



Bed and Breakfast Plan Review Application
Public Accommodations

Date of Submission: _____

Establishment Name: _____

Establishment Address: _____

Approximation of maximum meals to be served:

Breakfast _____

Lunch _____

Dinner _____

Hours of Serving:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Food Preparation Review

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

Food Supplies

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

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 or ready-to-eat foods? Yes No
- If yes, how will cross contamination be prevented?

4. Will ice be made on premise or purchased commercially? _____
- Describe provision for ice dispensing.

Storage Facilities

1. What is the projected frequency of deliveries for:
- Frozen food: _____ days per week
 - Refrigerated foods: _____ days per week
 - Dry goods: _____ days per week

2. How will dry goods be stored off the floor?

3. Total square feet of dry goods storage shelving space in the 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 of how frozen potentially hazardous foods (PHF) in each category will be thawed. More than one method may apply.

Thawing Method	Thick frozen foods >1"	Thin frozen foods ≤1"
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
Running water (<70°F)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from frozen state	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe) _____

Cooking

List all 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 hot 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?

2. Hand contact with raw meats in the cook like is a source of contamination. 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?

4. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No

- If no, 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 PHFs will be kept in the temperature danger zone (41°F - 140°F) during preparation.

7. List categories of food prepared more than 12 hours in advance of service

8. Will any potentially hazardous foods be cooled for later service? Yes No
- If yes, indicate by checking the appropriate boxes how PHFs will be cooled from 140°F - 70°F in two hours and 70°F – 41°F in four hours.

Cooling Methods	Thick Meat	Thin Meat	Thick Soup/Gravy	Thin 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) _____

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

Catering

1. Will you be catering from this facility? 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? Yes No

- Briefly describe

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

Handwashing and Toilet Facilities

Check the appropriate box for the following questions:

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| 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 handwashing) | <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"/> |
| 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"/> |
| 4. Is hot and cold running water under pressure available at each handwashing sink? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all toilet room doors that open into the food areas self-closing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is ventilation provided in toilet rooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is hand cleanser available at all handwashing sinks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dishwashing Facilities

1. What will be used for ware washing (check one, then answer questions for that provision 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 _____
 - Basin Length _____ Basin Width _____
 - Basin Depth _____ Drainboard Length _____
- Does the largest pot and pan fit into each compartment of the pot sink? Yes No
 If not, what is the procedure for manual cleaning and sanitizing?

- Are their drain boards on both ends of the pot sink?
If not, what is the procedure for stacking dirty dishes and air-drying clean dishes?

- What type of sanitizer is used?

Chlorine
 Iodine
 Hot Water
 Quaternary Ammonium
 Other _____

- Are test papers and/or kits available for checking sanitizer concentration? Yes No

Commercial Dish Machine – Type of sanitation used

- What type of sanitation used? _____
- Hot water with booster heater _____
- Chemical type _____
- Is ventilation provided? Yes No
- Do all dish machines have templates with operating instructions? Yes No
- Do all dish machines have temperature / pressure gauges as required that are accurately working? Yes No
- List backup plan for dishwashing machine malfunction

Food Contact Surfaces

1. 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?

2. Chemical type _____ Concentration _____

3. Is there a test kit? Yes No

General

1. Provide the following information on the size of the hot water generator for this establishment

BTU _____ kW _____ Temp 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? 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? (diluted chemicals must have manufacturer's label attached to spray bottles) Yes No

Small Equipment Requirements

1. Food product thermometers are required for monitoring food temperatures. Indicate what type(s) of measuring devices you will provide:
- Di-metal stemmed dial thermometer (measuring between 0 - 220°F)
 - Digital thermometer
 - Thermocouple (required for measuring thin products)
 - Infrared (for surface temperature screening only)

Attachments

- Catering Endorsement Request
- Menu

Submit this application to

Lewis & Clark Public Health
ATTN: Licensed Establishment Admin
1930 9th Ave
Helena, MT 59601

If you wish to discuss your plan with a sanitarian, contact us ahead of time to make an appointment. Leave a message at 406-457-8919 and we will return your call or email us at PHLicEst@lccountymt.gov.

Payment

Lewis & Clark County accepts cash, checks, credit cards, or money orders for payment.

Please either drop off payment or mail to the address above.

Contact us at 406-457-8977 to make arrangements to pay via credit card by phone. You must submit an application before payment can be received.

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

Date

Signature

Date

Approval of these plans and specifications by this regulatory authority does not include 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 and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

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

City of East Helena
City Hall
7 East Main Street
East Helena, MT 59635
406-227-5321

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

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

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

EXAMPLE: Food Service Employee Health Policy

Manager Responsibility

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

- Symptomatic with vomiting or diarrhea (unless from noninfectious condition); or
- 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.

- Exclude the food employee who is serving a highly susceptible population and
- 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:

- Vomiting
- Diarrhea
- Jaundice
- Sore throat with fever
- A lesion containing pus such as a boil or infected wound that is open or draining and is
 - 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
 - On expose portions of the arms, unless the lesion is protected by an impermeable cover
 - On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage
- An illness diagnosed by a Health Practitioner due to:
 - Norovirus
 - Hepatitis A virus
 - *Shigella* spp.
 - Enterohemorrhagic OR Singa toxin-producing *Escherichia coli*
 - *Salmonella Typhi*