



Date Received: _____

FOOD PREPARATION REVIEW FOR
PUBLIC ACCOMMODATIONS - BED & BREAKFAST

Name of establishment: _____

Address of establishment: _____

Maximum meals to be served (approximately): Breakfast _____ Lunch _____ Dinner _____

Hours for Serving: Sun _____ Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____ Sat _____

Method of Serving: Cook to Order Buffet Continental Breakfast Only

Food Preparation Review

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

Food supplies: Please list all suppliers for this facility: _____

Cold storage:

1. All potentially hazardous foods must be maintained cold at 41° F or less with approved refrigeration.
Number of refrigeration units: (Note – refrigeration for food prepared for guests must be separate from residence.)

Storage units _____ Capacity in cu.ft. _____

Prep Units _____ Capacity in cu.ft. _____

All frozen foods must be maintained frozen.

Number of freezer units: _____ Capacity in cu.ft. _____

2. How will cold holding temperatures be monitored? Provide copies of log sheets that will be used to record monitored temperatures. _____

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

If yes, how will cross-contamination be prevented? _____

4. Is ice made on premises? (Circle one) **YES** **NO**
 Or purchased commercially? (Circle one) **YES** **NO**

Describe provision for ice dispensing: _____

Storage Facilities:

1. What is the projected frequency of deliveries for:
 Frozen foods _____ days/week
 Refrigerated foods _____ days/week
 Dry goods _____ days/week
2. How will dry goods be stored off the floor? _____
3. Total square feet of dry goods storage shelving space in facility: _____
4. What types of containers are used to store bulk food products? _____

Thawing frozen potentially hazardous food:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF) in each category will be thawed. More than one method may apply.

<u>Thawing Method</u>	Thick Frozen Foods >1"	Thin Frozen Foods <=1"
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running water (less than 70°F)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____		

Cooking:

List cooking equipment: _____

Hot/Cold Holding for Displayed Foods:

1. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service? _____
 Indicate type and number of hot holding units: _____
2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? _____
 Indicate type and number of cold holding units: _____
3. How will displayed foods be protected from contamination (i.e. sneeze shields, covered, individually wrapped)? _____

Preparation:

1. How will food employees be trained in good food sanitation practices? _____

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

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). _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? (Circle one) **YES** **NO**

4. 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? (Circle one) **YES** **NO**
If not, how will ready-to-eat foods be cooled to 41°F? _____

5. Where will produce be washed? _____

If sink is to be used for multiple uses, describe the procedure for cleaning and sanitizing multiple use sinks between uses? _____

6. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation: _____

7. Please list categories of food prepared more than 12 hours in advance of service: _____

8. Will any potentially hazardous foods be cooled for later service? (Circle one) **YES** **NO**
If yes, please indicate by checking the appropriate boxes how PHF's will be cooled from 140-70° F in two hours and 70-41° F in four hours.

<u>Cooling Methods</u>	<u>Thick Meats</u>	<u>Thin Meats</u>	<u>Thin Soups, Gravy</u>	<u>Thick Soups, Gravy</u>	<u>Rice, Noodles</u>
Shallow pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce volume or size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blast Chiller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds within two hours? Include type and number of units used. _____

Catering Option: Will you be catering from this facility? (Circle one) **YES** **NO**
 If, yes then a food license with a catering endorsement must be obtained. Submit a plan review application for food service review.

Employees and personal hygiene:

1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? (Circle one) **YES** **NO**
 Please describe briefly: _____

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____

Handwashing/toilet facilities:

Yes **No** **NA**

Please check the appropriate box:

1. Is there a designated handwashing sink in the food preparation area? (B & B serving up to 10 meals per day may use a compartment of a dishwashing sink for hand washing.)
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?
3. Do self-closing metering faucets provide a flow of water for at least fifteen seconds without the need to reactivate the faucet?
4. Is hand cleanser available at all handwashing sinks?
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?
7. Are all toilet room doors that open into the food areas self-closing?
8. Is ventilation provided in toilet rooms?

Dishwashing facilities

What will be used for ware washing? (Check one, then answer questions for that provision located below)

- Two compartment sink with approved domestic dishwasher
- Three compartment sink
- Commercial dish machine

Two Compartment Sink with Approved Domestic Dishwasher

Dishwasher Provided: (manufacturer and model number) _____

Method of measuring temperature recorded on log sheet maintained at the facility:

- Maximum Registering Thermometer
- Thermal Label at 160° F

Three-Compartment Sink

What are the dimensions of the “three-compartment sink?”

Sink location	Length Of basin	Width Of basin	Depth Of basin	Drainboards (Length)

- Does the largest pot and pan fit into each compartment of the pot sink? *(Circle one)* **YES** **NO**
 If not, what is the procedure for manual cleaning and sanitizing? _____

- Are there drain boards on both ends of the pot sink? *(Circle one)* **YES** **NO**
 If not, what is the procedure for stacking dirty dishes and air-drying clean dishes? _____

- What type of sanitizer is used? *(Check one)*
 Chlorine Quaternary ammonium Iodine Hot water
 Other: _____
- Are test papers and/or kits available for checking sanitizer concentration? *(Circle one)* **YES** **NO**

Commercial Dish machine -- Type of sanitization used

Hot water with booster heater: _____

Chemical type: _____

Is ventilation provided? *(Circle one)* **YES** **NO**

Do all dish machines have templates with operating instructions? *(Circle one)* **YES** **NO**

Do all dish machines have temperature/pressure gauges as required that are accurately working?
(Circle one) **YES** **NO**

List backup plan for dishwashing machine malfunction: _____

Food Contact Surfaces

- How will cooking equipment, cutting boards, counter tops, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be washed, rinsed and sanitized? _____

 Chemical type: _____ Concentration: _____ Test kit *(Circle one)*: **YES** **NO**

General:

- Provide the following information on the size of the hot water generator for this establishment.
 BTU _____ kW _____ Temperature Rise _____ GPH provided _____
 Provide a copy of the **hot water heater and dish machine** cut sheets for calculating hot water needs of this facility.

2. Will pesticides be stored on site? (Circle one) **YES NO**
Note: Pesticides must be stored in a locked, separate cabinet away from food and utensils.
3. 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. _____
4. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? (Circle one) **YES NO**
 Diluted chemicals must have manufacturer's label attached to spray bottles.

Small equipment requirements:

1. Food product thermometers are required for monitoring food temperatures. Please indicate what type(s) of measuring devices you will provide.
- Bi-Metal stemmed dial thermometer (Measuring between 0-220°)
 - Digital thermometer
 - Thermocouple (required for measuring thin products)
 - Infrared (for surface temperature screening only)

- Attachments: Catering Endorsement Request
 Menu



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.

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

Department of Justice
 Fire Prevention and Investigation Bureau
 1310 East Lockey
 Helena, MT 59620-1415
 (406) 444-2050

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

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

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

Food Service Employee Health Policy Example

Manager Responsibility

All food employees shall be excluded from a food establishment if:

- 1) Symptomatic with vomiting or diarrhea (unless from a noninfectious condition); or
- 2) Symptomatic with vomiting or diarrhea and diagnosed with an infection from Norovirus, *Shigella* spp., or Enterohemorrhagic or Shiga Toxin-Producing *E. coli*.

Any food employee diagnosed with an infection and is asymptomatic from Norovirus; enterohemorrhagic or shiga toxin-producing *E. coli*; *Shigella* spp.

- (a) Exclude the food employee who is serving a highly susceptible population and
- (b) Shall be restricted from work in a food service establishment **in any capacity** in which there is likelihood of such person contaminating food or food contact surfaces with pathogenic organisms or transmitting disease to other persons.

Food employees experiencing persistent sneezing, coughing or runny nose that causes uncontrolled discharges from the eyes, nose or mouth may not work with exposed food; clean equipment, utensils, and linens; or unwrapped single-service or single-use articles.

Employee Responsibility

All food employees will report any of the following symptoms to the person in charge:

- 1) Vomiting,
- 2) Diarrhea,
- 3) Jaundice,
- 4) Sore throat with fever, or
- 5) A lesion containing pus such as a boil or infected wound that is open or draining and is:
 - a) On the hands or wrists, *unless an impermeable cover such as a finger cot or stall protects the lesion and a SINGLE-USE glove is worn over the impermeable cover*
 - b) On exposed portions of the arms, *unless the lesion is protected by an impermeable cover, or*
 - c) On other parts of the body, *unless the lesion is covered by a dry, durable, tight-fitting bandage;*
- 6) An illness diagnosed by a Health Practitioner due to:
 - a) Norovirus,
 - b) Hepatitis A virus,
 - c) *Shigella* spp.,
 - d) Enterohemorrhagic OR shiga toxin-producing *Escherichia coli*, or
 - e) *Salmonella* Typhi;