

## FOOD ESTABLISHMENT PLAN REVIEW PACKET

This plan review guide is designed to help you through the plan review process for opening a new food service establishment, ownership change of existing establishment or alteration of the layout or menu addition of an existing establishment. Environmental Health Services (EHS) of the Park City-County Health Department (PCCHD) will review your proposed plans to determine potential risk to public health and safety and verify compliance with State and Local regulations.

- **Prior to construction or remodel, all establishments must meet the following requirements:**
  - [MCA 50-50 Part 2](#) Licensing
  - [ARM 37.110.2](#) Montana Food Code
  - [FDA 2013 Food Code](#) See ARM 37.110.260 through 37.110.272 for parts adopted with modifications or additions

**Step 1:** Submit plans. Turn in a **complete** application. All items listed on the “Item Submittal List” must be included. Incomplete applications will not be accepted and returned to the applicant.

**Step 2:** Wait for an approval letter or to be contacted by the reviewer requesting additional information. Our goal is to send you a response within 30 days informing you that your project is either approved and meets state and local laws or that additional information or changes are needed before approval can be given.

**NOTE:** To avoid costly mistakes or delays, do not start modifications or installation of equipment until you have written approval by PCCHD and other applicable agencies.

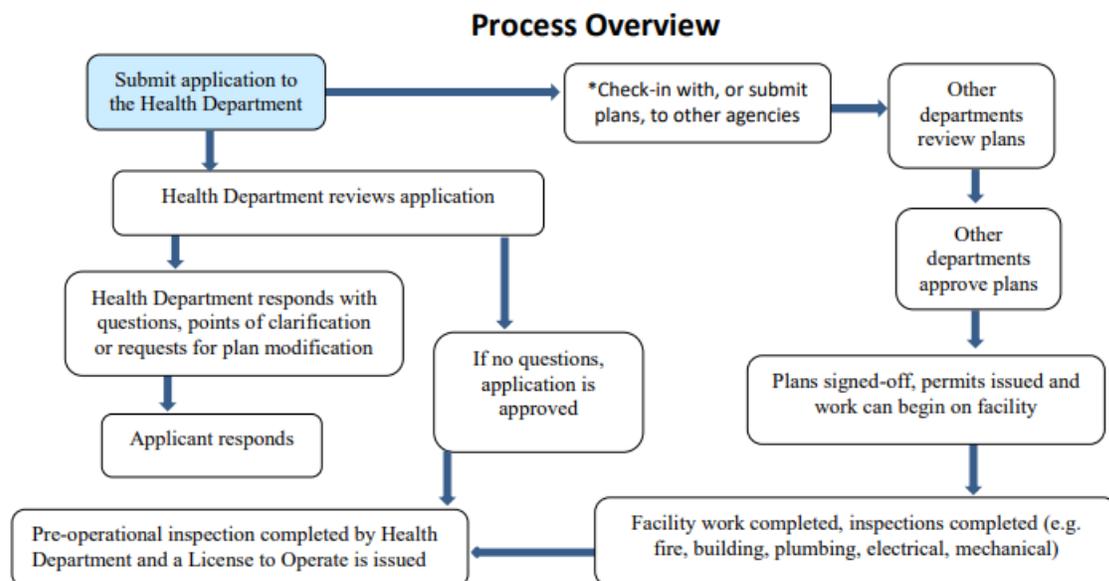
**Step 3:** Pass Pre-Opening Inspection. Once your project is complete, contact PCCHD Environmental Health Services at 406-222-4145 to schedule a pre-operational inspection, which allows PCCHD to verify that the establishment meets all state and local laws and regulations which correlated with the approved plans.

**NOTE:** Schedule at least 7 days in advance.

**Step 4:** Pay for your license. Once you have passed your pre-operation inspection, submit the State fee for your licensing. A facility may be required to obtain multiple licenses. Fees are payable by check made out to the Montana Department of Public Health and Human Services. License(s) expire December 31<sup>st</sup> of each year. An additional inspection may be required, if the facility is not completed at the time of inspection.

## Item Submittal List

- ❑ **FOOD ESTABLISHMENT PLAN REVIEW APPLICATION form-** complete, legible, and signed
- ❑ **Menu-** Proposed Menu/ complete list of food and beverage to be offered (including season, off-site and banquet menus)
- ❑ **Facility Floor Plans-** See facility site plan elements guide
- ❑ **Plumbing Plan-** show locations of floor sinks and drain connections
- ❑ **Make and Model List-** Include all equipment, appliances, etc. in the facility.
- ❑ **Provide a HACCP plan or “Special Process” information, if applicable**



## Facility Site Plan Element Guide

This guide sheet is to assist you in preparing a complete facility site plan. **All the following items must be included with your site plan.** Additional information may be required upon request.

### Site Plan

- Minimum size of 8 ½ x 11 and a minimum of ¼ inch = 1 foot

Show location of **all**:

- Equipment (sinks, refrigeration, etc. )
- Restrooms
- Storage areas
- Electrical services
- Mechanical ventilation
- Building in relation to: streets, sidewalks, parking, and garbage area
- Entrances and exits
- Loading and unloading docks
- Dressing rooms, locker areas, employee rest areas, and/or coat rack as required
- Storage rooms
- Garbage rooms
- Basements and/or cellars used for storage or food preparation

Plumbing:

- Location of floor drains
- Floor sinks
- Water supply lines
- Hot water generating equipment with capacity and recovery rate
- A mop sink or curbed cleaning facility with capacity for hanging wet mops
- Backflow prevention
- Wastewater line connections
- Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation



## Facility Site Plan

*The facility site plan can be hand drawn using a ruler or completed with digital design software and submitted in place of this page. See Facility Site Plan element guide for requirements. If needed required elements can be divided among multiple sheets of the same layout.*

**Establishment Name:**

**Establishment Address:**

# 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	
Institution	
Retail Market	
Food Manufacturer	
Other	

Details	Provide information
Number of Seats	
Number of Outside Seats	
Number of Staff (maximum per shift)	
Total Square Feet of Facility	
Number of floors on which operations will be conducted	

Type of Service (check all that apply):	
Sit Down Meals	
Take Out	
Mobile Vendor	
Caterer	
Delivery Service	
Push Cart	
Semi Permanent	
Pre-Package Vendor	

	Hours of Operation	Maximum Meals/Customers to be Served (approximate)		
		Breakfast	Lunch	Dinner
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

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**

1. Are all food supplies from inspected and approved sources? Y / N

2. What are the projected frequencies of deliveries?  
 Frozen foods \_\_\_\_\_  
 Refrigerated foods \_\_\_\_\_  
 Dry goods \_\_\_\_\_

3. Provide information on the amount of space (in cubic feet) allocated for dry storage.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. How will dry goods be stored off the floor? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Cold Storage**

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

3. Provide the method used to calculate cold storage requirements. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. 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?

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**\*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? \_\_\_\_\_

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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 coved molding, etc.) will be used in the following areas.

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

## J. Sinks

	YES	NO	NA
<b>Handwashing</b>			
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 _____ _____			
<b>Toilet Facilities</b>			
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?			
<b>Food Preparation Sinks</b>			
Is a food preparation sink present in food prep area?			
Please note, all produce must be thoroughly washed prior to service. <b>How will all produce be washed prior to use?</b> _____ _____			
<b>Multi use sink</b>			
Describe the procedure for cleaning and sanitizing multiple use sinks between uses. _____ _____ _____			
<b>Dishwashing Facilities</b>			
Will a sink or a dishwasher be used for ware washing? ___Dishwasher ___Three compartment sink			
<b>Dishwasher</b>			
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.			
<b>Three Compartment Sink</b>			
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?			
<b>Service Sink</b>			
Is a janitorial/mop sink present? <b>Food Preparation or Ware washing sinks may not be used for wastewater disposal.</b>			
<b>Floor sink</b>			
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
<b>Dishwasher</b>						
<b>Garbage Grinder</b>						
<b>Ice Machines</b>						
<b>Ice Storage Bin</b>						
<b>Sinks</b> a. Mop b. Janitor/service c. Hand wash d. 3 bay sink e. 2 bay f. 1 bay g. Water Station						
<b>Steam Tables</b>						
<b>Dipper Wells</b>						
<b>Refrigeration Condensate/Drain Lines</b>						
<b>Hose Connection</b>						
<b>Beverage Dispenser with Carbonator</b>						
<b>Other:</b>						

\* **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
<b>Ice</b>			
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. _____ _____			
<b>Hot Water Tank</b>			
The hot water generator must be sufficient for the needs of the establishment? What is the capacity of the hot water generator? (provide specifications) _____			
<b>Water Treatment Device</b>			
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
<b>Inside</b>			
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? _____ _____			
<b>Outside</b>			
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. _____ _____			
<b>Recycling Areas</b>			
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 _____			
<b>Damaged Food Product Storage</b>			
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
<b>Dressing Rooms</b>			
Are dressing rooms provided?			
Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____			
<b>Toxic Chemicals</b>			
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? <b>All insecticides/rodenticides must be approved for food service</b>			




**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)**



**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.**