



Food Establishment Operation Plan Review Application

Receipt Number _____
Date Received _____

Type of Plan: Change of Ownership Menu revisions Endorsement change

Type of service (check all that apply): Restaurant Bar Caterer Take out Bakery

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

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:

1. 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 | <input type="checkbox"/> |
| Running water (Less than 70° F.) | <input type="checkbox"/> |
| Microwave (as part of cooking process) | <input type="checkbox"/> |
| Cooked from frozen state | <input type="checkbox"/> |

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"/>	<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 (ice paddles)	<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) _____

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is hot and cold running water under pressure available at each handwashing sink? Minimum temperature is 100° F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all toilet room doors that open into the food prep or service areas self-closing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is ventilation provided in toilet rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Source: Municipal Public: Public Water Supply ID# _____ Private

If private, submit **non-public water construction and use application**. (37.110.267, FCS Circular #1-2012)

Please provide a copy of the well log.

Please provide the results of a bacteriological water test and a nitrate + nitrite water test.

1. Will ice be provided? YES NO

Ice made on premises? Provide specifications for the ice machine.

Purchased commercially?

Describe provision for ice scoop storage: _____

Note: Special requirements for labeling, water testing, ice testing and separation are required for ice bagging operations. Please contact our office for these requirements.

2. 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. _____

3. 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 and dish machine** specification sheets for calculating hot water needs of this facility.

Sewage disposal:

Is building connected to a municipal sewer or public wastewater system? (Check one) YES NO

1. If no, **submit non-public wastewater system use application** for review and approval your proposed operation.

Provide a copy of the Certificate of Subdivision Approval and Wastewater system permits. Contact Environmental Health Services to obtain a copy.

2. Are grease traps provided? (Check one) YES NO

What is the capacity (gallons)? _____

Provide a schedule for cleaning and maintenance: _____

Cleaning and Sanitizing

What will be used for utensil washing?

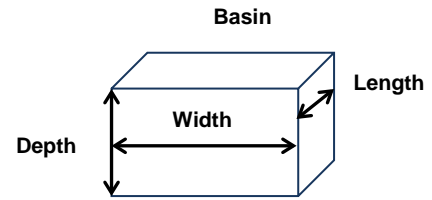
Three compartment sink

Commercial dish machine

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? _____

3. 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.

Commercial Dish Machine

- Type of sanitization used
 - Hot water with booster heater
 - Low Temperature with chlorine sanitizer
- Is ventilation provided? (Check one) YES NO
- Do all dish machines have templates with operating instructions? (Check one) YES NO
- Do all dish machines have temperature/pressure gauges as required that are accurately working?
(Check one) YES NO
- How often are chemicals checked for dishmachine? _____
- Describe backup plan for dishwashing machine malfunction: _____

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

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

Please check the appropriate box:

	<u>Yes</u>	<u>No</u>	<u>NA</u>
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? _____ _____	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will there be a placement of insect electrocution or entrapment devices? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Compacter 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

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. Will linens (towels, tablecloths, napkins, etc) be laundered on site? (Check one) YES NO

If yes, is a laundry dryer available? (Check one) YES NO

If no, how will linens 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:
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Plans | <input type="checkbox"/> Equipment Layout | <input type="checkbox"/> Menu | <input type="checkbox"/> Employee Health Policy |
| <input type="checkbox"/> Specification Sheets | <input type="checkbox"/> Consumer Advisory | <input type="checkbox"/> Log Sheets | <input type="checkbox"/> Plan Review Fees |
| <input type="checkbox"/> ServSafe Certificates | <input type="checkbox"/> Wastewater System Permit | <input type="checkbox"/> Water Sample Results | <input type="checkbox"/> Certificate of Subdivision Approval |
| <input type="checkbox"/> Non-Public Water and Wastewater System Construction and Use Application | | | |

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 agency. 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 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

On-Site Wastewater**Subdivision Approval**

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

Water Supply**Public Water Supply:**

MT Department of Environmental Quality
1520 E. Sixth Ave
PO Box 200901
Helena, MT 59620
444-4400

City of Helena Fire Inspection

300 Neill Avenue
Helena, MT 59601
(406) 447-8472

Department of Justice**Fire Prevention & Investigation Section**

2225 11th Ave.
Helena, MT 59601
(406) 444-2050

Environmental Health Services Division

316 N. Park Room 230
Helena, MT 59623
447-8351

Non-public Water Supply- if you do not meet the definition of PWS, then you must meet minimum standards and complete the non-public water and wastewater application form.