



LEWIS & CLARK CITY-COUNTY
Health Department

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

**FOOD ESTABLISHMENT
 PLAN REVIEW APPLICATION**

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

- Mobile Food Unit** **Semi-Permanent Structure**
 Mobile Food Cart

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 | 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: _____

Type of service (check all that apply): Events Mobile Fixed Location Caterer

Hours of operation: Sun _____ Mon _____ Tues _____ Wed _____
 Thurs _____ Fri _____ Sat _____

Will this Operation be Seasonal? YES Dates _____ to _____ NO

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.

Location of food operation:

Will all food be prepared, stored, and served in the mobile facility? _____

If not, where else will food be prepared or stored? Please be advised that all food must be prepared and stored in a licensed facility (commissary). _____

Will unit need to return to a commissary between uses? _____

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

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 N/A
5. If yes, how will cross-contamination be prevented? _____

6. What is the projected frequency of deliveries for:
Frozen foods _____ days/week
Refrigerated foods _____ days/week
Dry goods _____ days/week
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? _____

10. Is there any area to store returnable damaged goods (Check one) YES NO
If not, how do you plan to keep damaged goods separate from other products? _____

Preparation:

1. How will food employees be trained in good food sanitation practices? _____

2. Number(s) of employees with ServSafe or manager certification training: _____
3. Will you be handling raw meats? (Check one) YES NO
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). _____

4. 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: _____

5. 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? _____

6. Will you be washing produce? (Check one) YES NO
If yes, where will produce be washed? _____
a. If sink is to be used for multiple uses, describe the procedure for cleaning and sanitizing multiple use sinks between uses? _____

7. 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: _____

8. 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): _____		

9. **Cooking:** YES NO

List cooking equipment: _____

10. **Hot and Cold Holding:**

- a. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service? _____

- b. Indicate type and number of hot holding units: _____

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

- d. How will displayed foods be protected from contamination (i.e. sneeze shields, covered, individually wrapped)? _____
- e. How often will hot and cold holding temperatures be monitored? _____
 Provide copies of log sheets that will be used to record monitored temperatures.

11. **Cooling and Reheating:**

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

If yes, 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	<input type="checkbox"/>				
Blast Chiller	<input type="checkbox"/>				

Other (describe) _____

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

13. 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. _____

Catering Option: Will you be catering from this facility? (Check one) 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 current 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 (provide copies of any log sheets): _____

6. 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 (Examples are available for your use): _____

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? Yes No NA
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No NA
3. Do self-closing metering faucets provide a flow of water for at least fifteen seconds without the need to reactivate the faucet? Yes No NA
4. Is hand cleanser available at all handwashing sinks? Yes No NA
5. Are single-use hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? Yes No NA
6. Is hot and cold running water under pressure available at each handwashing sink? Yes No NA
7. Are all toilet room doors that open into the food areas self-closing? Yes No NA
8. Is ventilation provided in toilet rooms? Yes No NA

Dishwashing facilities

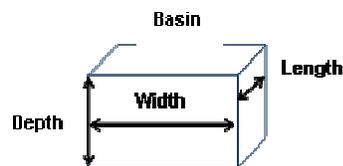
1. What will be used for ware washing? (Check one, then answer questions for that provision located below)

- Three compartment sink in unit
- Three compartment sink at commissary
- Commercial dish machine at commissary

Three-Compartment Sink

1. What are the dimensions of the "three-compartment sink?"
See diagram for assistance.

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 (170° F)
- Other: _____
5. Are test papers and/or kits available for checking sanitizer concentration? (Check one) YES NO

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

Water supply: Water must be obtained from an approved community public water supply that is currently in compliance with construction, monitoring and water quality requirements. Chlorine 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.

1. **Source:** Provide written authority to use an existing water supply.
- a. Where will water be obtained? _____
- b. PWS ID #: _____
- c. Chlorinated at source: _____
- d. Chlorinated at point of use: _____

2. **Water Connections:** Hoses must be drinking water grade.
- a. Frost-free hydrants are unacceptable as a water source for mobile food units, and semi-permanent buildings.
- b. Hose bibbs can be used when
- i. There is a backflow preventer or vacuum breaker to protect the water supply.
 - ii. The connections are sanitized and rinsed prior to connecting to the hose.
 - iii. The hose is stored in a protected, approved place with the ends screwed together to prevent contamination.
 - iv. The hose is labeled "For potable water only."
- c. Describe how freshwater tanks will be filled. Water that is hauled to the unit must be transported by a licensed water hauler. _____
- _____
- d. Describe the water connection on the unit. Water hookups must be above and of a different fitting than the wastewater valve. Provide a drawing. _____
- _____
- e. Where will the hose be stored between uses? _____
- _____

2. **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
- a. Maximum daily requirement will be calculated by the sum of the following:
- i. 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 7.48 gal/cu.ft X Number times/day Utensils will be washed _____
- = _____ gallons/day required for Utensil washing**

ii. Hand washing requirements

Number of times/day hands will be washed/person

= _____(hours in operation) x _____ (handwash / hour) = _____

Gallons per minute from faucet _____ X 20 second hand wash (.33 minutes) X

(Number of times/day hands will be washed/person) X _____(number of employees)

= **_____gallons/day required for Handwashing**

iii. Cleaning and sanitizing requirements: 5 gallons per day for cleaning

Total gallons per day: _____

b. Storage tank size: What is the size of the fresh water tank? _____ Gallons
Height _____ Width _____ Depth _____

3. **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

a. Every 6 months for chlorinated water

b. Every month for an unchlorinated water source

c. The sanitized water will be drained from the tank prior to adding potable water. The tank need not be rinsed.

4. **Water treatment systems**

a. Water treatment system must be a closed system between the water tank and the point of use.

b. Water treatment must be approved

c. Leaks are unacceptable.

5. Is there a water treatment device (filter, softener, etc)? (Check one) YES NO

What type of device? _____ Please provide spec sheets/location on the plans.

If yes, how will the device be inspected and serviced? _____

6. **Monitoring**

a. In order to determine that a water supply remains at an acceptable quality, a bacteriological analysis will be conducted on water samples at least two times per year.

i. The sample will be taken from a faucet inside the unit and sent to a certified water quality lab.

ii. Maintain all records of water samples on site for inspection.

7. **Hot water generator**

Provide the following information on the size of the hot water generator 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 unit connected to a municipal sewer? _____

a. If not, what is the size of the wastewater tank? _____ Gallons

i. Height _____ Width _____ Depth _____

b. Please 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 provided.

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

a. 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. _____

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>				

Insect & rodent control:

Please check the appropriate box:

Yes No NA

- 1. Will all outside doors be self-closing and rodent proof? Yes No NA
- 2. Are screen doors provided on all entrances left open to the outside? Yes No NA
- 3. Do all openable windows have a minimum #16 mesh screening? Yes No NA
- 4. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? Yes No NA
- 5. Is area around building clear of unnecessary brush, litter, boxes, and other harborage? Yes No NA
- 6. Will air curtains be used? If so, where? _____ Yes No NA

Garbage & refuse (outside):

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

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

Garbage:

Describe where dumpster/compactor/cans are to be located for this operation: _____

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:

- 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, how will unit be cleaned? _____
5. 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)
2. Please specify the number and types of each of the following:
- Slicers: _____
- Cutting boards: _____
- Can openers: _____
- Mixers: _____
- Floor mats: _____
- Other: _____

Attachments:

- Menu
- Specification Sheets
- Plans
- Application review fee

Written Agreements for:

- Water
- Wastewater
- Garbage
- Toilet Room Facilities
- Commissary



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.

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

East Helena
 City of East Helena
 City Hall
 7 E. Main Street
 East Helena, MT 59635
 (406)227-5321

State of Montana
 Department of Labor & Industry
 Building Codes Bureau
 PO Box 200517
 Helena, MT 59620
 (406) 841-2040

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

Department of Justice
 Fire Prevention & Investigation
 2225 11th Avenue
 Helena, MT 59601
 (406) 444-2050