

Number of floors on which operations are conducted: _____

Hours of operation: Sun, _____ Mon _____ Tues _____ Wed. _____

Thurs _____ Fri _____ Sat, _____

Number of seats: _____ Number of staff (maximum per shift): _____

Maximum meals to be served (approximately): Breakfast _____ Lunch _____ Dinner _____

Type of service (check all that apply):
 Restaurant Takeout Caterer
 Mobile vendor Retail Market Bar

Food Preparation Review

Please check "yes or no" and answer the following questions

	YES	NO
Category of potentially hazardous foods (PHF):		
1. Thin meats, poultry, fish, eggs (<i>hamburger, sliced meats, fillets</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (<i>roast beef, whole turkey, chickens, hams</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (<i>salads, sandwiches, vegetables</i>)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (<i>soups, stews, rice, noodles, gravy, chowders, casseroles</i>)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (<i>pies, custards, cream fillings & toppings</i>)	<input type="checkbox"/>	<input type="checkbox"/>
6. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Food supplies:

Are all food supplies from inspected and approved sources? YES NO

Cold storage:

5. Is adequate and approved freezer and refrigeration available to store foods frozen, and refrigerated foods at 41°F (5°C) and below? YES NO
Number of refrigeration units: _____
Number of freezer units: _____
Provide the method used to calculate cold storage requirements.

6. Will raw meats, poultry and seafood be stored in the same refrigerators and YES NO

freezers with cooked/ready-to-eat foods?

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

7. Does each refrigerator/freezer have a thermometer?

4. Is ice made on premises?

Or purchased commercially?

If made on premises, are specifications for the ice machine provided?

Describe provision for ice scoop storage: _____

Provide location of icemaker or bagging operation: _____

Thawing frozen potentially hazardous food:

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.

<u>Thawing Method</u>	Thick Frozen Foods ≥1"	Thin Frozen 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)	<input type="checkbox"/>	<input type="checkbox"/>

Cooking:

1. List types of cooking equipment: _____

Hot/Cold Holding:

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

Indicate type 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 and number of cold holding units: _____

Cooling:

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.

<u>Cooling Methods</u>	<u>Thick Meats</u>	<u>Thin Meats</u>	<u>Thin Soups, Gravy</u>	<u>Thick Soups, Gravy</u>	<u>Rice, Noodles</u>
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"/>
volume or size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reheating:

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? _____

Indicate type and number of units used for reheating foods: _____

Preparation:

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

4. Will food employees be trained in good food sanitation practices? (Circle one) YES . NO

Method of training: _____

Number(s) of employees with ServSafe or manager certification training: _____

3. 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? (Circle one) **YES** **NO**

5. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? (Circle one) **YES** **NO**

Please describe briefly: _____

6. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be sanitized? _____

Chemical type: _____

Concentration: _____

Test kit (Circle one): **YES** **NO**

7. 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? (Circle one) **YES** **NO**
If not, how will ready-to-eat foods be cooled to 41°F? _____

8. Will all produce be washed on-site prior to use? (Circle one) **YES** **NO**
Is there a planned location used for washing produce? (Circle one) **YES** **NO**

Describe: _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses? _____

9. 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: _____

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

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.

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

YES NO N/A

Insect & rodent control:

Please check the appropriate box:

- 1. Will all outside doors be self closing and rodent proof?
- 2. Are screen doors provided on all entrances left open to the outside?
- 3. Do all openable windows have a minimum #16 mesh screening?

- | | | | |
|----|--|--------------------------|--------------------------|
| 4. | Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | <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"/> |
| 6. | Will air curtains be used?
If so, where? _____ | <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"/> |

YES	NO	N/A
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Garbage & refuse {inside):

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Will refuse be stored inside?
If so, where? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is there an area designated for garbage can or floor mat cleaning? | <input type="checkbox"/> | <input type="checkbox"/> |

Garbage & refuse {outside):

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Will a dumpster be used?
Number: _____ Size: _____
Frequency of pickup: _____
Contractor: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Will a compactor be used?
Number: _____ Size: _____
Frequency of pickup: _____
Contractor: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Will garbage cans be stored outside?
Number: _____ Size: _____
Frequency of pickup: _____
Contractor: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Garbage & refuse {general):

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

11. Describe location of grease storage receptacle: _____

Frequency of pickup: _____ Contractor: _____

12. Is there an area to store recycled containers? (Circle one) **YES** **NO**

Describe: _____

Indicate what materials will be recycled:

- Glass
- Paper
- Plastic
- Metal
- Cardboard

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

Plumbing connections:

		Air Gap	Air Break	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
Toilets							
Urinals							
Dishwasher							
Garbage grinder							
Ice machines							
Ice Storage bin							
Sinks	Mop						
	Janitor						
	Handwash						
	3 Compartment						
	2 Compartment						
	1 Compartment						
	Water Station						

Steam tables						
Dipper wells						
Refrigeration condensate/drain lines						
Hose connection						
Potato peeler						
Beverage dispenser with carbonator						
Other						

*Trap: A fitting or device that provides a liquid seal to prevent the emission of sewer gasses without materially affecting the flow of sewage or wastewater 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.

1. Are floor drains provided and easily cleanable? *(Circle one)* YES NO
 If so, indicate their locations on the plans.

Water supply:

1. Is water supply: **Public** **Private** Public Water Supply ID#___

2. If private, has the source been approved? *(Circle one)* YES NO PENDING
 A copy of the written approval and/or permit must be attached.
 Please provide a copy of the well log.

3. Is there a water treatment device? *(Circle 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? _____

4. How are backflow prevention devices inspected and serviced? _____

Sewage disposal:

1. Is building connected to a municipal sewer? *(Circle one)* YES NO
2. If no, is private disposal system approved for a food operation? *(Circle one)* YES NO PENDING

A copy of the written approval and/or permit must be attached.

3. Are grease traps provided? *(Circle one)* **YES** **NO**
If so, where? _____

_____ Provide a schedule for cleaning and maintenance: _____

Employee belongings:

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

General:

1. Are pesticide stored separately from cleaning and sanitizing agents? *(Circle one)* **YES** **NO**
Indicate location: _____
(i.e. locked, separate cabinet away from food storage.)
2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas. *(Circle one)* **YES** **NO**
3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? *(Circle one)* **YES** **NO**
4. Is a mop sink present? *(Circle one)* **YES** **NO**
If no, please describe facility for cleaning of mops and other equipment: _____
5. Will linens be laundered on site? *(Circle one)* **YES** **NO**
If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

6. Is a laundry dryer available? *(Circle one)* **YES** **NO**
14. Location of clean linen storage: _____
15. Location of dirty linen storage: _____
9. Are containers constructed of safe materials to store bulk food products? *(Circle one)* **YES** **NO**
Indicate type: _____
16. Indicate all areas where exhaust hoods are installed:

Location	Filters and /or Extraction Devices	Square Feet	Fire Protection	Air Capacity (CFM)	Air Make-up (CFM)

Dishwashing facilities:

1. What will be used for ware washing? (Check one) Dishwasher Three compartment sink
2. Dishwasher -- Type of sanitization used:
 Hot water with booster heater: _____
 Chemical type: _____
 Is ventilation provided? (Circle one) **YES** **NO**
3. Do all dish machines have templates with operating instructions? (Circle one) **YES** **NO**
4. Do all dish machines have temperature/pressure gauges as required that are accurately working? (Circle one) **YES** **NO**
17. What is the size of the hot water generator for this establishment? _____

 Provide a copy of the **hot water heater and dish machine** cut sheets for calculating hot water needs of this facility.
6. What are the dimensions of the "three-compartment sink?" _____

7. Does the largest pot and pan fit into each compartment of the pot sink? (Circle one) **YES** **NO**
 If not, what is the procedure for manual cleaning and sanitizing? _____

8. Are there drain boards on both ends of the pot sink? (Circle one) **YES** **NO**
 If not, what is the procedure for stacking dirty dishes and air drying clean dishes? _____

9. What type of sanitizer is used? _____
 Chlorine Quaternary ammonium Iodine Hot water
 Other: _____
10. Are test papers and/or kits available for checking sanitizer concentration? (Circle one) **YES** **NO**
18. How is the ventilation hood system cleaned? _____

19. List backup plan for dishwashing machine malfunction: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Handwashing/toilet facilities:			
Please check the appropriate box:			
1.	Is there a handwashing sink in each food preparation and warewashing area?		
	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?		
	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Do self-closing metering faucets provide a flow of water for at least fifteen seconds without the need to reactivate the faucet?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is hand cleanser available at all handwashing sinks?		
	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?		
	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Are covered waste receptacles available in each restroom?		
	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Is hot and cold running water under pressure available at each handwashing sink?		
	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Are all toilet room doors self-closing?		
	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Are all toilet rooms equipped with adequate ventilation?		
	<input type="checkbox"/>	<input type="checkbox"/>	

Dry goods storage:

21. What is the projected frequency of deliveries?

22. Is appropriate dry goods storage space provided for based upon the menu, meals, and frequency of delivers? *(Circle one)* YES NO

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

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 creening only)

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

Slicers: _____

_____ Cutting boards: _____

_____ Can openers: _____

_____ Mixers: _____

_____ Floor mats: _____

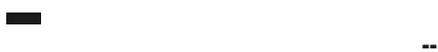
_____ Other: _____



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 offic-e may nullify final approval.

Signature(s): _____

Owner(s) or responsible representative(s)



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.

Department of Justice

Department of Commerce
Building Codes Bureau
PO Box 200517
Helena, MT 59620-0517
(406) 841-2040

Fire Prevention,
and Investigation
Bureau 1310
East Lockey
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(406) 444-2050

Food Establishment Plan Review
REQUIRED INFORMATION AND CHECK SHEET

- 1. Provide the proposed menu, including seasonal, off-site (catering), and banquet menus.
- 2. Provide plans that are a minimum of 11 x 14 inches in size, including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
- 3. Show the location and when requested, elevation drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- 4. Clearly designate all sinks for food preparation: handwashing, utensil washing, and a mop sink. A separate handsink must be provided in each food preparation and utensil washing area. The mop sink must have facilities for hanging wet mops. The easiest mop sinks to use are curbed drains.
- 5. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
- 6. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
- 7. Include and provide specifications for:
 - _____ a. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (*when applicable*);
 - _____ b. Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
 - _____ c. Source of water supply and method of sewage disposal. If systems are private, non-public sewer and water systems, provide the location of these facilities and submit evidence that they are in compliance with state and local regulations;
 - _____ d. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - _____ e. Site plan (*plot plan*);
 - _____ f. Entrances, exits, loading/unloading areas and docks;
 - _____ g. Lighting schedule with adequate shielding;
 - _____ h. Ventilation schedule for each room;
 - _____ i. Garbage can washing area/facility;
 - _____ j. Cabinets for storing toxic chemicals; and,
 - _____ k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.