YES  NO

Diluted chemicals must have manufacturer's label attached to spray bottles.

4. Is a mop sink present? (Check one)  YES  NO

Note: 6-206.10 requires a service sink or curbed cleaning facility.

Describe how mops garbage cans, floor mats will be cleaned. \_\_\_\_\_

Describe location for drying mops. \_\_\_\_\_

5. How will linens (towels, tablecloths, napkins, etc) be cleaned? \_\_\_\_\_

6. Location of clean linen storage: \_\_\_\_\_

7. Location of dirty linen storage: \_\_\_\_\_

8. Indicate all areas where exhaust hoods are installed: \_\_\_\_\_

9. How is the ventilation hood system cleaned? \_\_\_\_\_

**Small equipment requirements:**

1. Food product thermometers are required for monitoring food temperatures. Please indicate what type of measuring devices you will provide. Note: The thermometer must be designed for the food being tested; ie. A thermocouple will be required for thin meats and foods. (Food Code 4-302.12)

- Bi-Metal stemmed dial thermometer (Measuring between 0-220°)
- Digital thermometer
- Thermocouple (required for measuring thin products)
- Infrared (for surface temperature screening only)

2. Describe your method and frequency of calibrating thermometers. \_\_\_\_\_

3. Describe your method of sanitizing thermometers. \_\_\_\_\_

4. Please specify the number and types of each of the following:

Slicers	
Cutting boards	
Can openers	
Mixers	
Floor Mats	
Other	

**Attachments:**

- Plans
- Equipment Layout
- Menu
- Employee Health Policy
- Specification Sheets
- Consumer Advisory
- Log Sheets
- Plan Review Fees
- ServSafe Certificates
- Wastewater System Permit
- Water Sample Results
- Certificate of Subdivision Approval

**Written Agreements:**

- Water
- Wastewater
- Garbage
- Toilet Room Facilities
- Commissary



I hereby certify that the information I have supplied is correct, and I fully understand that any deviation from the given information without prior permission from this health regulatory office may nullify final approval.

Signature(s): \_\_\_\_\_  
\_\_\_\_\_

Owner(s) or responsible representative(s)

Date: \_\_\_\_\_



**Approval of these plans and specifications by this regulatory authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

City Limits

**City of Helena Community Development  
Building Division**  
316 N. Park Room 435  
Helena, MT 59623  
(406) 447-8437

**City of Helena Fire Inspection**  
300 Neill Avenue  
Helena, MT 59601  
(406) 447-8472

**City of East Helena**  
City Hall  
7 E. Main  
East Helena, MT 59635  
(406) 227-5321

Lewis & Clark County

**Building Codes Bureau**  
PO Box 200517  
Helena, MT 59620-0517  
(406) 841-2040

**Department of Justice  
Fire Prevention & Investigation Section**  
2225 11th Ave.  
Helena, MT 59601  
(406) 444-2050

On-Site Wastewater

**Subdivision Approval**  
Christal Ness – Permit Coordinator  
316 N. Park Room 230  
Helena, MT 59623  
447-8392

**Environmental Health Services Division**  
316 N. Park Room 230  
Helena, MT 59623  
447-8351

Water Supply

**Public Water Supply:**  
MT Department of Environmental Quality  
1520 E. Sixth Ave  
PO Box 200901  
Helena, MT 59620  
444-4400