



LEWIS & CLARK CITY-COUNTY Health Department

316 N Park, Room 230
Helena, MT 59623
PH: 406.447.8351
4Fax: 406.447.8398

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Plan Review Application Fee:
See Attached schedule
Receipt Number: _____
Date Submitted: _____

NEW **REMODEL** **CONVERSION**

Name of establishment: _____

Address of establishment: _____

Phone number of establishment (If available): _____

(Name of owner)

(Mailing address)

(E-mail)

(Telephone) _____
(FAX)

(Applicant name and title, if different)

(Mailing address)

(E-mail)

(Telephone) _____
(FAX)

I have submitted plans/applications to the following departments:

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

Projected date for start of project: _____ Completion of project: _____

Total square footage of facility: _____ Number of floors on which operations are conducted: _____

Type of service (check all that apply):

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar	<input type="checkbox"/> Caterer
<input type="checkbox"/> Mobile vendor	<input type="checkbox"/> Retail Market	<input type="checkbox"/> Take out
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Bakery	<input type="checkbox"/> Meat Market
<input type="checkbox"/> Ice Bagging	<input type="checkbox"/> Produce Market	<input type="checkbox"/> Manufacturing

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 _____

Food Preparation Review

Provide the proposed menu, including seasonal, off-site (catering), and banquet menus. Please check "yes or no" and answer the following questions

Procedures for preparing, serving potentially hazardous foods (PHF):

Check all that apply	YES	NO
Only 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): _____	<input type="checkbox"/>	<input type="checkbox"/>

Food supplies: Please list all suppliers for this facility: _____

Storage Facilities:

1. Please list equipment to be used for maintaining refrigerated foods at 41°F (5 °C) and below or frozen.

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: _____

2. Does each refrigerator/freezer have a thermometer? (Check one) YES NO

3. How often will cold holding temperatures be monitored in cold holding units? _____

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

4. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? (Check one) YES NO

If yes, how will cross-contamination be prevented? _____

5. What is the projected frequency of deliveries for:

Frozen foods _____ days/week

Refrigerated foods _____ days/week

Dry goods ___ days/week

6. How will dry goods be stored off the floor? _____

7. Total square feet of dry goods storage shelving space in facility: _____
8. What types of containers are used to store bulk food products? _____
9. Is there any area to store returnable damaged goods? (Check one) YES NO

Please describe. _____

Preparation:

1. How will food employees be trained in good food sanitation practices? _____
- Number(s) of employees with ServSafe or manager certification training: _____

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.
- _____
- _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? (Check one) YES NO
- Explain Procedures: _____
- _____

4. 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? _____
- _____
- _____

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 PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation: _____
- _____
- _____

7. Is thawing potentially hazardous food part of your operation? YES NO
- If yes, please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF) in each category will be thawed. More than one method may apply.

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

Hot and Cold Holding:

1. How will hot Potentially Hazardous Foods (PHF) be maintained at 135°F (60°C) or above during holding for service? _____

2. Indicate type and number of hot holding units: _____

3. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? _____

4. How will displayed foods be protected from contamination (i.e. sneeze shields, covered, individually wrapped)? _____

5. How often will hot and cold holding temperatures be monitored? _____

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

Cooling and Reheating:

1. Will any potentially hazardous foods be cooled for later service? (Check one) YES NO

2. Please list categories of food prepared and then cooled more than 12 hours in advance of service: _____

3. Please indicate by checking the appropriate boxes how PHF's will be cooled from 140-70° F in two hours and 70-41° F in four hours.

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

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

Specialized processing (curing, vacuum packaging)

Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

Serving Highly Susceptible population

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? (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 (if you do not have a set catering menu, please give us some examples of items that you might serve).
2. Please indicate how many meals you can safely prepare. _____
3. 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. _____

4. Please indicate how you will maintain adequate temperatures during food preparation and storage for catered events: _____

5. Please explain how you will demonstrate that safe food temperatures are maintained throughout all phases of your catering operations (receiving, preparation, cooking, cooling, reheating, service). Provide copies of any log sheets to be used. _____

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 potentially hazardous food above 135° F on site. _____

8. Please list all equipment used to maintain cold potentially hazardous food below 41° F. on site. _____

9. Please describe how food will be displayed and served. _____

10. Please describe what happens with any leftovers. _____

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? (Check one) YES NO

Please describe briefly: _____

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

Handwashing/toilet facilities:

Yes No NA

Please check the appropriate box:

- 1. Is there a designated handwashing sink in the food preparation area?
- 2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?
- 3. Do self-closing metering faucets provide a flow of water for at least fifteen seconds without the need to reactivate the faucet?
- 4. Is hand cleanser available at all handwashing sinks?
- 5. Are single-use hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?
- 6. Is hot and cold running water under pressure available at each handwashing sink?
- 7. Are all toilet room doors that open into the food areas self-closing?
- 8. Is ventilation provided in toilet rooms?

Water supply:

- 1. Is water supply: Municipal Public: Public Water Supply ID# _____ Private

If private, submit **non-public water construction and use application.**

Please provide a copy of the well log.

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

- 2. Is ice made on premises? Provide specifications for the ice machine. YES NO
Or purchased commercially? YES NO

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.

- 3. 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. _____

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:

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

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.

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

What is the capacity (gallons)? _____

Provide a schedule for cleaning and maintenance: _____

Dishwashing facilities

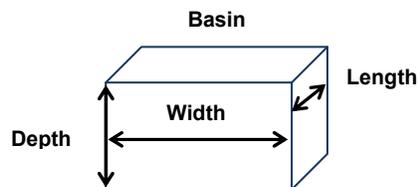
What will be used for utensil washing?

- Three compartment sink
- Commercial dish machine

Three-Compartment Sink

1. What are the dimensions of the “three-compartment sink(s)?”
 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 manual cleaning and sanitizing? _____

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? _____

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

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

5. Are test papers and/or kits available for checking sanitizer concentration? (Check one) YES NO

6. How often are sanitizer concentrations checked? _____

Commercial Dish Machine

1. Type of sanitization used

- Hot water with booster heater:
- Low Temperature with Chlorine sanitizer

2. Is ventilation provided? (Check one) YES NO

3. Do all dish machines have templates with operating instructions? (Check one) YES NO
4. Do all dish machines have temperature/pressure gauges as required that are accurately working? (Check one) YES NO
5. How often are chemicals checked for dishmachine? _____
6. List backup plan for dishwashing machine malfunction: _____

Food Contact Surfaces

1. 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. _____
- Chemical type: _____ Concentration: _____ Test kit (Check one): YES NO

Building and General Information

Finish Schedule

Applicant must indicate what materials (quarry tile, stainless steel, 4" vinyl covered molding, etc.) will be used in the following areas. If the finish schedule is included in the plans, the information does not need to be repeated here.

	<i>Floor</i>	<i>Coving</i>	<i>Walls</i>	<i>Ceiling</i>
<i>Kitchen</i>				
<i>Bar</i>				
<i>Food storage</i>				
<i>Other storage</i>				
<i>Toilet rooms</i>				
<i>Mop service area</i>				
<i>Garbage & refuse storage</i>				
<i>Other</i>				

Insect & rodent control:

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. Are screen doors provided on all entrances left open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do all openable windows have a minimum #16 mesh screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | <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 air curtains be used? If so, where? _____ | <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 (outside):

What will be provided for garbage & refuse handling? (Check all that apply, then answer questions located below)

- Dumpster
- Grease Storage Receptacle
- Compactor
- Recycled Containers
- Individual Garbage Cans

Garbage:

Describe surface and location where dumpster/compactor/cans are to be stored: _____

Number: _____ Size: _____

Frequency of pickup: _____

Contractor: _____

Grease:

Describe location of grease storage receptacle: _____

Frequency of pickup: _____

Contractor: _____

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. Please indicate all locations where an indirect connection is provided:

- Dishwasher
- Ice machines
- Ice Storage bins
- Food Prep Sinks
- Water station
- Steam tables
- Dipper Wells
- Beverage dispensers
- Utensil Sinks
- Refrigeration/Condensate Lines
- Other _____

General:

1. Will pesticides be stored on site? YES NO
 If so, will pesticides be stored separately from cleaning and sanitizing agents? YES NO
 Indicate location: _____
 Note: Pesticides must be stored in a locked, separate cabinet away from food and utensils.
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 If not, describe how mops garbage cans, floor mats will be cleaned. _____
 Note: A mop sink is required of all new or remodeled facilities.
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.
 - Bi-Metal stemmed dial thermometer (Measuring between 0-220°)
 - Digital thermometer
 - Thermocouple (required for measuring thin products)
 - Infrared (for surface temperature screening only)

10. Please specify the number and types of each of the following:

- Slicers _____
- Cutting boards _____
- Can openers _____
- Mixers _____
- Floor Mats _____
- Other _____

- Attachments:* Menu
 Specification Sheets
 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. 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 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
444-4400

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.