



# JEFFERSON COUNTY ENVIRONMENTAL HEALTH OFFICE

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## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of establishment: \_\_\_\_\_

Address where unit is stored: \_\_\_\_\_

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

Phone number of establishment *{If available}*: \_\_\_\_\_

\_\_\_\_\_  
*(Name of owner)*

\_\_\_\_\_  
*(Mailing address)*

\_\_\_\_\_  
*(E-mail)*

\_\_\_\_\_  
*{Telephone}*

\_\_\_\_\_  
*(FAX)*

\_\_\_\_\_  
*(Applicant name and title)*

\_\_\_\_\_  
*(Mailing address)*

\_\_\_\_\_  
*(E-mail)*

\_\_\_\_\_  
*{Telephone}*

\_\_\_\_\_  
*(FAX)*

I have submitted plans/applications to the following departments:

- Planning \_\_\_\_\_ *Date of submittal*
- Building \_\_\_\_\_ *Date of submittal*
- Fire \_\_\_\_\_ *Date of submittal*

Projected date for start of project: \_\_\_\_\_

Projected date for completion of project: \_\_\_\_\_

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

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

Locations where facility will operate: \_\_\_\_\_

Hours of operation: Sun. \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
Thurs \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

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

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

## Food Preparation Review

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

### Location of food operation:

Will all food be prepared, stored, and served in the 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? \_\_\_\_\_

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 &amp; toppings</i> )                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

**Food supplies:** Please list all suppliers for this facility: \_\_\_\_\_

### Cold storage:

- All potentially hazardous foods must be maintained cold at 41° F (5° C) or less with approved refrigeration.  
Number of commercial refrigeration units: \_\_\_\_\_
- All frozen foods must be maintained frozen.  
Number of freezer units: \_\_\_\_\_
- How will cold holding temperatures be monitored? Provide copies of log sheets that will be used to record monitored temperatures? \_\_\_\_\_
- Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?

If yes, how will cross-contamination be prevented? \_\_\_\_\_

5. Does each refrigerator/freezer have a thermometer?
6. 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: \_\_\_\_\_

### 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 <u>≥1"</u>	Thin Frozen Foods <u>≤1"</u>
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 note: Cooling is not recommended with limited facilities and may not be approved with a mobile unit.

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"/>
Reduce 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 precooked PHF's 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 (Note: Crockpots and steam tables are not approved reheating devices): \_\_\_\_\_

**Preparation:**

1. Please list categories of food prepared more than 12 hours in advance of service: \_\_\_\_\_  
\_\_\_\_\_

2. How will food employees be trained in good food sanitation practices? \_\_\_\_\_  
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 eliminate hand contact (i.e. Use of tongs, spatulas, etc) or otherwise avoid cross contamination.  
\_\_\_\_\_  
\_\_\_\_\_

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 degrees to 135 degrees) during preparation.

10. Will the facility be serving food primarily to a highly susceptible population?  
 (Circle one)      **YES**      **NO**

**Catering Option: Will you be catering from this facility?**      **YES**      **NO**  
 If, yes then a catering endorsement request must be submitted.

## ***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. Leave blank if not applicable.

	<i>Floor</i>	<i>Coving</i>	<i>Walls</i>	<i>Ceiling</i>
<b><i>Kitchen</i></b>				
<b><i>Bar</i></b>				
<b><i>Food Storage</i></b>				

YES      NO      N/A

**Insect & rodent control:**

Please check the appropriate box:

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Will all outside doors be self-closing and rodent proof?   | <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"/> |                          |
| 5. Does unit have complete screening (#16 mesh), windows, or walls?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 6. How will serving window be screened or protected to exclude pests? _____                                   |                          |                          |                          |

**Garbage & refuse (general):**

1. Describe system for disposal of garbage:  
 \_\_\_\_\_

2. Where will garbage cans or floor mats be cleaned? \_\_\_\_\_

3. Describe surface and location where dumpster/compactor/cans are to be stored: \_\_\_\_\_

\_\_\_\_\_

4. How will grease be disposed of? \_\_\_\_\_

\_\_\_\_\_

Frequency of pickup: \_\_\_\_\_ Contractor: \_\_\_\_\_

4. Is there an area to store recycled containers? (Circle one) **YES** **NO**  
 Describe: \_\_\_\_\_

Indicate what materials will be recycled:

- Glass
- Paper
- Plastic
- Metal
- Cardboard

5. 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? \_\_\_\_\_

**Garbage & refuse (outside):**

**YES** **NO**

1. Will a dumpster be used?    
 Location: \_\_\_\_\_  
 Number: \_\_\_\_\_ Size: \_\_\_\_\_  
 Frequency of pickup: \_\_\_\_\_  
 Contractor: \_\_\_\_\_

2. Will garbage cans be stored outside?    
 Number: \_\_\_\_\_ Size: \_\_\_\_\_  
 Frequency of pickup: \_\_\_\_\_  
 Contractor: \_\_\_\_\_

**Plumbing connections:**

**Please indicate type of connection where applicable.**

	Air Gap— Air Break	Integral Trap	P Trap	Vacuum Breaker	Condensate Pump
Toilets	<del>X</del>				<del>X</del>
Urinals	<del>X</del>				<del>X</del>
Dishwasher		<del>X</del>	<del>X</del>		<del>X</del>
Ice Machines		<del>X</del>	<del>X</del>		<del>X</del>



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- 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? \_\_\_\_\_
- 

**3. 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 \_\_\_\_\_ (ft) x Width \_\_\_\_\_ (ft) x Depth \_\_\_\_\_ (ft) x 7.48 gal/cu.ft x \_\_\_\_\_ (number of times/day utensils will be washed) = \_\_\_\_\_gallons/day

ii. Hand washing requirements

Gallons per minute from faucet \_\_\_\_\_ x 20 second hand wash x \_\_\_\_\_(number of times/day hands will be washed/person)x \_\_\_\_\_(number of employees) = \_\_\_\_\_gallons/day

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

iv. Total gallons per day: \_\_\_\_\_

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

**4. 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.

**5. 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.

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? \_\_\_\_\_

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**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** cut 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
    - a. 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.

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

b. 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. \_\_\_\_

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**Employee belongings:** Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**General:**

1. Will pesticides be stored on site? (Circle one) **YES** **NO**
  - a. 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 (this includes personal medications) that is located away from food preparation and storage areas. \_\_\_\_\_

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3. Are all containers of toxics, including sanitizing spray bottles, clearly labeled? (Circle one) **YES** **NO**
  - a. Diluted chemicals must have manufacturer's label attached to spray bottles.

4. Is a mop sink present? (Circle one) **YES** **NO**
  - a. If no, please describe facility for cleaning of mops and other equipment: \_\_\_\_\_

5. How will linens be cleaned? \_\_\_\_\_

a. Location of clean linen storage: \_\_\_\_\_  
 b. Location of dirty linen storage: \_\_\_\_\_

6. 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)  Commercial dish machine at commissary  
 Three compartment sink

**Dishwasher -- Type of sanitization used**

Hot water with booster heater: \_\_\_\_\_ Chemical type: \_\_\_\_\_  
 Is ventilation provided? (Circle one) **YES** **NO**

Do all dish machines have templates with operating instructions? (Circle one) **YES** **NO**

Do all dish machines have temperature/pressure gauges as required that are accurately working? (Circle one) **YES** **NO**

List backup plan for dishwashing machine malfunction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Three-Compartment Sink**

1. 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? \_\_\_\_\_  
 \_\_\_\_\_

2. 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? \_\_\_\_\_  
 \_\_\_\_\_

3. What type of sanitizer is used?  
 Chlorine  Quaternary ammonium  Iodine  Hot water  
 Other: \_\_\_\_\_

4. Are test papers and/or kits available for checking sanitizer concentration? (Circle one) **YES** **NO**

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

**YES** **NO** **N/A**

**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"/>	
		<b>YES</b>	<b>NO</b>	<b>N/A</b>
4.	Is hand cleanser available at all handwashing sinks?	<input type="checkbox"/>	<input type="checkbox"/>	
5.	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"/>	<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"/>	<input type="checkbox"/>
9.	Are all toilet rooms equipped with adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Dry goods storage:**

- How often will items be purchased or delivered? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is appropriate dry goods storage space provided for based upon the menu, meals, and frequency of delivers? *(Circle one)* **YES** **NO**  
  
 How many square feet of dry storage is available? \_\_\_\_\_
- How will dry goods be stored off the floor? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Are containers constructed of safe materials to store bulk food products? *(Circle one)* **YES** **NO**  
 Indicate type: \_\_\_\_\_

**Small equipment requirements:**

- 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)
- Please specify the number and types of each of the following:
  - Slicers: \_\_\_\_\_
  - Cutting boards: \_\_\_\_\_
  - Can openers: \_\_\_\_\_
  - Mixers: \_\_\_\_\_
  - Floor mats: \_\_\_\_\_
  - Other: \_\_\_\_\_

**Please attach the following items if applicable:**

- Menu
- Specification Sheets
- Plans
- Non-Public Water and Wastewater System Construction and Use Application
- 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)



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.

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