

*Division of Disease Control and Prevention*

1930 Ninth Avenue, Helena MT 59601

Phone: 406-457-8900

Fax: 406-457-8997

**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)*:**

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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  Environmental Health Services

Building On-site Wastewater System

Fire  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) |  |  |
| Receive, prepare and serve (salads, deli sandwiches, etc) |  |  |
| Receive, prepare, cook and serve (immediately served after cooking) |  |  |
| Receive, prepare, cook, hold and serve |  |  |
| Receive, prepare, cook, hold, cool, reheat and serve |  |  |
| Process includes smoking, curing, and preserving |  |  |
| 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

1. Please list equipment to be used for maintaining refrigerated foods at 41oF (5 oC) 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:

1. 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)

1. How often will cold holding temperatures be monitored?

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

1. 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?

1. What procedures will you use to provide product rotation in this operation?
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? This must meet the requirements of 4-101.11 (safe, durable, non-absorbent, easily cleanable)
5. 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.

1. 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 41ºF?

1. 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 (41ºF - 135ºF) 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*.

1. 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:**

1. How will hot temperature controlled for safety (TCS) foods be maintained at 135ºF (60ºC) 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 41ºF (5ºC) or below during holding for service?
3. 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 140-70º F in two hours and 70-41º 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 |  |  |  |  |  |
| Ice baths |  |  |  |  |  |
| Reduce volume or size |  |  |  |  |  |
| Rapid chill (ice paddles) |  |  |  |  |  |
| Blast Chiller |  |  |  |  |  |

Other (describe)

1. Provide copies of cooling logs that will be used to document your cooling procedures are meeting the standard listed in number 3 above.
2. How will TCS foods be reheated for hot holding so that all parts of the food reach a temperature of at least 165º 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:

1. 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.
2. 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.
3. 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.
4. Please list all equipment used to maintain hot TCS food above 135° F for service.
5. Please list all equipment used to maintain cold potentially hazardous food below 41° F. for service.
6. Please describe how food will be displayed and served.
7. 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: | **Yes** | **No** | **NA** |
| 1. Is there a designated, conveniently located handwashing sink in the food preparation, food service and warewashing areas ? |  |  |  |
| 1. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? |  |  |  |
| 1. Do self-closing metering faucets provide a flow of water for at least fifteen seconds without the need to reactivate the faucet? |  |  |  |
| 1. Is hand cleanser available at all handwashing sinks? |  |  |  |
| 1. Are single-use hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? |  |  |  |
| 1. Is hot and cold running water under pressure available at each handwashing sink? Minimum temperature is 100° F. |  |  |  |
| 1. Are all toilet room doors that open into the food prep or service areas self-closing? |  |  |  |
| 1. Is ventilation provided in toilet rooms? |  |  |  |

**Water Source:** MunicipalPublic: 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.

1. 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.

1. How will the device be inspected and serviced?
2. 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.

1. 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.

**Length**

**Basin**

**Width**

**Depth**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? *(Check one)* **YES** **NO**

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

1. 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)

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

Chlorine  Quaternary ammonium  Iodine  Hot water

Other:

1. Are test papers and/or kits available for checking sanitizer concentration? *(Check one)* **YES** **NO**
2. How often are sanitizer concentrations checked?

Provide copies of sanitizer log sheets.

**Commercial Dish Machine**

1. Type of sanitization used

Hot water with booster heater

Low Temperature with chlorine sanitizer

1. Is ventilation provided? *(Check one)* **YES NO**
2. Do all dish machines have templates with operating instructions? *(Check one)* **YES NO**
3. Do all dish machines have temperature/pressure gauges as required that are accurately working?

*(Check one)* **YES NO**

1. How often are chemicals checked for dishmachine?
2. 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: | **Yes** | **No** | **NA** |
| 1. Will all outside doors be self-closing and rodent proof? |  |  |  |
| 1. Will air curtains be used to exclude flying insects? If so, where? |  |  |  |
| 1. Are screen doors provided on all entrances left open to the outside? |  |  |  |
| 1. Do all openable windows have a minimum #16 mesh screening? |  |  |  |
| 1. Is area around building clear of unnecessary brush, litter, boxes, and other harborage? |  |  |  |
| 1. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? |  |  |  |
| 1. 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  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.

1. 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.
2. 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.

1. 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.

1. 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?

1. Location of clean linen storage:
2. Location of dirty linen storage:
3. Indicate all areas where exhaust hoods are installed:
4. 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)

1. Describe your method and frequency of calibrating thermometers.
2. Describe your method of sanitizing thermometers.
3. Please specify the number and types of each of the following:



*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

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 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

**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.

444-4400