

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

NEW _____ REMODEL _____ (existing food service Y / N)
 OWNERSHIP CHANGE _____

Name of Establishment _____
 Location Address of Establishment _____
 City _____ State _____ Zip _____
 Telephone Number of Establishment _____

Name of Owner _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Applicant's Name _____
 Contact Number _____ E-Mail Address _____

Category	Check Box
Restaurant	<input type="checkbox"/>
Institution	<input type="checkbox"/>
Retail Market	<input type="checkbox"/>
Food Manufacturer	<input type="checkbox"/>
Other	<input type="checkbox"/>

Details	Provide information
Number of Seats	<input type="text"/>
Number of Outside Seats	<input type="text"/>
Number of Staff (maximum per shift)	<input type="text"/>
Total Square Feet of Facility	<input type="text"/>
Number of floors on which operations will be conducted	<input type="text"/>

Type of Service (check all that apply):	
Sit Down Meals	<input type="checkbox"/>
Take Out	<input type="checkbox"/>
Mobile Vendor	<input type="checkbox"/>
Caterer	<input type="checkbox"/>
Delivery Service	<input type="checkbox"/>
Push Cart	<input type="checkbox"/>
Semi Permanent	<input type="checkbox"/>
Pre-Package Vendor	<input type="checkbox"/>

	Hours of Operation	Maximum Meals/Customers to be Served (approximate)		
		Breakfast	Lunch	Dinner
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will your establishment be seasonal? **Y / N**
 If yes, provide the dates of operation. _____

A. Food Preparation

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served.

CATEGORY	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) etc.		
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) etc.		
3. Cold processed foods (salads, sandwiches, vegetables) etc.		
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles, cooked vegetables,) etc.		
5. Bakery goods (pies, custards, cream fillings & toppings) etc.		
6. Other _____ _____		

B. Food Supplies

- Are all food supplies from inspected and approved sources? Y / N
- What are the projected frequencies of deliveries?
 Frozen foods _____
 Refrigerated foods _____
 Dry goods _____
- Provide information on the amount of space (in cubic feet) allocated for dry storage.

- How will dry goods be stored off the floor? _____

C. Cold Storage

- Is adequate and approved freezer and refrigeration available to store frozen and refrigerated foods at 41°F (5°C) / 45°F (7°C) OR below? Y / N
 List the number and size of refrigeration units _____
 List the number and size of freezer units _____
- Provide the method used to calculate cold storage requirements. _____

- Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Y / N
 If yes, how will cross-contamination are prevented? _____

4. Does each refrigerator/freezer have a thermometer? Y / N
Locate each thermometer in the warmest part of the unit.

5. Describe the date marking system* that will be used for refrigerated, ready-to-eat, PHF's?

***Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours in a food establishment must be clearly marked at the time of preparation to indicate the "sell by" date, "best if used by" date, or the date by which the food must be consumed which is, including the date of preparation:**

D. Thawing Frozen Potentially Hazardous Food

Please indicate by checking the appropriate boxes how frozen PHF's in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

THAWING METHOD	*THICK FROZEN FOODS	*THIN FROZEN FOODS	Location of Thawing
Refrigeration			
Running Water Less than 70°F (21°C)			
Microwave (as part of cooking process)			
Cooked from frozen state			
Other (describe).			

*Frozen foods: thin = one inch or less, and thick = more than an inch. (approximate measurements)

E. Cooking

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? Y / N

What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

ITEM	TEMPERATURE	TIME
Fish and meat	145°F (63°C)	15 seconds
Beef roasts	130°F (54°C)	121 minutes
Solid seafood pieces	145°F (63°C)	15 seconds
Eggs:		
Individually order for immediate service	145°F (63°C)	15 seconds
Pooled (pasteurized eggs must be served to a highly susceptible population) such as nursing homes, schools and day cares	155°F (68°C)	15 seconds
Bulk style on buffet or hot line	155°F (68°C)	15 seconds
Pork products	145°F (63°C)	3 minutes
Comminuted (ground) meats and fish	155°F (68°C)	15 seconds
Exotic game and injected meats	150°F (66°C)	1 minute
	155°F (68°C)	15 seconds

Poultry, wild game, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, stuffed ratites, or stuffing containing fish, meat, poultry, or ratites	165°F (74°C)	15 seconds
Fruits and Vegetables cooked for hot holding	135°F (57.2°C)	
Reheated PHF's	165°F (74°C)	15 seconds

2. List types of cooking equipment. _____

F. Hot/Cold Holding

1. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service? Indicate type, size, and number of hot holding units. _____

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type, size, and number of cold holding units. _____

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups/ Gravy	Thick Soups/ Gravy	Rice/ Noodles	Location of Cooling Process
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Rapid Chill						
Other (describe)						

G. Reheating

1. 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 (74°C) for 15 seconds and within 2 hours?

Indicate type, size, and number of units used for reheating foods. _____

H. Preparation

1. Please list categories of foods prepared more than 12 hours in advance of service. _____

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

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3. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods? **Y / N**
 4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **Y / N** Please describe briefly: _____
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5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____ Concentration: _____

Chemical test strips/kit provided: **Y / N**

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads **Y / N** and sandwiches be pre-chilled before being mixed and/or assembled?

If not, how will ready-to-eat foods be cooled rapidly to 41°F? _____

7. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation. _____
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I. Finishing Schedule

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Kitchen				
Walk-in Refrigerators				
Walk-in Freezers				
Grill Line				
Prep Station				
Other				
Bar				
Beer Walk-In				
Storage Room				
Dining Room				
Wait Stations and Serving Area				
Serving Beverage Area				
Salad Bar				
Hot Buffet				
Other				
Food Storage				
Dry Goods				
Other Storage				
Chemical/Toxic				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse				
Outside				
Inside				
Recycling				
Mop Service Basin				
Dishwashing Area				
Delivery/Receiving				

J. Sinks

	YES	NO	NA
Handwashing			
Is there a hand washing sink in each food preparation, bar and dish/utensil washing area?			
Do all hand washing sinks have a mixing valve or combination faucet?			
Is hot and cold running water under pressure available at each hand washing sink?			
Is hand soap available at all handwashing sinks?			
Are single service towels available at all handwashing sinks? If no, Describe hand drying device _____ _____			
Toilet Facilities			
Do all handwashing sinks have a mixing valve or combination faucet?			
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?			
Are hand drying facilities available at all handwashing sinks?			
Is hot and cold running water under pressure available at each hand washing sink?			
Are trash cans available in each restroom?			
Are all toilet room doors self-closing?			
Are all toilet rooms equipped with mechanical ventilation?			
Will a hand washing sign be posted at each employee restroom?			
Food Preparation Sinks			
Is a food preparation sink present in food prep area?			
Please note, all produce must be thoroughly washed prior to service. How will all produce be washed prior to use? _____ _____			
Multi use sink			
Describe the procedure for cleaning and sanitizing multiple use sinks between uses. _____			
Dishwashing Facilities			
Will a sink or a dishwasher be used for ware washing? ____ Dishwasher ____ Three compartment sink			
Dishwasher			
Type of sanitization used: Heat / Hot water (indicate temp.) _____ Chemical (type) _____			
Is a ventilation hood provided for hot water dishwasher?			
Do all dish machines have templates with operating instructions?			
Do all dish machines have temperature/pressure gauges as required.			
Three Compartment Sink			
Does the largest pot and pan fit into each compartment of the pot sink? If no, what is the procedure for manual cleaning and sanitizing large pots?			
Are there drain boards installed on both ends of the pot sink?			
Describe how equipment, utensil, dishes will be air dried. _____ _____			

What type of sanitizer is used?	_____ Chlorine	_____ Iodine	
	_____ Quaternary Ammonium	_____ Hot Water (F°)	
Are chemical test papers and/or kits available for checking sanitizer concentration?	YES	NO	N/A
Service Sink			
Is a janitorial/mop sink present? Food Preparation or Ware washing sinks may not be used for wastewater disposal.			
Floor sink			
Are floor drains provided & easily cleanable? If yes, indicate location. _____ _____			

K. Plumbing Connections

	Air Gap	Air Break	*Integral Trap	* P Trap	Vacuum Breaker	Condensate Pump
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks a. Mop b. Janitor/service c. Hand wash d. 3 bay sink e. 2 bay f. 1 bay g. Water Station						
Steam Tables						
Dipper Wells						
Refrigeration Condensate/Drain Lines						
Hose Connection						
Beverage Dispenser with Carbonator						
Other:						

* **TRAP:** A fitting or device, which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

L. Water Supply

1. Type of water supply:

_____ Municipal (City)

_____ Private Has water source been approved by *who*? YES / NO / PENDING

_____ Public DEQ* Provide PWSID Number _____ Please attach copy of written approval for the public water system from DEQ.

*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (MDEQ), serving 25 or more people 60 days out of the year. MDEQ may be reached at (406) 444-2406.

	YES	NO	NA
Ice			
Is ice made on premises? (provide ice machine specifications)			
Is ice purchased commercially?			
Will ice be packaged for retail sale? If yes, provide location if icemaker or bagging operation. _____ _____			
Approval for the labeling of ice will be required by the Food Processing & Labeling Section, Food and Consumer Safety Section, (406) 444-2408.			
How will the ice machine be cleaned? _____ _____			
Describe provision for ice scoop storage. _____ _____			
Hot Water Tank			
The hot water generator must be sufficient for the needs of the establishment? What is the capacity of the hot water generator? (provide specifications) _____			
Water Treatment Device			
Is there a water treatment device? If yes, how will the device be inspected and serviced? _____ _____			

M. Sewage Disposal

Sewage generated in a food service establishment must be disposed of in either a municipal sewage collection system, a public wastewater treatment system or a system constructed and operated in accordance with Title 75, chapter 6, Montana Code Annotated and Title 16, chapter 20, subchapter 4, Administrative Rules of Montana. Please indicate which type of system will be serving the establishment.

1. Type of wastewater treatment system:

_____ Municipal (City) Location _____
 _____ Private Local wastewater treatment permit # _____
 _____ Public*DEQ Describe _____
 Please attach copy of written approval (state and/or local permits).

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2. Is a grease trap provided? **Required by state and city-county codes** Y / N

If yes, where? _____

3. Provide a schedule for cleaning & maintenance of the grease trap. _____

N. Insect and Rodent Control

	YES	NO	NA
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all openable windows have a minimum of #16 mesh screening?			
Are insect control devices identified on the plan? If yes, provide details. _____ _____ _____			
Will all pipes & electrical conduit chases be sealed and ventilation systems exhaust and intakes protected?			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			
Will air curtains be used? If yes, where? _____ _____			

O. Garbage and Refuse

	YES	NO	NA
Inside			
Do all containers have lids? If yes, where? _____ _____			
Will refuse be stored inside? If yes, where? _____ _____			
Is there an area designated for garbage can or floor mat cleaning? If yes, where? _____ _____			
Outside			
Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Will a compactor be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Describe the location of grease storage receptacle. _____ _____			
Recycling Areas			
Is there an area to store recycled containers? If yes, please describe location? _____ _____			
Indicate what materials are to be recycled: Glass _____ Metal _____ Plastic _____ Paper _____ Cardboard _____			
Damaged Food Product Storage			
Is there an area designated for the storage of damaged food items? If yes, provide the location of the storage area for damaged goods. _____			

P. General

	YES	NO	NA
Dressing Rooms			
Are dressing rooms provided?			
Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____			
Toxic Chemicals			
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? All insecticides/rodenticides must be approved for food service			
Describe the location of the storage area. _____ _____			
Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?			

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R. Small Equipment List

Please specify the number, location, and types of each of the following:	Number	Location
Meat and other slicers		
Cutting boards		
Can openers		
Mixers		
Floor mats		

I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Local Health Department may nullify final approval.

Signature(s) _____ Date: _____
 owner(s) or responsible representative(s) **(WHO CAN SIGN)**

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Approval of these plans and specifications by Montana Department of Public Health and Human Services/Food and Consumer Safety Section does not indicate compliance with any other code, law or regulation that may be required federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.