



Mobile Food Plan Review Application

Type of Plan

☐

New

☐

Remodel

☐

Conversion

☐

Change of Ownership

Type of Service

☐

Mobile Food Unit

☐

Mobile Food Cart

☐

Semi-Permanent

Establishment Information

Name _____

Address _____

Phone Number _____

Owner Information

Name _____

Mailing Address _____

City, State, Zip _____

Phone Number _____

Email _____

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.

Attachments

☐

Plans

☐

Consumer Advisory

☐

Employee Health Policy

☐

Menu

☐

Equipment Layout

☐

Plan Review Fees

☐

Log Sheets

☐

Specification Sheets

☐

Certified Food Protection Manager Certificates

Written Agreements

☐

Garbage

☐

Toilet Room Facilities

☐

Water

☐

Wastewater

☐

Commissary

Additional item if using non-public water supply and/or wastewater system:

☐

Non-Public Water and Wastewater Construction and Use Application

I have submitted plans/applications to the following departments:

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Environmental Health Services On-site Wastewater System

☐

Department of Environmental Quality, Public Water Supply

☐

Fire

☐

Building

☐

Planning

Projected Dates

Start Date: _____ End Date: _____

Operation Information

1. Square footage of facility: _____

2. Number of floors which operations are conducted: _____

3. Hours of Operation:

Sunday _____ Monday _____

Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Saturday _____

4. Is this operational seasonal? ☐ No ☐ Yes open from _____ to _____

5. Number of Seats: _____

6. Number of staff (maximum per shift): _____

7. Maximum meals to be served (approximately):

Breakfast _____ Lunch _____ Dinner _____

Total meals per day _____ Total customers served per 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:

- Food from unsafe sources
- Inadequate cooking temperatures
- Inadequate holding temperatures (including hot and cold holding, cooling)
- Contaminated equipment
- Poor personal hygiene

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)m and banquet menus.

Location of Food Operation

1. Will **all** food be prepared, stored, and served in the mobile facility? ☐ No ☐ Yes

If not, where else will food be prepared or stored? Be advised that all food must be prepared and stored in a licensed facility (commissary). **This will require a separate review and license for that commissary.** Provide a written agreement if you are using a licensed kitchen that defines hours of use, facility needs, storage and equipment use.

2. Will the mobile unit need to return to a commissary between uses? ☐ No ☐ Yes

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

Flow of Food

Check all that apply:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 100% prepackaged items (no on-site preparation) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Receive, prepare and serve (salads, deli sandwiches, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Receive, prepare, cook, and serve (immediately served after cooking) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Receive, prepare, cook, hold and serve |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Receive, prepare, cook, hold, cool, reheat and serve |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Process includes smoking, curing, and preserving |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other (describe): _____ |

Food Sources

1. List all suppliers for this facility.

2. Identity procedures for receiving, that assures safe and unadulterated food.

3. Will you have live shell stock? ☐ No ☐ Yes

- If yes, describe procedures used for shell stock 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 per week
 - Refrigerated Foods: _____ days per week
 - Dry Goods: _____ days per week
2. 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). Ice cannot be used in place of mechanical refrigeration.
 - Number of commercial refrigeration units:
 - Storage units _____ Total Capacity in cu. Ft _____
 - Prep units _____ Total Capacity in cu. Ft _____
 - Walk-in Dimensions _____
 - Number of commercial freezer units:
 - Freezer units _____ Capacity in cu. Ft _____
 - Walk-in Dimensions _____
3. Does each refrigerator/freezer have a thermometer? ☐ Yes ☐ No
 - Each refrigerator must have a permanently affixed thermometer 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? ☐ Yes ☐ No
 - Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ ready-to-eat foods? ☐ 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. 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.

1. Number(s) of employees with certified food protection manager training (provide copies of the Certified Food Protection Manager certificates) _____
2. How will food employees be trained in good food sanitation practices?

Preparation

Preventing Contamination from Hands 2013 Food Code 3-301.11

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

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

Ready-To-Eat Foods

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.

1. Where will produce be washed?

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? ☐ 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.

(Check all that apply)

☐

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 includes eggs or steaks cooked to order) ☐ No ☐ Yes

- If yes, then a consumer advisory will be required. (Food Code 3-603.11) Attach a copy of the notice and reminder that you will use to provide the consumer advisory.

Hot and Cold Holding

1. 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.

2. How will cold temperature controlled for safety foods be maintained at 41°F (5°C) or below during holding for service?

3. 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. 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? ☐ Yes ☐ No
3. Cooling operations in mobile units will be approved on a case by case basis with appropriate space and equipment. Describe your process to cool TCS foods from 140°F – 70°F in two hours and 70°F – 41°F in four hours. (3-501.14).
-
-
-
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 can 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.
-
-
-

Catering Option

Will you be catering from this facility? ☐ No ☐ Yes, provide the following information:

- Catering menu
 - Copies of any log sheets to be used
 - How many meals you can safely prepare in addition to meals referenced on page 2? _____
 - 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.
-
-
-
- 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.
-
-
-
- Potentially hazardous food may not be transported without temperature controls. List all equipment used to transport hot or cold food. Provide specification sheets for any equipment.
-
-
-

- List all equipment used to maintain hot TCS food above 135°F for service

- List all equipment used to maintain cold potentially hazardous food below 41°F for service.

- Describe how food will be displayed and served.

- Describe what happens with any leftovers.

Employees and Personal Hygiene

The Employee Health and Personal Hygiene handbook can be downloaded from the FDA web site. It contains forms, posters, and decision tools to protect your customers:

<http://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatoryassistanceandtrainingresources/ucm113827.htm>

1. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **Attach the policy for review** (2-201.11). ☐ No ☐ Yes
2. Provide written procedures for employees to follow for responding to vomit 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. (2-501-11)
Attach a copy for review.
3. Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, etc.)

Handwashing and Toilet Facilities

	Yes	No	N/A
- Is there a designated handwashing sink in the food preparation area, food service, and ware washing areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 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"/>
- Do self-closing metering faucets provide a flow of water for at least fifteen seconds without 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 each handwashing sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 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"/>
- 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"/>
- Is hand cleanser available at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Is ventilation provided in toilet rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. If not chlorinated, chloring 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.

Source:

Provide a written authority to use an existing water supply.

1. Where will water be obtained? _____
2. Public Water Supply ID#: _____
3. Chlorinated at source: _____
4. Chlorinated at point of use: _____

Water Connections:

Hoses must be drinking water grade.

1. Frost-free hydrants are unacceptable as a water source for mobile food units, and semi-permanent buildings.
2. Hose bibbs can be used when:
 - There is a backflow preventer or vacuum breaker to protect the water supply.
 - The connections are sanitized and rinsed prior to connecting to the hose.
 - The hose is stored in a protected, approved place with the ends screwed together to prevent contamination.
 - The hose is labeled "For potable water only".
3. Describe how freshwater tanks will be filled. Water that is hauled to the unit must be transported by a licensed water hauler.

4. Describe the water connection on the unit. Water hookups must be above and of a different fitting than the wastewater valve. Provide a drawing.

5. Where will the hose be stored between uses?

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 ARM 37.110.267 (24)(25). A maximum of 40 gallons is required for units that process food and beverages.

1. Maximum daily requirement will be calculated by the sum of the following:

- 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 (7.48gal/cu.ft) X (# of times/day utensils are washed)
= gallons/day required for utensil washing

- Hand washing requirements:

Number of times per day hands will be washed per person = (hours of operation) X
(handwash/hour) = (# gal per minute from faucet) X (0.33 minutes (20 second hand wash)) X
(# of employees)
= gallons/day required for handwashing

- Cleaning and sanitizing requirements: 5 gallons per day for cleaning

Total gallons per day: _____

2. Storage tank size

- What is the size of the freshwater tank in gallons? _____

- Height _____ Width _____ Depth _____

- All facilities must meet the size requirements as specified in ARM 37.110.267 (25).

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.

1. Every 6 months for chlorinated water.
2. Every month for an unchlorinated water source.
3. The sanitized water will be drained from the tank prior to adding potable water. The tank need not be rinsed.

Tank:

1. Water treatment system must be a closed system between the water tank and the point of use.
2. Water treatment must be approved.
3. Leaks are unacceptable.

Water Source Information

1. Will ice be provided? ☐ No ☐ Yes, check the following answer:
☐ Ice is made on premises. Provide specifications for the ice machine.
☐ Purchased commercially

Describe provisions for ice scoop storage:

2. Is there a water treatment device (i.e. softener, filter, etc.)? ☐ No ☐ Yes
– If yes, what type of device? Provide specification sheets and list 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. Must be large enough to supply hot water at all times the facility is in operation.

BTU _____ GPH Provided _____
kW _____ Temperature Rise _____

Sewage Disposal

1. Is unit connected to a municipal sewer or public wastewater system? ☐ Yes ☐ No
– If no, what is the size of the wastewater tank (in gallons)? _____
– **Note:** 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 approved.

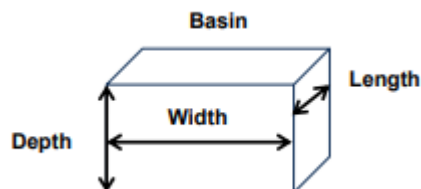
3. Are grease traps provided? ☐ No ☐ Yes
– What is the capacity (in gallons)? _____
– Provide a schedule for cleaning and maintenance:

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

List dimensions for the three compartment sink(s) below: (Food Code 4-301.12)

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

1. Does the largest pot and pan fit into each compartment of the pot sink? ☐ Yes ☐ No
If not, what is the procedure for cleaning and sanitizing of those utensils?

2. Are there drain boards on both ends of the pot sink? ☐ Yes ☐ No
If not, what is the procedure for stacking dirty dishes and air-drying clean dishes? There must be adequate space to hold dirty dishes until washing and sanitized dishes for air drying (Food Code 4-301.13).

3. What type of sanitizer is used? Must be approved for food contact surfaces.

- ☐ Chlorine ☐ Quaternary ammonium ☐ Iodine ☐ Hot water
- ☐ Other _____

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

4. How often are sanitizer concentrations checked? Provide copies of sanitizer log sheets.

Food Contact Surfaces

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

Chemical type: _____ Concentration: _____

Test Kit? ☐ No ☐ Yes

Building and General Information

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

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				

Insect and Rodent Control (Food Code 6-202.15)

	Yes	No	N/A
Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all openable windows have a minimum of #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is area around the building clear of unnecessary brush, litter, boxes, and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a placement of insect electrocution or entrapment devices? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Garbage and Refuse (Food Code 5-502.13)

Provide a written agreement for storage and disposal of wastes.

1. What will be provided for garbage & refuse handling? (Check all that apply)

- ☐ Dumpster ☐ Grease Storage Receptacle ☐ Recycled Containers
☐ Compacter ☐ Individual Garbage Cans

2. Describe surface and location where **dumpster / compactor / cans** are to be stored:

- Number _____ Size _____
- Frequency of pickup _____ Contractor _____

3. Describe location of **grease storage** receptacle:

- Frequency of pickup _____ Contractor _____

4. If using 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. Indicate all locations where an indirect connection is provided:

<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Ice Machines	<input type="checkbox"/> Ice Storage Bins
<input type="checkbox"/> Food Prep Sinks	<input type="checkbox"/> Water Station	<input type="checkbox"/> Steam tables
<input type="checkbox"/> Dipper wells	<input type="checkbox"/> Beverage Dispensers	<input type="checkbox"/> Refrigeration / Condensate Lines
<input type="checkbox"/> Utensil Sinks	<input type="checkbox"/> Other _____	

General Information

1. Will pesticides be stored on site? ☐ Yes ☐ No

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

- Where will pesticides be stored?

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? ☐ Yes ☐ No

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

4. Describe how floors, mops, garbage cans, and floor mats will be cleaned.

5. Describe location for drying mops

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. Indicate what type of measuring devices you will provide. Note: The thermometer must be designed for the food being tested; i.e. Thermocouple for thin meats and foods. (4-302-12)

☐

Bi-Metal stemmed dial for thermometer (measuring between 0-220°)

☐

Digital thermometer

☐

Thermocouple (required for measuring thin products)

☐

Infrared (for surfaces temperature screening only)

2. Describe your method and frequency of calibrating thermometers

3. Describe your method of sanitizing thermometers

4. Specify the number and types of each of the following:

Slicers	
Cutting boards	
Can openers	
Mixers	
Floor Mats	

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 with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

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 of Owner or Responsible Representative	_____ Date
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_____ Signature of Owner or Responsible Representative	_____ Date
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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.

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 Ave

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

406-447-8392

Environmental Health Services Division

316 N Park Room 230

Helena, MT 59623

406-447-8351

Water Supply

Public Water Supply

MT Dept. of Environmental Quality

1520 E. 6th Ave

PO Box 200901

Helena, MT 59620

406-444-4400

Non-Public Water Supply

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