



## Food Establishment Plan Review Application

(Not for **mobile** food establishments)

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. Missing attachments may delay your review and approval.

Plan Review Application Fee: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date Submitted \_\_\_\_\_

### Type of Plan

☐

New

☐

Remodel

☐

Conversion

### Type of Service (check all that apply)

☐

Bakery

☐

Caterer

☐

Retail Food Store

☐

Wholesale/Manufacturing

☐

Takeout

☐

Restaurant

☐

Bar

### 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***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Plans                                       | <input type="checkbox"/> Consumer Advisory                              | <input type="checkbox"/> Employee Health Policy |
| <input type="checkbox"/> Menu  | <input type="checkbox"/> Equipment Layout                               | <input type="checkbox"/> Plan Review Fees       |
| <input type="checkbox"/> Log Sheets                                  | <input type="checkbox"/> Catering Endorsement Request                   | <input type="checkbox"/> Specification Sheets   |
| <input type="checkbox"/> Policy for Vomiting and Diarrheal Accidents | <input type="checkbox"/> Certified Food Protection Manager Certificates |   |

### ***Outside City Limits*** – Please Include the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Certificate of Subdivision Approval          | <input type="checkbox"/> Wastewater System Permit |
| <input type="checkbox"/> Non-Public Water and Wastewater Construction | <input type="checkbox"/> Water Sample Results     |

### ***I have submitted plans/applications to the following departments:***

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Environmental Health Services On-site Wastewater System  |                                   |                                   |
| <input type="checkbox"/> Department of Environmental Quality, Public Water Supply |                                   |                                   |
| <input type="checkbox"/> Fire   | <input type="checkbox"/> Building | <input type="checkbox"/> Planning |

### ***Projected Start Date***

Date: \_\_\_\_\_

### ***Projected Completion Date***

Date: \_\_\_\_\_

### ***Operation Information***

Total square footage of facility: \_\_\_\_\_

Number of floors which operations are conducted: \_\_\_\_\_

Hours of Operation:

Sunday _____	Monday _____
Tuesday _____	Wednesday _____
Thursday _____	Friday _____
Saturday _____	

Is this operational seasonal? ☐ No ☐ Yes open from \_\_\_\_\_ to \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of staff (maximum per shift): \_\_\_\_\_

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.

### ***Check All That Apply***

- ☐ Yes ☐ No 100% prepackaged items (no on-site preparation)
- ☐ Yes ☐ No Receive, prepare and serve (salads, deli sandwiches, etc.)
- ☐ Yes ☐ No Receive, prepare and serve immediately after cooking
- ☐ Yes ☐ No Receive, prepare, cook, hold and serve
- ☐ Yes ☐ No Receive, prepare, cook, hold, cool, reheat and serve
- ☐ Yes ☐ No Process includes smoking, curing, and preserving
- ☐ Yes ☐ No Other (describe): \_\_\_\_\_

### ***Food Sources***

Please list all suppliers for this facility.

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## Receiving

Identify procedures for receiving, that assures safe and unadulterated food.

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## Deliveries

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

Will you have live shell stock? (check one) ☐ No ☐ Yes, describe procedures used for shell stock tags. (Food Code 3-203.12) \_\_\_\_\_

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## Storage Facilities

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

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 commercial freezer units:

Freezer units \_\_\_\_\_ Capacity in cu. Ft \_\_\_\_\_

Walk-in Dimensions \_\_\_\_\_

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)

How often will cold holding temperatures be monitored? **Provide copies of log sheets that will be used to record monitored temperatures.** \_\_\_\_\_

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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? \_\_\_\_\_

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What procedures will you use to provide product rotation in this operation? \_\_\_\_\_

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How will dry goods be stored off the floor? \_\_\_\_\_

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Total square feet of dry goods storage shelving space in facility: \_\_\_\_\_

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) \_\_\_\_\_

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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 product manager.

Number(s) of employees with ServSafe or certified food protection manager training (provide copies of the Certified Food Protection Manager certificates) \_\_\_\_\_

How will food employees be trained in good food sanitation practices? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Preparation**

Preventing Contamination from Hands 3-301.11

Describe procedures to prevent bare hand contact with exposed, ready-to-eat foods: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**

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.

Where will produce be washed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will displayed foods be protected from contamination (i.e. sneeze shields, covered, individually wrapped) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Time-Temperature Management***

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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
- ☐ Microwave (as part of cooking process)
- ☐ Cooked from frozen state
- ☐ Other (describe) \_\_\_\_\_

## ***Cooking***

List cooking equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often will cooking temperatures be monitored? (Provide copies of log sheets that will be used to record monitored temperatures) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

List categories of food prepared and then cooled more than 12 hours in advance of service:

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Will any temperature controlled for safety (TCS) foods be cooled for later service? ☐ Yes ☐ No

## Cooling Methods

Please indicate by checking the appropriate boxes how TCS foods will be cooled from 140°F – 70°F in two hours and 70°F – 41°F in four hours. (3-501.14)

	Thick Meat	Thin Meat	Thick Soup Or Gravy	Thin Soup or Gravy	Rice and 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) _____					

Provide copies of cooling logs that will be used to document your cooling procedures are meeting the standard listed in number 3 above.

How will TCS foods be reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 for 15 seconds within two hours? (3-403.11) Include type and number of units used. \_\_\_\_\_

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## Specialized Processing (3-502.11)

Check any special process you are planning on doing. (These processes will require a variance and an approved HACCP plan.)

- |   |   |
|---|---|
| <input type="checkbox"/> Not Applicable   | <input type="checkbox"/> Smoking                  |
| <input type="checkbox"/> Molluscan Shellfish Display Tank                               | <input type="checkbox"/> Curing                   |
| <input type="checkbox"/> Reduced Oxygen Packaging                                       | <input type="checkbox"/> Sprouting Seeds or Beans |
| <input type="checkbox"/> Food Additives for preservation or to change to a non-TCS food |   |

### ***Serving Highly Susceptible Populations***

Will the facility be serving food primarily to a highly susceptible population? ☐ Yes ☐ No

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? \_\_\_\_\_

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Are you aware of prohibitions on certain foods when serving to a high-risk population? (3-801)

☐ Yes ☐ No

### ***Catering Option***

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

- Catering menu
- Log sheets to be used
- Indicate how many meals you can safely prepare in addition to the 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.

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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. \_\_\_\_\_

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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.

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Please list all equipment used to maintain hot TCS food above 135°F for service. \_\_\_\_\_

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

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Please describe how food will be displayed and served. \_\_\_\_\_

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Please describe what happens with any leftovers. \_\_\_\_\_

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### ***Employees and Personal Hygiene***

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)

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>

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.

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

### **Handwashing and Toilet Facilities**

Check the appropriate box:

**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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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### **Water Source**

Provide a copy of the well log. Provide the results of a bacteriological water test and nitrate + nitrate water test. If private, submit non-public water construction and use application. (37.110.267, FCS Circular #1-2012)

☐ Municipal   ☐ Private\*   ☐ Public: Public Water Supply ID# \_\_\_\_\_

Will ice be provided?   ☐ Yes   ☐ No

Is ice made on premises?   ☐ Yes   ☐ No

Is ice purchased commercially?   ☐ Yes   ☐ No

Describe provisions for ice scoop storage. Note: Special requirements for labeling, water testing, ice testing and separation are required for ice bagging operations. Contact our office for these requirements. \_\_\_\_\_

Is there a water treatment device? (i.e. softener, filter, etc.) ☐ Yes ☐ No

If yes, what type of device? Provide specification sheets and indicate location on the plans.

How will the device be inspected and served? \_\_\_\_\_

Provide the following information on the size of the hot water generator (heater) for this establishment. Provide a copy of the hot water heater and dish machine specification sheets for calculating hot water needs of this facility.

BTU \_\_\_\_\_

GPH Provided \_\_\_\_\_

kW \_\_\_\_\_

Temperature Rise \_\_\_\_\_

### ***Sewage Disposal***

Is building connected to a municipal sewer or public water system? ☐ Yes ☐ No

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

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

Are grease traps provided?

What is the capacity? (in gallons) \_\_\_\_\_

Provide a schedule for cleaning and maintenance \_\_\_\_\_

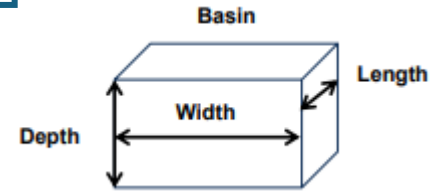
### Cleaning and Sanitizing

What will be used for utensil washing? ☐ Three compartment sink ☐ Commercial dish machine

#### Three Compartment Sink

List dimensions for the "three compartment sink(s) below:

(Food Code 4-301.12)



Sink Location	Basin Length	Basin Width	Basin Depth	Drainboards (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 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? (Food Code 4-301.13) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

How often are sanitizer concentrations checked? \_\_\_\_\_

#### Commercial Dish Machine

What type of sanitization is used? ☐ Hot water with booster heater ☐ Low temperature with chlorine sanitizer

Is ventilation provided? ☐ Yes ☐ No

Do all dish machines have templates with operational instructions? ☐ Yes ☐ No

Do all dish machines have temperature / pressure gauges as required that are accurately working?

☐ Yes ☐ No

How often are chemicals checked for dish machines? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe backup plan for dish machine malfunctions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Food Contact Surfaces**

Indicate the process that will be used to clean equipment in place. This would include counter tops, cooking equipment, cutting boards and other surfaces. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the chemical type? \_\_\_\_\_ What is the concentration? \_\_\_\_\_

Do you use a test kit? ☐ Yes ☐ No

### ***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.

	<b>Floor</b>	<b>Coving</b>	<b>Walls</b>	<b>Ceiling</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Mop Service Area</b>				
<b>Garbage &amp; Refuse Storage</b>				

### ***Insect and Rodent Control***

Check the appropriate box:

	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***

What will be provided for garbage & refuse handling?

<input type="checkbox"/> Dumpster	<input type="checkbox"/> Grease Storage Receptacle	<input type="checkbox"/> Recycled Containers
<input type="checkbox"/> Compactor	<input type="checkbox"/> Individual Garbage Cans	

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 \_\_\_\_\_

If using recycled containers, indicate what materials will be recycled:

<input type="checkbox"/> Glass	<input type="checkbox"/> Metal	<input type="checkbox"/> Paper	<input type="checkbox"/> Plastic	<input type="checkbox"/> Cardboard
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### ***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

Will pesticides be stored on site? Note: Pesticides must be stored in a locked, separate cabinet away from food and utensils and separate from cleaning and sanitizing agents. ☐ Yes ☐ No

Where will pesticides be stored? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all containers of toxics, including sanitizing spray bottles, clearly labeled? Note: Diluted chemicals must have manufacturer's label attached to spray bottles. ☐ Yes ☐ No

Is a mop sink present? ☐ Yes ☐ No

Describe how mops, garbage cans, floor mats will be cleaned. Note: 6-206.10 requires a service sink or curbed cleaning facility. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe location for drying mops \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will linens (towels, tablecloths, napkins, etc.) be laundered on site? ☐ Yes ☐ No

If yes, is a laundry dryer available? ☐ Yes ☐ No, how will linens be cleaned?  
\_\_\_\_\_

Location of clean linen storage \_\_\_\_\_

Location of dirty linen storage \_\_\_\_\_

Indicate all areas where exhaust hoods are installed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is the ventilation hood system cleaned? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***Small Equipment Requirements***

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)

Describe your method and frequency of calibrating thermometers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your method of sanitizing thermometers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

_____	_____
Signature of Owner or Responsible Representative	Date

## ***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 11<sup>th</sup> 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. 6<sup>th</sup> 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.