



<b>For Office Use Only</b>	
Date Application Received: _____	By (Initial): _____
Date Payment Received: _____	By (Initial): _____

## Retail Food Plan Review Application

### ESTABLISHMENT INFORMATION

**Applying for** (check all that apply):  New Establishment  Remodel of Existing Licensed Establishment  
 Ownership Change (see "Change of Ownership" application for possible reduced plan review)

**Proposed endorsements types\*\*** (check all that apply):

<input type="checkbox"/> Food Service Establishment	<input type="checkbox"/> Food Service/Delicatessen (onsite retail)
<input type="checkbox"/> Perishable Food Dealer (retail only)	<input type="checkbox"/> Bakery (onsite retail only)
<input type="checkbox"/> Tavern or Bar	<input type="checkbox"/> Produce (onsite retail only)
<input type="checkbox"/> Meat Market (onsite retail only)	<input type="checkbox"/> School Cafeteria
<input type="checkbox"/> Food Service/Catering (retail)**	<input type="checkbox"/> Food Manufacturer (onsite retail only)

*\*See "Endorsement Information" in Appendix A for full explanation of endorsement types  
 \*\*Applicants applying for Catering Endorsement must submit additional application*

**Establishment Name:** \_\_\_\_\_

**Establishment Physical Address:** \_\_\_\_\_

<b>City:</b> _____	<b>State:</b> MT	<b>ZIP Code:</b> _____	<b>County:</b> Cascade
<b>Business Phone:</b> _____		<b>Business E-mail:</b> _____	

### OWNER INFORMATION

**Owner Name:** \_\_\_\_\_

**Company/LLC:** \_\_\_\_\_

<b>Mailing Address:</b> _____	<b>Suite/Unit:</b> _____	
<b>City:</b> _____	<b>State:</b> _____	<b>ZIP Code:</b> _____
<b>Owner Phone:</b> _____		<b>Owner E-mail:</b> _____
<b>For Plan Review Communication, primary contact will be:</b>	<input type="checkbox"/> Same as above <input type="checkbox"/> Person Listed Below <input type="checkbox"/> Both	

<b>Primary Contact Name:</b> _____	<b>Position/Role:</b> _____
<b>Phone:</b> _____	<b>E-mail:</b> _____

### ACKNOWLEDGEMENT

Administrative Rule of Montana (ARM) 37.110.2 (§8-201.11) requires permit applicants to submit properly prepared plans and specifications for review and approval at least 30 days prior to the start of any construction, remodeling, or conversion. Applications submitted less than 30 days prior to intended opening date will be charged an "Expedited Review Fee" as provided in the Retail Food Establishment Fee Schedule. All plan review fees must be paid before staff will begin the review. Incomplete applications will not be accepted (see "Submission Checklist" for all required materials).

**Construction Start Date:** \_\_\_\_\_ **Intended Opening Date:** \_\_\_\_\_

I acknowledge all information provided in this application is true, complete, accurate and correct to the best of my knowledge. I understand any deviation from the application information without prior permission from the Cascade City-County Health Department may nullify final approval.

<b>Applicant Signature:</b> _____	<b>Title:</b> _____
<b>Print Name:</b> _____	<b>Date:</b> _____



## Establishment Licensing Path

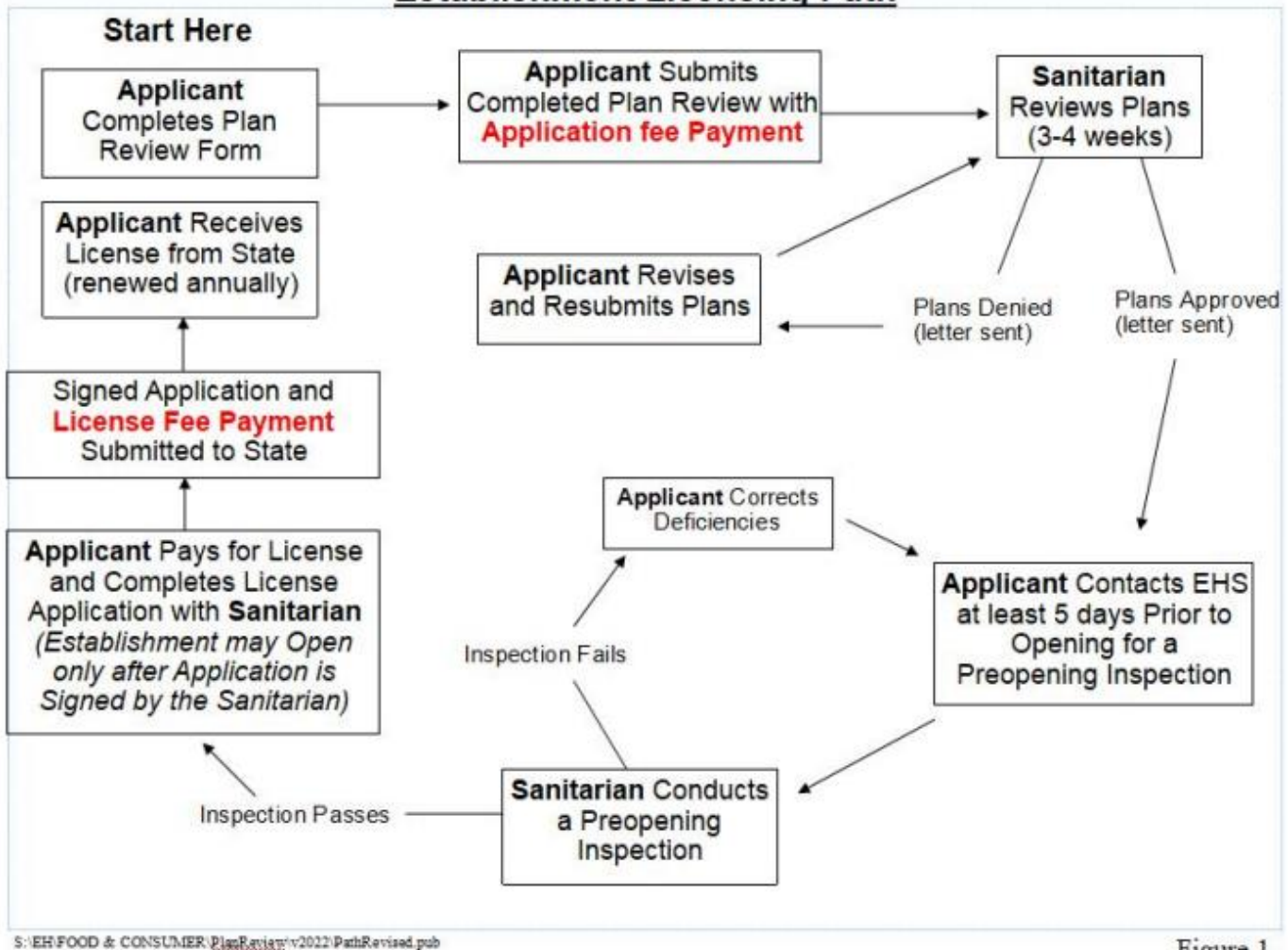


Figure 1.

### Guidelines for an Efficient Review Process

Plan review applications are reviewed in the order which they are received (including payment). Due to the time-intensive process of plan review, the assigned Sanitarian may take up to 30 calendar days for the initial review depending upon the current staffing, number of plan reviews submitted, and/or other Sanitarian responsibilities. To help avoid any delays, here are a few guidelines for applicants:

- Complete the application entirely – do not leave any question blank. If a section is not applicable, check the “N/A” box
- Ensure answers are legible (neat and large enough writing to read)
- Submit the application as early as possible
  - o An “Expedited Fee” of \$200 will be added to the submission fee for any application received less than 30 days prior to the intended opening date
- Respond to reviewer questions and feedback as soon as possible
- Contact all other agencies which may require additional permits (*see Appendix B1 for more information*)
- Read the Annexes at the end of application and Frequently Asked Questions available at:
 

<https://www.cascadecountymt.gov/Faq.aspx?TID=20>
- Include all required information and documents listed on the checklist at the end of this application

# RETAIL AND WHOLESALE FOOD ESTABLISHMENT FEE SCHEDULE

(As of 1/1/2023)

## Plan Review for New Food Establishments

Fees for Plan Review are determined by the Risk Category of the Proposed Food Service Operation. As Risk Category increases, more time is needed for review due to the increased complexity of the establishment equipment, requirements, etc.

“Base time” is determined by dividing the base fee by \$50. Any excessively complex plan reviews requiring time beyond the pre-calculated base time will require an additional \$50 per hour fee to be paid at the pre-opening inspection.

**TIP:** A plan reviewer’s efficiency is highly dependent upon the completeness and thoroughness of the plan review application. To avoid multiple denials and possible additional fees for excess time, be sure to use the submission checklist and submit all necessary materials during the initial application submission.

RISK CATEGORY	OPERATION DESCRIPTION	BASE FEE* <i>Base Time</i>
1	<ul style="list-style-type: none"> <li>• Pre-packaged, non-time/temperature control for safety (TCS) foods</li> <li>• Prepare only non-TCS foods</li> <li>• Heat only commercially processed TCS foods for hot holding</li> <li>• No cooling of TCS foods</li> </ul> <p><i>Examples: Most convenience stores, hot dog carts, coffee shops</i></p>	<b>\$200</b>
		<i>4 hrs</i>
2	<ul style="list-style-type: none"> <li>• Quick service operations, limited menu</li> <li>• Most products are prepared/cooked and served immediately</li> <li>• May involve hot and cold holding of TCS foods after preparation or cooking</li> <li>• Complex preparation of TCS foods requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS foods</li> </ul> <p><i>Examples: Most fast-food restaurants, sandwich shops</i></p>	<b>\$275</b>
		<i>5.5 hrs</i>
3	<ul style="list-style-type: none"> <li>• Extensive menu and handling of raw ingredients</li> <li>• Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods</li> <li>• Variety of processes require hot and cold holding of TCS food</li> </ul> <p><i>Examples: Full-Service Restaurant</i></p>	<b>\$350</b>
		<i>7 hrs</i>
4	<ul style="list-style-type: none"> <li>• Establishments serving a highly susceptible population (preschools, hospitals, nursing homes)</li> <li>• Specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.</li> </ul> <p><i>Examples: Restaurants/manufacturers conducting processing at retail and/or require HACCP plan, preschools, hospitals, nursing homes</i></p>	<b>\$425</b>
		<i>8.5 hrs</i>
Additional Endorsements		\$50 each
Hourly Rate (if review exceeds base fee time)		\$50/ hour

**\*BASE FEE includes:** One onsite walk-through (upon request), pre-opening inspection, one endorsement, and base fee time. See “Other Retail Food Fees” for additional add-on fees.

**\*\*DOES NOT INCLUDE LICENSE FEE\*\***

A license fee of \$85 or \$115 (depending on number of employees) will be collected at the pre-opening inspection after the plan review is approved and construction is complete. License fee must be a CHECK OR CASH ORDER made out to DPHHS. Cash or card payment cannot be accepted for license fee.

## Other Retail Food Fees

FEE DESCRIPTION	FEE
<b>Expedited Review Fee</b> <i>Required for all plan reviews submitted less than 30 days prior to intended open date</i>	\$200
<b>Additional Walk-Thru/Pre-Opening Inspection</b>	\$100 (each)
<b>HACCP Plan Reviews</b>	\$100 (per recipe); \$300 minimum
<b>Variance Request for Special Food Processes</b>	\$100
<b>Variance Request for Equipment</b>	\$50
<b>Menu Review**</b> <i>Can be used when licensing from a commissary/community/ghost kitchen or when existing facility has major menu change</i>	\$125
<b>Addition of Catering or Other Endorsement**</b>	\$125
<b>Extensive Remodel**</b>	\$100
<b>Change of Ownership**</b>	\$100
<b>1<sup>st</sup> Follow-Up Inspection</b>	\$0
<b>2<sup>nd</sup> Follow-Up Inspection</b>	\$100
<b>3<sup>rd</sup> Follow-Up Inspection</b>	\$150
<b>4<sup>th</sup> Follow-Up Inspection</b>	\$200

**\*\*Existing Licensed Establishments ONLY:** Must have current license AND have full, recent plan review (no earlier than 2015). Establishments with older or no prior plan reviews *may* require full plan review to ensure current code compliance before licensing.

**PROPERTY REQUIREMENTS**

**What is the zoning jurisdiction for the property?**     City of Great Falls     Cascade County

**Plans/applications have been submitted to the following authorities/departments\*\*** (check all that apply):

**City of Great Falls**

- Planning & Community Development
- Fire Department (*Safety Inspection Cert.*)
- Environmental Division (*Grease Interceptors.*)

**Other Departments** (*both jurisdictions*)

- Department of Revenue (DOR)
  - Alcohol License
  - One Stop License
- Department of Environmental Quality (DEQ)
- DPHHS-Env Health & Safety\* (*Wholesalers only*)
  - \*Must submit label approval letter from DPHHS

**Cascade County**

- Cascade County Planning
- State Building Inspector
- State Plumbing & Mechanical Inspector
- State Electrical Inspector
- State Fire Marshall

<b>Water Supply:</b>	<input type="checkbox"/> PUBLIC – Public Water Supply (PWS)** Name/#: _____ <input type="checkbox"/> Check box if working with DEQ for <b>NEW</b> PWS system (no name/number available) <input type="checkbox"/> PRIVATE - Must submit current water test results (Coliform and Nitrates, no older than 90 days)
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<b>Wastewater Disposal:</b>	<input type="checkbox"/> PUBLIC – City or Public Sewer Name : _____ <input type="checkbox"/> PRIVATE (septic system) *Must attach copy of septic permit OR permit number: _____
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<b>Grease Interceptor(s)?</b>	<input type="checkbox"/> YES → <input type="checkbox"/> NO	<b>Location?</b>	<b>How often cleaned/pumped?</b>
		<input type="checkbox"/> Outdoors In-Ground <input type="checkbox"/> Indoors <input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

\*\*See "Department Contacts/Information" in Appendix B1 and "Public Water Supply (PWS) Numbers" in Appendix B2  
**NOTE: Approval by Cascade City-County Health Department does not indicate approval from other agencies**

**OPERATION DETAILS**

**Hours and Service**

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>Hours</b>							
<b>Estimated # of Meals</b>							

**Is establishment SEASONAL?**     YES, operate from \_\_\_\_\_ (MM/DD – MM/DD)     NO, open year-round

<b>Seating Capacity:</b>	<input type="checkbox"/> Indoor _____ seats <input type="checkbox"/> Outdoor _____ seats <input type="checkbox"/> No seating	<b>Maximum number of staff (per shift):</b>	<input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
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<b>Does the establishment have:</b> <i>(check all that apply)</i>	<input type="checkbox"/> Drive-thru? <input type="checkbox"/> Full-service bar? <input type="checkbox"/> Buffet/Self-Serve? <input type="checkbox"/> Take-out/Delivery?	<input type="checkbox"/> Outdoor grill/food service area? <input type="checkbox"/> Pre-packaged "Grab and Go"? <input type="checkbox"/> Catering? ( <i>food service outside of licensed establishment, excluding delivery</i> ) <input type="checkbox"/> Wholesale? ( <i>sell to other retail establishments</i> )
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<b>Does the establishment specifically cater to or serve to any of the following HIGHLY SUSCEPTIBLE POPULATIONS?</b>	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Day Care Center <input type="checkbox"/> Health Care/Hospital Facility <input type="checkbox"/> Assisted Living Center  <input type="checkbox"/> School w/ 9-year-olds or younger or immunocompromised children <input type="checkbox"/> Other: _____ <input type="checkbox"/> Establishment does not serve any of the populations listed
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**FOOD SERVICE & SAFETY TRAINING/PROTOCOLS**

**Does the establishment have:**

<p><b>At least one staff member with ANSI-approved* Certified Food Protection Manager (CFPM) certificate?</b> *See Annex C1 for ANSI-approved courses</p>	<input type="checkbox"/> YES, certificate attached <input type="checkbox"/> NO, certificate will be provided at opening inspection <input type="checkbox"/> NO, CFPM Exempt ( <i>Risk Category 1 ONLY. Must fill out waiver form in Annex C2</i> )
<p><b>Employee sickness policy and/or protocol to report and reduce/exclude staff with foodborne illness symptoms?</b></p>	<input type="checkbox"/> YES, written policy/protocol attached <input type="checkbox"/> NO ( <i>sample policy/protocol can be requested</i> )
<p><b>Written procedure for employees to follow when responding to vomit/diarrhea accidents in the facility?</b></p>	<input type="checkbox"/> YES, written procedure attached <input type="checkbox"/> YES, clean-up kits with instructions used <input type="checkbox"/> NO ( <i>sample policy/protocol can be provided</i> )
<p><b>What do staff use to prevent bare hand contact with ready-to-eat (RTE) foods?</b></p>	<input type="checkbox"/> Utensils <input type="checkbox"/> Single-use Gloves <input type="checkbox"/> Deli Tissue <input type="checkbox"/> Other: _____
<p><b>How are employees trained about food safety, sanitation, and illness policies? Briefly explain.</b>  <i>Attach any additional applicable training materials/forms</i></p>	

**MENU**

Attach sample menu, including beverages, to application – REQUIRED

Sample menu provided for review may be written list of planned menu items.  
Recommend submitting "proof" copy of final menu for health department approval prior to final printing.

<p><b>A. TYPES OF FOOD</b>    <i>Check box if:</i></p>	<input type="checkbox"/> Only beverages/drinks sold – <i>Skip to Section G</i> <input type="checkbox"/> All foods purchased pre-packaged/pre-manufactured <b>AND</b> sold in same packaging ( <i>no opening, repacking, processing, etc</i> ) – <i>Skip to Section G</i>	
<p><b>List all approved sources/companies to be used for purchasing food:</b></p>		
<p><b>Check all categories of Time/Temperature Control for Safety (TCS) foods to be handled, prepared, and served:</b></p>	<input type="checkbox"/> Thin meats, poultry, fish, eggs ( <i>hamburger, sliced meats, fillets, etc.</i> ) <input type="checkbox"/> Thick meats, whole poultry ( <i>roast beef, turkey, chicken, ham, etc.</i> ) <input type="checkbox"/> Cold processed foods ( <i>salads, sandwiches, vegetables, etc.</i> ) <input type="checkbox"/> Hot processed foods ( <i>soups, stews, rice/noodles, gravy, chowders, casseroles, cooked vegetables, etc.</i> ) <input type="checkbox"/> Bakery goods ( <i>pies, custards, cream fillings, etc.</i> ) <input type="checkbox"/> Other (describe):	
<p><b>Which ANIMAL FOODS will be served?</b></p>	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Pork <input type="checkbox"/> Eggs <input type="checkbox"/> None <input type="checkbox"/> Wild Game <input type="checkbox"/> Stuffed Meats <input type="checkbox"/> Seafood <input type="checkbox"/> Other:	
<p><b>Will any of the following foods be offered/served RAW OR UNDERCOOKED?</b> <i>Include any used as ingredients</i></p>	<input type="checkbox"/> Fish (sushi, lox, ceviche, etc.) <input type="checkbox"/> Beef (steaks, burgers, etc.) <input type="checkbox"/> Eggs <input type="checkbox"/> Other:  <input type="checkbox"/> All foods fully cooked	<p><b>Where will (fish) parasite destruction be done?</b></p> <input type="checkbox"/> On-site – <i>Must attach written procedure</i>  <input type="checkbox"/> Supplier – <i>Must attach written agreement or statement from supplier</i>
<p><b>Will SHELLSTOCK be available at the establishment?</b> <i>(raw, in-shell molluscan shellfish)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>Describe process/protocol for records/tags of shellfish:</b></p>



<b>B. SPECIAL PROCESSES</b> Check box and skip section if: <input type="checkbox"/> No special processes		
<p style="text-align: center;"><b>Will any SPECIALIZED PROCESSING METHODS be conducted at facility?</b></p> <p style="text-align: center;"><i>See Appendix D for further explanation on Specialized Processing Methods</i></p>	<input type="checkbox"/> SMOKING foods for food preservation <input type="checkbox"/> CURING food <input type="checkbox"/> Using FOOD ADDITIVES (i.e. vinegar) for food preservation <input type="checkbox"/> REDUCED OXYGEN PACKAGING, such as vacuum packaging (i.e. canning or jarring), modified atmosphere packaging, controlled atmosphere packaging, cook-chill, sous vide <input type="checkbox"/> Custom processing animals for personal use as food, not for sale in retail establishment <input type="checkbox"/> Operating a MOLLUSCAN SHELLFISH life-support system DISPLAY TANK <input type="checkbox"/> SPROUTING seeds or beans <input type="checkbox"/> Other:	
<p><b>Does facility have HACCP plan submitted for specialized food process?</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>Note:</b> HACCP plan requires separate review. Plan review approval for establishment does <u>not</u> mean submitted HACCP plan is automatically approved.</p>

<b>FOOD &amp; BEVERAGE PREPARATION AND EQUIPMENT USAGE</b>																																																												
<b>C. COOKING and REHEATING</b> Check box and skip section if: <input type="checkbox"/> No cooking <u>AND</u> no reheating																																																												
<p>Describe how food workers will know when raw animal products are FULLY COOKED:</p>																																																												
<p>Describe how foods will be REHEATED for hot holding:</p>																																																												
<p style="text-align: center;"><b>List all COOKING and REHEATING equipment</b></p> <p style="text-align: center;"><b>Mark all applicable boxes for listed equipment</b></p> <p style="text-align: center;"><i>Common name acceptable for equipment type (i.e. range, cooktop griddle, grill, fryer, oven, microwave, smoker, etc)</i></p> <p style="text-align: center;"><i>If available, attach spec sheets for equipment listed</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Equipment Type</th> <th style="width: 10%;">Cook?</th> <th style="width: 10%;">Reheat?</th> <th style="width: 10%;">New (N)? Used (U)?</th> <th style="width: 10%;">NSF Certified? (or Equivalent)**</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Equipment Type	Cook?	Reheat?	New (N)? Used (U)?	NSF Certified? (or Equivalent)**																																																						
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<p><b>**See "Commercial Equipment Information" in Appendix E for equivalent certifications</b></p>																																																												

**D. COOLING** Check box and skip section if:  No cooling done

<p><b>Describe how COOLING process of COOKED TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS will be monitored:</b></p> <p><i>If cooling log used, attach copy</i></p>		
<p><b>Is COOLING process different for TCS FOODS made from opened AMBIENT TEMPERATURE INGREDIENTS</b> <i>(i.e. shelf stable ingredients such as canned tuna, reconstituted potatoes, powdered eggs, etc.):</i></p>	<p><input type="checkbox"/> YES →</p> <p><input type="checkbox"/> NO</p>	<p><b>Describe how cooling is different from process above:</b></p>

**Check appropriate boxes to indicate types of foods cooled and location of cooling process**

Cooling Method	Thick Meats	Thin Meats	Thin Soups or Gravy	Thick Soups or Gravy	Rice or Noodles	Other:	Location of Cooling Process
Shallow Pans							
Ice Baths							
Adding Ice as Ingredient							
Ice Paddle							
Reduce Volume/Size <i>(Smaller Portions)</i>							
Rapid Chill <i>(Using blast chiller)</i>							
Other:							

**E. THAWING** Check box and skip section if:  No frozen foods thawed

<p><b>What method(s) will be used to THAW frozen foods?</b> <i>Check all that apply</i></p> <p><i>Write location(s) where the method of thawing will occur</i></p>	<b>Thawing Method</b>	<b>Location(s)</b>
	<input type="checkbox"/> Under Refrigeration	
	<input type="checkbox"/> Under Running Water less than 70°F	
	<input type="checkbox"/> Microwave (as part of cooking process)	
	<input type="checkbox"/> Cooked from frozen	
	<input type="checkbox"/> Other:	



F. HOT HOLDING <i>Check box and skip section if: <input type="checkbox"/> No hot holding</i>			
Describe how HOT HOLD temperatures will be monitored: <i>If log used, attach copy</i>			
List all HOT HOLDING equipment  Mark all applicable boxes for listed equipment  <i>Common name acceptable for equipment type (i.e. steam table, hot box, etc)</i>  <i>If available, attach spec sheets for equipment listed</i>	Equipment Type	New (N)? Used (U)?	NSF Certified? (or Equivalent)**
<i>**See "Commercial Equipment Information" in Appendix E for equivalent certifications</i>			

G. COLD HOLDING			
Describe how COLD HOLD temperatures will be monitored: <i>If log used, attach copy</i>			
Will STORAGE ON ICE be used for COLD HOLDING?	<input type="checkbox"/> YES → <input type="checkbox"/> NO	<u>List food items held on ice and how ice levels will be maintained:</u>	
Will RAW ANIMAL FOODS be stored in the SAME refrigeration unit(s) as READY-TO-EAT foods?	<input type="checkbox"/> YES → <input type="checkbox"/> NO	<u>Explain how cross-contamination will be avoided:</u>	
List all COLD HOLDING equipment  Mark all applicable boxes for listed equipment  <i>Common name acceptable for equipment type (i.e. walk-in cooler, prep cooler, reach-in cooler, etc)</i>  <i>If available, attach spec sheets for equipment listed</i>	Equipment Type	New (N)? Used (U)?	NSF Certified? (or Equivalent)**
<i>**See "Commercial Equipment Information" in Appendix E for equivalent certifications</i>			

H. TIME AS A PUBLIC HEALTH CONTROL (TAPHC)** <i>Check box and skip section if: <input type="checkbox"/> TAPHC is not used</i>	
List food(s) to use TAPHC instead of cold holding or hot holding:	
Does establishment have written procedure for TAPHC food(s)?	<input type="checkbox"/> YES: Must attach written procedure <input type="checkbox"/> NO: Must fill out <b>WORKSHEET A</b> at end of application
** See "Time as a Public Health Control Information" in <u>Appendix E</u> for additional information	

**I. WHOLESALE, CATERING, MANUFACTURING, AND PRE-PACKAGING**

<p><b>Will the establishment prepare foods that will be SOLD TO OTHER RETAIL FOOD ESTABLISHMENTS?</b> <i>(i.e. restaurants, convenience stores, grocery stores, bars/casinos, etc)</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>Note:</b> If "YES", establishment will be required to apply for <b>WHOLESALE LICENSE</b> (separate from Retail License)</p> <p>See "Wholesale Food" section on DPHHS website for more information on requirements to become a wholesaler</p> <p><a href="https://dphhs.mt.gov/publichealth/fcss/wholesalefoodestablishments">https://dphhs.mt.gov/publichealth/fcss/wholesalefoodestablishments</a></p>
<p><b>Will the establishment TRANSPORT and/or PREPARE AND SERVE FOODS OFF-SITE?</b> <i>Catering</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>Note:</b> If "YES", establishment will be required to fill out "Catering Endorsement" Application</p> <p>Catering <b>Does NOT include</b> transporting food for delivery ONLY (i.e. pizza delivery, DoorDash/Grubhub/Uber Eats, etc.)</p>
<p><b>Will any food items (including ice) be PACKAGED** ON-SITE FOR OFF-SITE CONSUMPTION?</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO - Skip to Section J	<p>**"Packaged" means bottled, canned, cartooned, bagged, or wrapped. Examples: "Grab and Go" sandwiches/salads, bottled sauces/salsas/etc</p> <p><b>Does NOT include</b> foods wrapped or placed in carry-out container to protect food during service or delivery (i.e. boxed leftovers, take-out/delivery prepared to order)</p>
<p>List all food items to be <b>PACKAGED ON-SITE FOR OFF-SITE CONSUMPTION:</b></p>		
<p><b>Will any REDUCED OXYGEN PACKAGING for any food items listed above?</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>Note:</b> If "YES" was checked, <u>SECTION B</u> on pg. 7 must be complete.</p> <p><u>Reduced Oxygen Packaging Examples</u> Canning, jarring, vacuum sealing, etc.</p> <p>Item(s) listed above cannot be processed using sous-vide or cook-chill methods</p>
<p><b>Do all food items listed above have LABELS with all required information?</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>Note:</b> If "YES", attach a sample label for each food item listed above</p> <p>See "Labeling Requirements" in <u>Appendix G</u> for additional information</p>

## FACILITY AND EQUIPMENT SET-UP INFORMATION

**Attach Site Plan and Facility Floor Plan, and Plumbing Plan to application – REQUIRED\*\***

**Site Plan should show location of:**

- Establishment on map
  - *Include landmarks associated with the establishment such as buildings, roads, sidewalks/paths, parking/car stalls, drainage facilities, sanitary sewer lines, water lines, lighting, landscaping, garden elements, etc.*
- Any food service equipment located outside (i.e. grill, smoker, outdoor bar and/or waitstaff area, etc.)
- Garbage/refuse area
- Grease interceptor (if applicable)

**Facility Floor Plans/Plumbing Plan should show location of:**

- Equipment (sinks, refrigeration, ovens, hot hold equipment, etc.)
  - *Include ID numbers (or other identifying information) which match up to Equipment Schedule*
- Restrooms
- Storage Areas
- Electrical services
- Mechanical ventilation
- Entrances and Exits
- Loading and unloading docks
- Dressing rooms, locker areas, employee rest areas, coat rack, and/or other staff areas (i.e. office)
- Basements and/or cellars used for storage or food preparation
- Floor drains
- Floor sinks
- Water supply lines
- Hot water generating equipment with capacity and recovery rate
- Mop sink or curbed cleaning facility with capacity for hanging wet mops
- Wastewater line connections
- Dressing rooms, locker areas, employee rest areas, coat rack, and/or other staff areas (i.e. office)

**Note:** *Recommend separating Facility Floor Plans and Plumbing Plans; may be combined onto one layout if neat and legible*

**\*\*Plans may be hand drawn, but must be to scale (minimum scale of ¼ inch = 1 foot)**

Digital PDF plans are recommended and may be submitted via USB drive or by e-mail to [rknuksen@casadecountymt.gov](mailto:rknuksen@casadecountymt.gov)

**Attach Equipment Schedule and Finish Schedule to application – REQUIRED\*\***

**Equipment Schedule should include following information for every piece of equipment:**

- Item/ID number
  - *Should match Item/ID number on Floor Plan to identify location(s) of equipment in facility*
- Quantity
- Equipment Name/Category
- Manufacturer or Make
- Model Number
- Other information (if applicable)

**Finish Schedule should include information on: finish for floors, base, walls, ceilings, and other surfaces in every area of establishment**

**\*\*Equipment and Finish Schedules from architectural plans preferred, but not required. If architectural plans unavailable, recommend using templates at end of application**

Equipment Schedule template: [Worksheet 2](#)

Finish Schedule template: [Worksheet 3](#)

**PLUMBING DETAILS**

**J. HANDWASHING SINKS                      \*\*REQUIRED\*\***

Is there a handwashing sink available for convenient use in the <b>FOOD PREPARATION, FOOD SERVICE, and WAREWASHING areas?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Note:</b> A reasonable distance for “convenient use” is within 15 feet of a hand sink AND have an unobstructed path to the handwashing sink.
Is there a handwashing sink located <b>INSIDE</b> every <b>RESTROOM</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do all handwashing sinks have a <b>MIXING VALVE</b> or <b>COMBINATION FAUCET</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Do <b>SELF-CLOSING METERING FAUCETS</b> provide a <b>FLOW OF WATER</b> for <b>AT LEAST 15 SECONDS</b> without the need to reactivate the faucet?	<input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
Is <b>HOT AND COLD RUNNING WATER UNDER PRESSURE</b> available at each handwashing sink?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Will <b>HANDSOAP DISPENSERS</b> be available at all handwashing sinks?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Will <b>PAPER TOWEL DISPENSERS</b> be available at all handwashing sinks?  <i>If “OTHER” drying device used, list type.</i>	<input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> OTHER:	
Will <b>HANDWASHING SIGNAGE</b> be posted at all handwashing sinks (including restroom handwashing sinks)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

**K. RESTROOM FACILITIES                      \*\*REQUIRED\*\***

Are <b>TRASH CANS</b> available in each restroom?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Are all restroom doors <b>SELF-CLOSING</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Are all restrooms equipped with <b>MECHANICAL VENTILATION</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

**L. DUMP SINKS**

Are <b>DUMP SINKS</b> installed at all drink stations and/or bar areas for emptying drinks?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<b>Note:</b> Current code does not allow for warewashing sinks (i.e. 3-compartment sinks) or handwashing sinks to be used as dump sinks. For further explanation, see “Dump Sink Requirement” in <u>Annex H</u> .	

M. PREP SINKS	
Will the establishment THAW FOODS and/or WASH PRODUCE in a sink?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Does the establishment have a PREP SINK in the food prep area?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<b>Note:</b> Montana ARM 4-301.12 (F) requires a food prep sink if food will be placed into a sink for cleaning or thawing purposes. Warewashing sinks (i.e. 3-compartment sinks) or handwashing sinks <u>cannot</u> be used as a prep sink.	

N. WAREWASHING AREA	
3-Compartment Sink <b>**REQUIRED**</b>	
Describe the LARGEST ITEM(s) which will be cleaned using the warewashing area (give dimensions if available):	
Does the 3-compartment sink FIT THE LARGEST ITEM needing cleaning?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Does the 3-compartment sink have DRAIN BOARDS on both ends of the sink?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Will ALTERNATIVE EQUIPMENT OR METHODS be used in place of drain boards for stacking soiled items and/or air drying cleaned items?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN    →    Explain alternative(s) used:
What TYPE OF SANITIZER will be used in 3-compartment sink?	<input type="checkbox"/> QUATERNARY AMMONIUM <input type="checkbox"/> HOT WATER (Temp:___) <input type="checkbox"/> CHLORINE (i.e. Bleach) <input type="checkbox"/> OTHER: _____
Describe when/how staff will check sanitizer levels (i.e. when/how test strips used):  If log used, attach copy	
Dishmachine (Dishwasher)    Check box and skip section if: <input type="checkbox"/> No dishmachine in facility	
What TYPE(S) of sanitizing dishmachine is/are used?	<input type="checkbox"/> HIGH TEMPERATURE    →    Is a VENTILATION HOOD provided over dishmachine? <input type="checkbox"/> YES <input type="checkbox"/> CHEMICAL <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> UNKNOWN
Describe when/how staff will check dishmachine's maximum plate temperature (high temperature) and/or sanitizer level (chemical):  If log used, attach copy	

O. SERVICE SINK (Mop sink) <b>**REQUIRED**</b>	
Describe what TYPE of service (mop) sink will be provided (e.g. curbed floor drain, mop sink on legs, etc)	
Will MOP HANGARS be available at the service sink?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN    →    Explain how mops will be air dried:



P. ICE MACHINE		
Will the establishment have an ICE MACHINE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<b>Where will ice be purchased/obtained?</b>  
Describe when/how ice machine will be maintained: <i>(How often will bin be emptied and cleaned, frequency of sanitization cycle through ice maker, etc.)</i>		

Q. HOT WATER HEATER AND HOT WATER DEMAND				
<p>Worksheet 4 and/or Worksheet 5 are available to assist with determining the GPH/GPM hot water demand. It is recommended applicants use the worksheet(s) to check if the proposed hot water heater system will be sufficient.</p>				
What TYPE of water heater is located at the facility?	<input type="checkbox"/> STORAGE TANK  <input type="checkbox"/> TANKLESS ("On-Demand")	<input type="checkbox"/> GAS  <input type="checkbox"/> ELECTRIC	What is the INPUT kW (electric) or BTU (gas)?	
For STORAGE TANK water heater(s):	<b>Number of Storage Tank Water Heaters</b>			
	<b>Total Tank Capacity (gallons)</b>			
	<b>Recovery Rate (GPH) @ 100°F Rise**</b>			
For TANKLESS ("On-Demand") water heater(s):	<b>Number of Tankless Water Heaters</b>			
	<b>Flow Rate (GPM) @ 100°F Rise**</b>			
	<b>Storage Tank Capacity (gallons) If applicable</b>			
<p>**Recovery/Flow Rate may be found on specification sheet for hot water heater; if rate is not listed for appropriate temperature rise, contact manufacturer to obtain information</p> <p><b>Note:</b> The hot water supply provided by hot water heater(s) must meet or exceed peak hot water demand. To determine if the hot water heater set-up will be adequate, Plan Reviewers use the "Peak Hot Water Demand Guidelines" outlined in <u>Worksheet 4</u> ("Storage Tank Heater") and <u>Worksheet 5</u> ("On-Demand/Tankless Heater"). If the establishment uses single-service eating and drinking utensils ONLY, the usage estimate will be reduced by 20%.</p>				

**R. BACKFLOW PREVENTION**

**Mark all applicable boxes for listed equipment**  
 Check "N/A" box on left side if facility does not have listed equipment type  
 Fill in any additional plumbing fixtures/equipment not listed

N/A	Type of Plumbing Fixture/Equipment	Sewage Disposal		Water Supply	
		Air Gap	Direct Connection	Air Gap	Other (List Type)
REQ.	Warewashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Dishmachine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REQ.	Handwashing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Prep Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Refrigeration Drain Line (Condensate Line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Ice Machines/Ice Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Beverage Dispenser with Carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Mop/Utility Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Chemical Dispensing Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**\*\*See "Types of Backflow Prevention" in Appendix I for additional details/explanation**



OTHER FACILITY INFORMATION	
<b>S. FOOD/EQUIPMENT STORAGE</b>	
Describe how food will be STORED OFF THE GROUND in food storage areas: <i>Include size and quantity of any shelves not listed in Equipment Schedule</i>	
Will the establishment have FOOD GRADE FOOD STORAGE CONTAINERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Will all LIGHT FIXTURES in food prep, food service, food storage, and Warewashing areas have LIGHT SHIELDS or SHATTER-RESISTANT BULBS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Will the establishment store food, dishes, or equipment in any areas besides the main building/floor? <i>(i.e. Walk-in cooler/freezer located outside, prep/storage in basement area, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN    → <b>List other areas of storage:</b>
Will the establishment have any OFF-SITE STORAGE of food, dishes, or equipment?	<input type="checkbox"/> YES – Must attach Commissary Agreement <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

T. PEST MANAGEMENT		
Are all OUTSIDE DOORS SELF-CLOSING and RODENT PROOF?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Are SCREEN DOORS provided on OUTSIDE ENTRANCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Will AIR CURTAINS be used for any OUTSIDE ENTRANCES/WINDOWS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Do all WINDOWS which can be OPENED have a MINIMUM #16 MESH SCREENING?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
List TYPE and STORAGE LOCATION of any INSECT CONTROL DEVICES, INSECTICIDES, and/or PESTICIDES to be used at facility:	<b>Type of Insect Control</b>	<b>Storage Location</b>
List name(s) of any contracted Pest Control Service Companies: <i>Include frequency of visits or "as needed"</i>		
Describe any additional methods, strategies, or protocols used for preventing pest infestations and/or harborage: <i>Attach written protocols (if available)</i>		

U. GENERAL SANITATION, CLEANING, AND CHEMICALS	
What TYPE OF SANITIZER(S) will be used on cooking equipment, cutting boards, counters, and other food contact surfaces?	<input type="checkbox"/> CHLORINE ( <i>Bleach</i> ) <input type="checkbox"/> QUATERNARY AMMONIUM ( <i>Quat</i> ) <input type="checkbox"/> LACTIC ACID <input type="checkbox"/> OTHER: <input type="checkbox"/> IODINE
Where/how are CHEMICALS and TOXIC SUBSTANCES stored to prevent potential chemical contamination of foods and food service equipment? <i>Describe chemical storage.</i>	
How are SOILED AND CLEAN linens and rags stored to prevent cross-contamination? <i>Describe linen storage.</i>	
Where are EMPLOYEE PERSONAL ITEMS stored during work shifts?	<input type="checkbox"/> CLOSET <input type="checkbox"/> DRESSING ROOM <input type="checkbox"/> LOCKERS <input type="checkbox"/> COAT RACK/HANGERS <input type="checkbox"/> OFFICE AREA <input type="checkbox"/> OTHER:
Are LAUNDRY FACILITIES located ON-SITE?	<input type="checkbox"/> YES —————> <u>List item(s) to be laundered on-site</u> <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
List name(s) of any contracted LAUNDRY COMPANIES to be used for off-site laundering of linens:	

V. GARBAGE & REFUSE	
Are LEAK-TIGHT, DURABLE, CLEANABLE, NONABSORBENT WASTE CONTAINERS available INSIDE where REFUSE ( <i>garbage</i> ) is generated? <i>(i.e. food prep, food service, handwashing sinks with paper towels, etc)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Will DUMPSTER(S) be used OUTSIDE for REFUSE STORAGE?	<input type="checkbox"/> YES —————> <u>Quantity:</u> <input type="checkbox"/> NO <u>Size:</u> <input type="checkbox"/> UNKNOWN <u>Freq. of Pickup:</u>
Will COMPACTOR(S) be used OUTSIDE for REFUSE STORAGE?	<input type="checkbox"/> YES —————> <u>Quantity:</u> <input type="checkbox"/> NO <u>Size:</u> <input type="checkbox"/> UNKNOWN <u>Freq. of Pickup:</u>
Is there a DESIGNATED STORAGE AREA for DAMAGED FOOD ITEMS?	<input type="checkbox"/> YES —————> <u>Describe Location</u> <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

W. VENTILATION HOODS <i>Check box and skip section if: <input type="checkbox"/> No ventilation hood in facility</i>		
<p>List the LOCATION and TYPE of all hoods in the facility:</p> <p><i><b>Note:</b> All hoods must meet uniform mechanical and fire codes.</i></p> <p><i>Plan reviewers may direct applicant to contact City or County Building, Mechanical and/or Fire with ventilation specific questions.</i></p>	Location of Ventilation Hood	Type 1 or Type 2?
<p><b>How often will hoods be professionally cleaned and serviced?</b></p>	<input type="checkbox"/> EVERY MONTH <input type="checkbox"/> EVERY 6 MONTHS <input type="checkbox"/> EVERY 3 MONTHS <input type="checkbox"/> OTHER:	
<p><i>**See "Hood Types Information" in <a href="#">Appendix J</a> for additional details</i></p>		

## DOCUMENTATION CHECKLIST

The following is a list of all documentation which should be submitted for Plan Review.

Be sure to check all documents are included to avoid delays. Page numbers are provided for reference to application.

**Applications missing any documents from the REQUIRED list will be considered INCOMPLETE and will not be reviewed until all required documents are submitted.**

Submitted	REQUIRED DOCUMENTS for ALL APPLICANTS
<input type="checkbox"/>	Completed Plan Review Application (including signature on front page) AND payment complete
<input type="checkbox"/>	Employee Sickness Policy/Protocol (p.6) <input type="checkbox"/> Check here if requesting use of CCHD sample policy/protocol
<input type="checkbox"/>	Vomit/Diarrhea Clean-Up Procedure (p.6) <input type="checkbox"/> Check here if requesting use of CCHD sample policy/protocol
<input type="checkbox"/>	Full Menu (including beverages) (p.6)
<input type="checkbox"/>	Site Plan (p.11)
<input type="checkbox"/>	Facility Floor Plan (p.11)
<input type="checkbox"/>	Plumbing Plan (p.11)
<input type="checkbox"/>	Equipment Schedule (p.11) – Submit Worksheet 2 if Equipment Schedule not provided with architectural plans <b><u>**INCLUDE SPECIFICATION SHEETS FOR EQUIPMENT LISTED IN SCHEDULE**</u></b>
<input type="checkbox"/>	Finish Schedule (p.11) – Submit Worksheet 3 if Finish Schedule not provided with architectural plans

Submitted	N/A	OTHER DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Water Test Results (Coliform and Nitrates) for PRIVATE Water Supply (p.5)
<input type="checkbox"/>	<input type="checkbox"/>	Septic System Permit for PRIVATE Wastewater Disposal (p.5)
<input type="checkbox"/>	<input type="checkbox"/>	CFPM Exemption Form (p.6 and Annex C2)
<input type="checkbox"/>	<input type="checkbox"/>	Employee Food Service and Safety Training Materials/Forms (p.6)
<input type="checkbox"/>	<input type="checkbox"/>	Fish Parasite Destruction Protocol (p.6)
<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Logs or Written Procedures (i.e. Cooling, Hot Holding, Cold Holding) (p.8-9)
<input type="checkbox"/>	<input type="checkbox"/>	Time As Public Health Control (TAPHC) Procedure (p.10, Worksheet 1A/1B)
<input type="checkbox"/>	<input type="checkbox"/>	Wholesale Label Approval Letter (p.10)
<input type="checkbox"/>	<input type="checkbox"/>	Catering Endorsement Application (p.10)
<input type="checkbox"/>	<input type="checkbox"/>	Packaging Labels (On-Site Retail Only) (p.10)
<input type="checkbox"/>	<input type="checkbox"/>	Sanitizer Logs or Written Procedure (p.13)
<input type="checkbox"/>	<input type="checkbox"/>	Dishmachine Logs or Written Procedure (p.13)
<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Demand (p.14, Worksheet 4 and 5)
<input type="checkbox"/>	<input type="checkbox"/>	Pest Management Protocols/Procedures (p.16)

**Suggestion and Feedback Sheet**

**Plan Review Application**

- ❖ Did you have difficulty understanding a specific section of the application?
  - ❖ Think there were area(s) which needed further explanation?
    - ❖ Any sections seem unnecessary or repetitive?
  - ❖ Have any ideas on making the application more “user friendly”?

The plan review application is meant to be a tool for both the plan reviewer AND the applicant. Our department periodically reviews and revises documents to improve the use for everyone involved.

If you have any ideas or suggestions about any section in the plan review application, we welcome feedback from any users (food service operators, architects, engineers, regulators, etc.). We appreciate if you are willing to provide contact information, but anonymous feedback will also be accepted and considered. Thank you for your time.

<b>Name:</b>		
<b>Position/Role:</b>		
<b>Phone:</b>	<b>E-mail:</b>	
<b>Mailing Address:</b>		<b>Suite/Unit:</b>
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>

Feedback submissions may be attached to the application or submitted individually by mailing/dropping off in-person to:

City-County Health Department  
c/o Environmental Health Division – Plan Review  
115 4<sup>th</sup> St S  
Great Falls, MT 59401

Or e-mailed to: [rknudsen@cascaedcountymt.gov](mailto:rknudsen@cascaedcountymt.gov)

For suggested changes, please indicate the specific location(s) in application. You may list your suggestions below and/or attach separate sheets. Please be specific and clear.

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## APPENDIX A: ENDORSEMENTS

<b>ENDORSEMENT DESCRIPTIONS</b>	
<i>As defined by DPHHS Retail Food License Application</i>	
<b>Food Service Establishment</b>	Includes restaurants, cafeterias, catering kitchens, pizzerias, catering, etc. or other similar place where food or drink is prepared, served, or provided to the public with or without charge. <b><u>Does not include mobile operation.</u></b>
<b>Tavern or Bar</b>	Includes alcoholic beverage services. Does not include onsite food preparation. <b>Alcohol service is prohibited without licensing from DOR.</b>
<b>Meat Market (Onsite Retail Only)</b>	Includes only the processing, packaging, and labeling of meat and meat products for on-site sales at that location. Processing meat for wholesale distribution is prohibited without licensing from DOL.
<b>Bakery (Onsite Retail Only)</b>	Includes only the processing, packaging, and labeling of bakery products for on-site sales
<b>Schools</b>	Cafeteria
<b>Food Manufacturing (Onsite Retail – Take-Out)</b>	Includes processing a food product, putting it in a package, and selling at that location. Also includes retail water vending units and the packaging and sale of ice on-site at a retail store.
<b>Mobile**</b>	Includes pushcarts, vehicle-mounted food service designed to be readily mobile or limited food operations which are moveable but not wheel mounted
<b>Water Hauler</b>	Person engaged in the business of transporting water to be used for human consumption that is not regulated as a public water supply and does not transport water for individual family households, family farms, and ranches
<b>Perishable Food Dealer (Retail Only)</b>	Includes the buying and selling of packaged perishable products. Examples – grocery stores, convenience stores, mobile food distributor
<b>Food Service/Catering (Retail)</b>	Includes food preparation and service at locations other than the licensed facility
<b>Food Service/Delicatessen (Onsite Retail)</b>	Includes the preparation and service of multiple ingredient foods for take-out purposes. Includes the processing, packaging, and labeling requirements for on-site retail sales of that product.
<b>Produce (Onsite Retail)</b>	Includes vegetable or fruit processing, washing, cutting, or preparing for sale

**\*\*Note:** Licensed establishments are either fixed ("brick and mortar") OR mobile; even if operating under the same management/ownership, a fixed location and a mobile require separate licenses.

## ENDORSEMENT FAQs

**Q: If I own a licensed kitchen and want to start a mobile food truck/trailer/pushcart, can I have the licensed kitchen and the mobile on the same license?**

A: No. A mobile retail food establishment must be reviewed and licensed separately from any permanent/fixed retail food establishment. However, the licensed kitchen may be used as a commissary location for the mobile (if space allows).

**Q: What is “catering”?**

A: To be considered catering, the food must be prepared and served by the caterer for a specific event at a location other than the licensed food service establishment. The catered event must be on a contractual, prearranged basis for a specific group (i.e. wedding guests at a reception or participants in an organized group/activity).

**Q: If I do special delivery for large orders to an office or other group, am I “catering” and need an endorsement?**

A: If the food is for delivery only (no food prep/service upon delivery), the order is **not** considered catering. Food delivery does not require a separate endorsement.

**Q: I have a mobile retail food establishment and want to sell from the store/restaurant where my commissary is located. Is this allowed?**

A: No. A mobile retail food establishment must “serve or sell food from a motor vehicle, nonmotorized cart, boat, or other movable vehicle”. Mobile establishments selling from any location outside of the mobile would be required to go through plan review and licensing for the permanent/fixed location.

**Q: Can I use my mobile to “cater” a special event or party?**

A: If you serve the same menu approved for your mobile AND serve directly from your mobile at the event, you may offer food service at the event using your mobile. Due to the limitations of a licensed mobile establishment, a catering endorsement cannot be added to a mobile.

**Q: I still have questions about what endorsement(s) my establishment will need. Who can I talk to about this?**

A: If you are unsure whether you need a certain endorsement or not, your Plan Reviewer can help you determine what you’ll need to operate. The first endorsement is included with the Plan Review fee. Additional endorsements may be reviewed and added for a fee.



## APPENDIX B1: DEPARTMENT CONTACTS

<b>CITY OF GREAT FALLS</b>			
<u>Department</u>	<u>Phone Number</u>	<u>E-mail</u>	<u>Website</u>
<b>Planning &amp; Community Development</b> <i>(Zoning, Building, Plumbing, Mechanical)</i>	406-455-8430	<a href="mailto:permit@greatfallsmt.net">permit@greatfallsmt.net</a>	<a href="https://greatfallsmt.net/planning">https://greatfallsmt.net/planning</a>
<b>Fire Department</b> <i>(Safety Inspection Certificate)</i>	406-727-8070	-	<a href="https://greatfallsmt.net/fire/safety-inspections">https://greatfallsmt.net/fire/safety-inspections</a>
<b>Environmental Division</b> <i>(Grease Interceptors)</i>	406-727-8390	<a href="mailto:jcavill@greatfallsmt.net">jcavill@greatfallsmt.net</a>	<a href="https://greatfallsmt.net/publicworks/fog-fats-oils-and-grease">https://greatfallsmt.net/publicworks/fog-fats-oils-and-grease</a>

<b>CASCADE COUNTY</b>			
<u>Department</u>	<u>Phone Number</u>	<u>E-mail</u>	<u>Website</u>
<b>Planning Department</b> <i>(Zoning, Location Conformance Permits)</i>	406-454-6905	-	<a href="https://www.cascadecountymt.gov/262/Forms-Permit-Applications">https://www.cascadecountymt.gov/262/Forms-Permit-Applications</a>
<b>Montana Dept. of Labor &amp; Industry**</b>	406-841-2056	<a href="mailto:buildingcodes@mt.gov">buildingcodes@mt.gov</a>	<a href="https://bsd.dli.mt.gov/building-codes-permits/">https://bsd.dli.mt.gov/building-codes-permits/</a>
<b>State Building Inspector</b> <i>Steven Clark</i>	406-439-2982	<a href="mailto:sclark@mt.gov">sclark@mt.gov</a>	-
<b>State Plumbing Inspector</b> <i>Dave Klaus</i>	406-202-4352	<a href="mailto:david.klaus@mt.gov">david.klaus@mt.gov</a>	-
<b>State Mechanical Inspector</b> <i>Dave Klaus</i>	406-202-4352	<a href="mailto:david.klaus@mt.gov">david.klaus@mt.gov</a>	-
<b>State Electrical Inspector</b> <i>Richard Berger</i>	406-202-4355	<a href="mailto:rberger@mt.gov">rberger@mt.gov</a>	-
<b>Montana Dept. of Justice**</b> <b>State Fire Marshal</b> <i>Dirk Johnson</i>	406-771-1510	<a href="mailto:dirk.johnson@mt.gov">dirk.johnson@mt.gov</a>	<a href="https://dojmt.gov/enforcement/investigations-bureau/fire-prevention/">https://dojmt.gov/enforcement/investigations-bureau/fire-prevention/</a>
<b>Deputy State Fire Marshal</b> <i>Area 2- Bob Wiench</i>	406-791-2710	<a href="mailto:bwiench@mt.gov">bwiench@mt.gov</a>	-
<b>**Note:</b> For state-level offices, try contacting the local inspector/marshal assigned to Cascade County first (highlighted in yellow). If unable to reach local inspector/marshal, then contact state-level (grey).			

<b>OTHER DEPARTMENTS</b>			
<i>(Both City of Great Falls AND Cascade County Jurisdictions)</i>			
<u>Department</u>	<u>Phone Number</u>	<u>E-mail</u>	<u>Website</u>
<b>Dept. of Revenue (DOR)</b> <i>(Alcohol license, One-Stop License)</i>	406-444-6900	<a href="mailto:doralcoholicbeveragecontrol@mt.gov">doralcoholicbeveragecontrol@mt.gov</a>	<a href="https://mtrevenue.gov/alcoholic-beverage-control/#AlcoholicBeverageLicenses">https://mtrevenue.gov/alcoholic-beverage-control/#AlcoholicBeverageLicenses</a> <a href="https://mtrevenue.gov/wp-content/uploads/dlm_uploads/2023/01/ABCD-Licensing-Specialists.pdf">https://mtrevenue.gov/wp-content/uploads/dlm_uploads/2023/01/ABCD-Licensing-Specialists.pdf</a>
<b>Dept. of Environmental Quality (DEQ)</b> <i>(Public Water Systems)</i>	406-444-4400	<a href="mailto:DEQPCD/PWSB@mt.gov">DEQPCD/PWSB@mt.gov</a>	<a href="https://deq.mt.gov/water/Programs/dw">https://deq.mt.gov/water/Programs/dw</a>
<b>DPHHS – Env. Health &amp; Safety</b> <i>Wholesale-Sadie Overlie</i>	406-444-2837 406-444-2823	<a href="mailto:hhsfcs@mt.gov">hhsfcs@mt.gov</a> <a href="mailto:Sadie.Overlie@mt.gov">Sadie.Overlie@mt.gov</a>	<a href="https://dphhs.mt.gov/publichealth/fcss/wholesalefoodestablishments">https://dphhs.mt.gov/publichealth/fcss/wholesalefoodestablishments</a>

## APPENDIX B2: PUBLIC WATER SYSTEMS (PWS) INFORMATION

As defined by the Environmental Protection Agency (EPA), a Public Water Supply (PWS) is a system which:

- Provides water to an average of 25 or more people for more than 60 days a year OR
- Has 15 or more service connections

Except in rare cases (i.e. seasonal operation open for only a month or two), a licensed establishment meets the first part of the definition and must either:

- Connect to an existing PWS OR
- Establish their water source as a PWS

Provided is a list of a few common existing PWS systems. A complete list of PWS systems in Cascade County can be found at “Drinking Water Watch” (<http://sdwisdww.mt.gov:8080/DWW/>).

If your establishment is not connecting to an existing PWS and your establishment meets the definition above, you will need to contact:

Department of Environmental Quality  
Public Water Supply Bureau  
(406) 444-4400

Water System No.	Water System Name	Primary Source Water Type
<a href="#">MT0000138</a>	BELT TOWN OF	GW
<a href="#">MT0004261</a>	BIG BEND RANCH SUBDIVISION	GW
<a href="#">MT0000157</a>	BLACK EAGLE CASCADE COUNTY WATER SEWER	SWP
<a href="#">MT0000171</a>	CASCADE TOWN OF	GW
<a href="#">MT0000232</a>	GORE HILL COUNTY WATER DIST	GW
<a href="#">MT0000525</a>	GREAT FALLS CITY OF	SW
<a href="#">MT0000526</a>	HOMESTEAD ACRES COUNTY WATER AND SEWER	GW
<a href="#">MT0000298</a>	NEIHART TOWN OF	SW
<a href="#">MT0000050</a>	PARK GARDEN ESTATES	GW
<a href="#">MT0003539</a>	PRAIRIE WATER COMPANY	SWP
<a href="#">MT0004825</a>	RED SKY MOBILE HOME COMMUNITY	GWP
<a href="#">MT0000046</a>	RYAN DAM WATER SYSTEM	GW
<a href="#">MT0000325</a>	SAND COULEE WATER USERS DISTRICT	GW
<a href="#">MT0003551</a>	SANGSTER WATER HAULING LLC	SWP
<a href="#">MT0000025</a>	SOUTH WIND WATER AND SEWER DISTRICT	GW
<a href="#">MT0004419</a>	SPRING TREE RIDGE	GW
<a href="#">MT0000579</a>	STOCKETT WATER AND SEWER DIST	GW
<a href="#">MT0000521</a>	SUN PRAIRIE VILLAGE COUNTY	GW
<a href="#">MT0000571</a>	SUN PRAIRIE WATER DISTRICT	GW
<a href="#">MT0000345</a>	TRACY WATER USERS CORP	GW
<a href="#">MT0000580</a>	TWO BUTTES WATER USERS ASSN	GW
<a href="#">MT0000352</a>	VAUGHN CASCADE COUNTY WATER AND SEWER	GW
<a href="#">MT0002806</a>	WINDY ACRES WUA	GW

## **APPENDIX C1: ANSI ORGANIZATIONS**

Montana Food Code 2-102.12 (A) requires “at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM”.

The American National Standards Institute (ANSI) maintains a directory of ANSI-Certified Food Protection (CFP) Accredited Programs. One of the more commonly recognized programs is ServSafe.

A current list can be located by visiting <https://anab.ansi.org/credentialing/food-protection-manager> and clicking on “Accreditation Directory”, then “Accredited Certification Bodies”. Below is a screenshot of the list (as of February 16, 2023).

If you are unsure whether the program offered is an ACCREDITED PROGRAM, it is recommended to visit the ANSI website and check the current list to confirm the program meets the ANSI standards.

### **ANSI-CFP Accreditation Program (Accredited)**

#	Organization
1	<a href="#">1 AAA Food Safety (AAA Food Safety, LLC)</a> Certified Food Protection Manager
2	<a href="#">American Safety Council</a> StateFoodSafety Certified Food Protection Manager (CFPM) Exam
3	<a href="#">Learn2Serve</a> Learn2Serve® Food Protection Manager Certification Program
4	<a href="#">National Registry of Food Safety Professionals</a> Food Protection Manager Certification Program International Certified Food Safety Manager
5	<a href="#">National Restaurant Association Solutions</a> ServSafe® Food Protection Manager Certification Program
6	<a href="#">Responsible Training / Safeway Certifications, LLC</a> Food Protection Manager Certification
7	<a href="#">The Always Food Safe Company, LLC</a> Food Protection Manager Certification

## APPENDIX C2: CFPM WAIVER

Montana Food Code 2-102.12 (B) states a food establishment does not require a Certified Food Protection Manager if the establishment is “deemed by the regulatory authority to pose minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of food preparation”.

Having a CFPM-certified manager is extremely beneficial for providing supervisory staff with current information about food safety issues, which is helpful when training other staff members on proper food safety.

Due to the minimal risk of foodborne illness at establishments with little to no food processing, Risk Level 1 establishments may be exempt from the requirement of having a CFPM. Examples of such establishments include bars with beverage service only, bars with a limited menu, and stores selling only pre-packaged, pre-manufactured goods.

Any change in menu which moves the establishment into a Risk Category 2 or greater will void the CFPM waiver. The waiver is non-transferrable upon change of ownership.

Though establishments may be granted a waiver, the health department reserves the right to require staff to take a basic food safety class if the facility shows a lack of active managerial control through numerous and/or repetitive risk factor violations observed during inspection(s).

If your establishment is a Risk Category 1 and meets the requirements outlined above, you may request a CFPM waiver by filling out the following:

### CFPM Waiver Request Form

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Montana ZIP Code: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Establishment E-mail: \_\_\_\_\_

I understand the information outlined above for a CFPM waiver and agree to the training requirements if the health department determines staff require additional food safety training. Furthermore, I will report any menu changes to the health department for determining whether the waiver is still applicable for my establishment.

\_\_\_\_\_  
Owner of Establishment

\_\_\_\_\_  
Date

I have reviewed the information in the plan review application and certify that this Risk Category 1 establishment is eligible for a CFPM waiver due to the minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of food preparation outlined in the proposed plans.

\_\_\_\_\_  
Registered Sanitarian

\_\_\_\_\_  
Date

## APPENDIX D: SPECIALIZED PROCESSES

Specialized Process	Description	HACCP not required when:
<b>SMOKING</b> <i>Hot Smoke</i>	Slowly cooking food indirectly over a fire. Can be done using a “smoker” which is a cooker specifically designed for the purpose	<b>ALL the following conditions are met:</b> <ul style="list-style-type: none"> <li>- No curing agent used</li> <li>- No reduced oxygen packaging</li> <li>- Product stored at 41°F or less</li> <li>- Shelf life of 7 days or less</li> </ul>
<b>SMOKING</b> <i>Cold Smoke</i>	Application of cool smoke to a food for culinary effect	N/A
<b>CURING</b> <i>Salt, Sugar, Spice, etc.</i>	<p>Meat and poultry are cured by the addition of salt alone or in combination with one or more ingredients such as, sodium nitrate, sugar, curing accelerators, and spices.</p> <p>These are for partial preservation, flavoring, color enhancement, tenderizing and improving yield of meat. Process may include dry curing, immersion curing, direct addition or injection of the curing ingredients</p>	N/A
<b>FOOD ADDITIVES</b> <i>Preservatives, Vinegar, etc.</i>	The process of preserving or flavoring fish, meat or vegetable using liquid, usually prepared with salt of vinegar	<b>ALL the following conditions are met:</b> <ul style="list-style-type: none"> <li>- Brining process done at 41°F or less</li> <li>- No reduced oxygen packaging</li> <li>- Product stored at 41°F or less</li> <li>- Shelf life of 7 days or less</li> </ul>
<b>REDUCED OXYGEN PACKAGING (ROP)</b> <i>Vacuum packaging, modified atmosphere packaging, controlled atmosphere packaging, cook chill packaging, sous vide packaging</i>	The reduction of the amount of oxygen in a package by removing oxygen, displacing oxygen and replacing it with another gas or combination of gases, or otherwise controlling the oxygen content to a level below that normally found in the atmosphere (approximately 21%)	<p style="text-align: center;"><b>Food is non-TCS <u>OR</u></b></p> <p style="text-align: center;"><b>ALL the following conditions are met for TCS foods:</b></p> <ul style="list-style-type: none"> <li>- Package labeled with production time and date <ul style="list-style-type: none"> <li>- Product stored at 41°F or less</li> </ul> </li> <li>- Product removed from ROP within 48 hours of packaging</li> </ul>
<b>MOLLUSCAN SHELLFISH DISPLAY TANK</b>	Live molluscan shellfish tank used as life support system for mollusk until they are prepared for human consumption	N/A
<b>SPROUTING</b>	Any seed that has been sprouted for human consumption, including seeds grown in soil	N/A

## **APPENDIX E: COMMERCIAL EQUIPMENT INFORMATION**

Having commercially classified/certified food service equipment is important not only for food safety, but also to ensure your equipment will hold up to long-term usage in a commercial setting.

**Equipment intended for residential use (i.e. homestyle refrigerators, crock pots, etc.) are not allowed for storing Time/Temperature Control for Safety (TCS) foods at licensed kitchens.** Additionally, all mechanical equipment in licensed establishments must be “maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2” (Montana Food Code 4-501.11).

Residential equipment is not meant to withstand the large quantity and frequency of use in a retail food/commercial setting, which usually leads to more frequent repairs and failure of the equipment and increased risk of storing TCS foods at unsafe temperatures. Therefore, all proposed equipment must be acceptable for commercial use.

One of the simplest ways to check if equipment will be acceptable for commercial use is to confirm the equipment is “certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program”. Below is a list of Food Equipment Standards categories from the National Sanitation Foundation (NSF), one of the more widely recognized certification organizations which certifies equipment for commercial use:

<b>American National Standards for Food Equipment Categories</b>	
<b>NSF/ANSI 2</b>	Food equipment
<b>NSF/ANSI 3</b>	Commercial Warewashing equipment
<b>NSF/ANSI 4</b>	Commercial cooking, rethermalization, and powered hot food holding and transport equipment
<b>NSF/ANSI 5</b>	Water heaters, hot water supply boilers, and heat recovery equipment
<b>NSF/ANSI 6</b>	Dispensing freezers
<b>NSF/ANSI 7</b>	Commercial refrigerators and freezers
<b>NSF/ANSI 8</b>	Commercial powered food preparation equipment
<b>NSF/ANSI 12</b>	Automatic ice making equipment
<b>NSF/ANSI 13</b>	Refuse processors and processing systems
<b>NSF/ANSI 18</b>	Manual food and beverage dispensing equipment
<b>NSF/ANSI 20</b>	Commercial bulk milk dispensing equipment
<b>NSF/ANSI 21</b>	Thermoplastic refuse containers
<b>NSF/ANSI 25</b>	Vending machines for food and beverages
<b>NSF/ANSI 29</b>	Detergent and chemical feeders for commercial spray-type dishwashing machines
<b>NSF/ANSI 35</b>	High pressure decorative laminates (HPDL) for surfacing food service equipment
<b>NSF/ANSI 36</b>	Dinnerware
<b>NSF/ANSI 37</b>	Air curtains for entranceways in food and food service establishments
<b>NSF/ANSI 51</b>	Food equipment materials
<b>NSF/ANSI 52</b>	Supplemental flooring
<b>NSF/ANSI 59</b>	Mobile food carts
<b>NSF/ANSI 169</b>	Special purpose food equipment and devices
<b>ANSI/UL 2333</b>	Infrared Thermometers

Specification sheets which note equipment as meeting one of the standards above is considered to be acceptable for commercial use.

## **APPENDIX F: TIME AS A PUBLIC HEALTH CONTROL (TAPHC)**

In general, most establishments use temperature control to keep Time/Temperature Control for Safety (TCS) foods safe for consumption. Using temperature is an easy way to ensure bacteria does not grow to a harmful amount.

But for some scenarios, using time is preferred to help make food prep and/or food service easier and more efficient. For example, pancake/breading batter being kept near cooking equipment for easy prep could use time as a control for safety.

Since using time as a control means the food is allowed to stay in the “danger zone” temperature range, the protocols and procedures for TAPHC must be closely followed and monitored to prevent serving food(s) which have a harmful amount of bacteria. In addition, **“written procedures shall be prepared in advance, maintained in the food establishment, and made available to the regulatory authority upon request”** which explain the methods of compliance for using TAPHC (ARM 3-501.19).

In order to use TAPHC, the written procedures must meet the following requirements from ARM 3-501.19 (B-D):

If held out of temperature control for up to 4 hours, the TCS food must:

- a) Have an initial temperature of 41°F or less **OR** initial temperature of 135°F or greater
- b) Be marked or otherwise identified to indicate the time that is four hours past the time when food was removed from temperature control
- c) Be served or discarded within four hours
- d) Be discarded if food container is unmarked or marked past the four hour time period

If held out of temperature control for up to 6 hours, the TCS food must:

- a) Have an initial temperature of 41°F or less
- b) Be monitored to ensure the temperature does not exceed 70°F
- c) Be marked or otherwise identified to indicate the time that is six hours past the time when food was removed from temperature control
- d) Be served or discarded within six hours
- e) Be discarded if food container is unmarked or marked past the six hour time period

**\*\*Note:** TAPHC ***CANNOT*** be used for raw eggs at a food service establishment which serves a highly susceptible population (i.e. nursing home, child care center, etc.)

Establishments planning to use time as a control must submit their own TAPHC written procedure explaining how all requirements outlined above will be followed.

For establishments without a written TAPHC procedure, two templates are available for use in the worksheets section:

- For 4-hour: Worksheet 1A (p. 33)
- For 6-hour: Worksheet 1B (p. 34)



## APPENDIX G: LABELING REQUIREMENTS

All packaged food items available on display for consumers to purchase without ordering from the establishment must have appropriate labeling. Examples of such products include “Grab n’ go” sandwiches, packaged bakery items, etc.

### If the food was packaged on-site, the food establishment is responsible for properly labeling the packaged food.

The following labeling requirements guide is based on Montana Food Code 3-201.11 (F and G) and 3-602.11.

Additional information can be found on the U.S. Food and Drug Administration website at

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-food-labeling-guide>

### Basic Labeling Requirements

All required labeling information shall be printed prominently and conspicuously in English. Print size should be no smaller than 1/16 of an inch based on the lower case letter “o” and include:

#### 1) STATEMENT OF IDENTITY

The common name of the food. If no common name exists for the food, an adequately descriptive identity statement.

#### 2) INGREDIENT LIST

If made from two or more ingredients, label must have a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial color or flavor and chemical preservatives.

#### 3) NET QUANTITY OF CONTENTS

- Net Weight in ounces, pounds, or grams **OR**
- Net Content in fluid ounces, pints or liters or number of pieces

#### 4) MANUFACTURER, PACKER, OR DISTRIBUTOR INFORMATION

Must include name and place of business (street address may be excluded if business can be found in local phone directory)

#### 5) “CONTAINS” STATEMENT FOR ALLERGENS

If any of the ingredients contain one of the following common food allergens, then the label must declare the allergen in a “Contains” statement. These food allergens include:

- |         |           |                   |             |
|---------|-----------|-------------------|-------------|
| ▪ Milk  | ▪ Eggs    | ▪ Tree Nuts       | ▪ Fish      |
| ▪ Wheat | ▪ Peanuts | ▪ Soybeans or Soy | ▪ Shellfish |

#### 6) ADDITIONAL REQUIREMENTS

- Datemarking** for Any Ready-To-Eat (RTE) Time/Temperature Control for Safety (TCS) food placed into refrigeration **OR** pulled from freezer to thaw must have a 7-day “Use By” date
- Required **Precautionary Statements** such as “Keep Refrigerated”, “Safe Handling Instructions”, or other warning statements as specified by United States Department of Agriculture
- Nutritional labeling** is required on some food such as infant formula



*Becky's Bakery*

128 Chocolate Way, Sugarville, MT 59409

4

#### 1 Chocolate Chip Cookie with Walnuts

Ingredients: Semisweet Chocolate Chips (sugar, unsweetened chocolate, cocoa butter, soy lecithin, milk), All Purpose Flour (bleached wheat flour, malted barley flour, niacin, iron, thiamin mononitrate (vitamin B<sub>1</sub>), riboflavin (vitamin B<sub>2</sub>), folic acid (α B vitamins)), Dark Brown Sugar (sugar, molasses), Chopped Walnuts, Eggs, Unsalted Butter (cream, natural flavor), Vegetable Oil (soybean oil), Salt, Vanilla Extract (vanilla bean, alcohol, water), Baking Soda

5 Contains: **Wheat, Soy, Milk, Walnuts, Eggs**

3 QTY: 12 (Dozen)

## APPENDIX H: DUMP SINK REQUIREMENTS

After the 2013 Food Code was adopted into Montana Food Code, CCHD-Environmental Health does not allow for new licensed establishments (including existing establishments with a change of ownership) to use warewashing sinks or handwashing sinks as dump sinks.

To meet current code requirements, a separate sink for dumping is required at any drink stations where waitstaff, bartenders, baristas, or other food service staff frequently empty drinks and/or stage glasses for warewashing.

Establishments approved prior to 2015 (when Food code was adopted) were allowed a variance to use the warewashing sink as a dump sink, but the variance is non-transferrable and voided when a remodel occurs.

**\*\*Note: Upon remodel or change of ownership, establishments without dump sinks in drink station areas must install a dump sink to come into compliance with current code requirements.**

## APPENDIX I: TYPES OF BACKFLOW PREVENTION

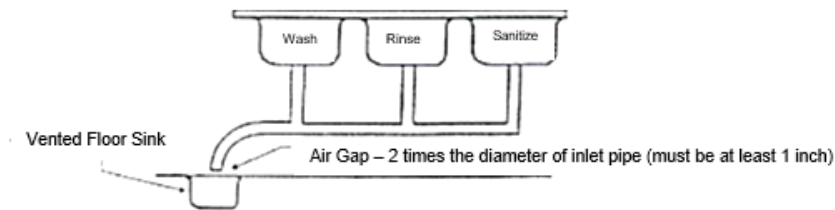
Montana Food Code (5-402.11) states “a direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed.”

The most common type of backflow prevention is an air gap. Areas requiring an air gap include (but not limited to) drains for the following areas:

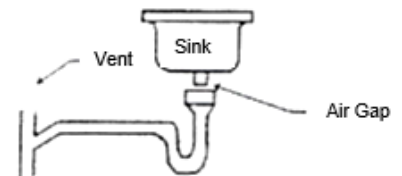
- Warewashing Sink
- Prep Sink
- Ice Machine
- Dishmachine
- Condensation Line
- Ice Bin

The Uniform Plumbing Code (used by both City of Great Falls AND Cascade County) requires at least one inch between the lowest point of the waste piping and the flood rim of the drain. Here are several examples of air gaps:

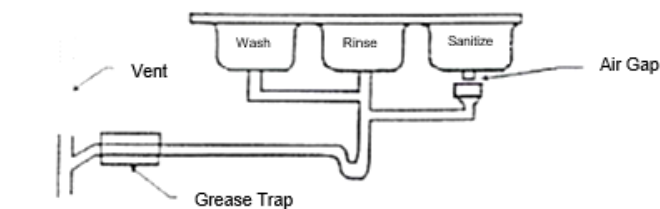
- Three-compartment Sink without Grease Trap



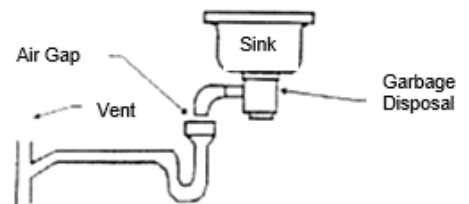
- Prep Sink without a Garbage Disposal



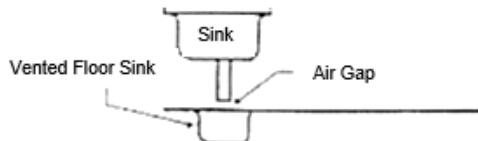
- Three-compartment Sink with a Grease Trap



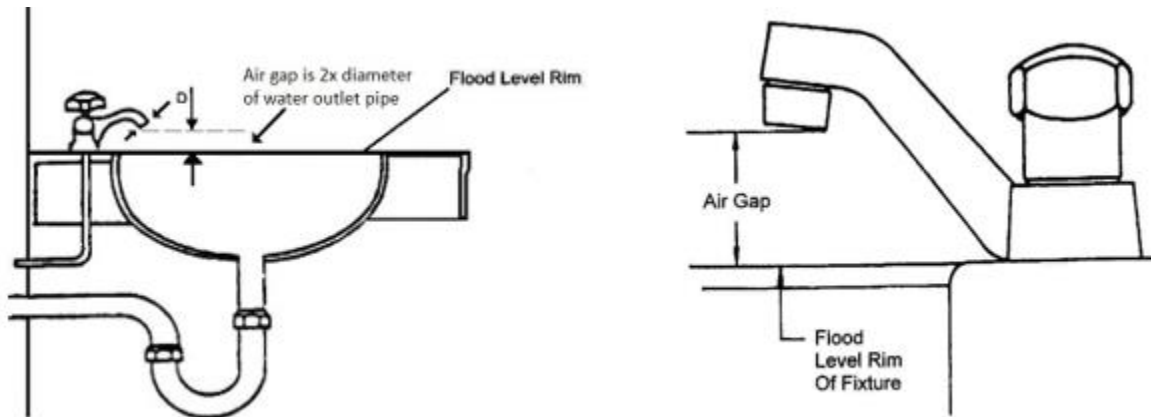
- Prep Sink with a Garbage Disposal



- Prep Sink



Montana Food Code (5-202.13) requires protection of the water supply system through installation of a backflow or backsiphonage prevention device on all water supply inlets (i.e. faucets, hoses, etc). An **air gap** is the cheapest and easiest way to prevent cross-connections between potable water and wastewater.



In areas where an air gap is not possible, the water source must be protected by a mechanical backflow device which meets American Society of Sanitary Engineers (ASSE) standards. Examples include:

- Hose Bib Vacuum Breaker
- Atmospheric Vacuum Breaker
- Pressure Vacuum Breaker
- Double Check Valves with Intermediate Atmospheric Vent
- Reduced Pressure Zone Backflow Prevention Assembly

## APPENDIX J: TYPES OF HOODS

There are two primary types of hoods:

### **Type 1 Hoods**

Covers grease producing cooking equipment

Required for equipment such as:

- Grills
- Fryers
- Stoves

### **Type 2 Hoods**

Are for condensation and heat only

Required for equipment such as:

- Large Ovens
- High Temperature Dishwashers

All hoods must meet specifications and requirements of the Fire Code and the Building/Mechanical Code. The health department staff can help applicants determine whether the establishment will need a Type 1 or Type 2 hood based upon the menu.

However, final approval of hood systems is dependent on the Fire and/or Building department. If applicants have any specific questions or concerns about the hood systems, it is recommended the applicant contact the Fire/Building contact within the appropriate jurisdiction (see Appendix B1 on p. 23)

### TIME AS A PUBLIC HEALTH CONTROL PROCEDURES (4 Hour)

Establishment Name: \_\_\_\_\_

#### Requirements of using Time as a Public Health Control:

1. Food shall have an initial temperature of 41°F or less when removed from cold holding, or 135°F or greater when removed from hot holding.
2. Food shall be marked or otherwise identified to indicate the time that is 4 hours after the time it is removed from temperature control.
3. Food shall be served or discarded within the 4 hours of being removed from temperature control. **Once the food is removed from temperature control, the food cannot be returned to using temperature as control.**
4. Food in unmarked containers/packages or marked to exceed a 4-hour limit shall be discarded.

<b>List all food(s) will be held using Time as a Control:</b>

<b>How will the discard time for food(s) be marked?</b>
<input type="checkbox"/> Sticker with time <input type="checkbox"/> Handwritten mark on package <input type="checkbox"/> Timer <input type="checkbox"/> Time log
<input type="checkbox"/> Other (describe):

<b>What does the time mark indicate?</b>
<input type="checkbox"/> Time when food was removed from temperature control <input type="checkbox"/> Time by when food needs to be served or discarded

I understand these requirements for using Time as a Public Health Control. The facility will follow the requirements listed above and will use the marking procedure as noted.

A copy of the TAPHC written procedure will be kept at the facility and will be made available for review upon request. The health department will be notified of any additions or alterations to the TAPHC procedures.

\_\_\_\_\_  
Owner/Operator (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Worksheet 1B  
**TIME AS A PUBLIC HEALTH CONTROL PROCEDURES (6 Hour)**

Establishment Name: \_\_\_\_\_

**Requirements of using Time as a Public Health Control:**

1. Food shall have an initial temperature of 41°F or less when removed from cold holding.
2. Food shall be monitored to ensure warmest portion of food does not exceed 70°F OR kept in ambient air temperature not to exceed 70°F.
3. Food shall be marked or otherwise identified to indicate the time that is 6 hours after the time it is removed from temperature control.
4. Food shall be served or discarded within the 6 hours of being removed from temperature control.  
**Once the food is removed from temperature control, the food cannot be returned to using temperature as control.**
5. Food in unmarked containers/packages or marked to exceed a 6-hour limit shall be discarded.

<b>List all food(s) will be held using Time as a Control:</b>

<b>How will the maximum food temperature be monitored?</b>
<input type="checkbox"/> Kept in ambient air temperature of 70°F or less
<input type="checkbox"/> Other (describe):

<b>How will the discard time for food(s) be marked?</b>
<input type="checkbox"/> Sticker with time <input type="checkbox"/> Handwritten mark on package <input type="checkbox"/> Timer <input type="checkbox"/> Time log
<input type="checkbox"/> Other (describe):

<b>What does the time mark indicate?</b>
<input type="checkbox"/> Time when food was removed from temperature control <input type="checkbox"/> Time by when food needs to be served or discarded

I understand these requirements for using Time as a Public Health Control. The facility will follow the requirements listed above and will use the marking procedure as noted.

A copy of the TAPHC written procedure will be kept at the facility and will be made available for review upon request. The health department will be notified of any additions or alterations to the TAPHC procedures.

\_\_\_\_\_  
Owner/Operator (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Worksheet 2

**EQUIPMENT SCHEDULE SHEET**

Item (ID) Number	Quantity	Equipment Type <i>(General Description)</i>	Manufacturer or Make	Model Number	Other Information

## Worksheet 3

### FINISH SCHEDULE

Room Name	FLOORS			WALL FINISHES				CEILING	
	Material	Finish	Type of Coving (Base)	North	East	South	West	Material	Finish





Worksheet 4  
Peak Hot Water Demand Guidelines  
Storage Tank Heater

Appropriately sizing your hot water heater is important to ensure all equipment requiring hot water will have an adequate supply at all times, especially peak hours. Use the following tool to determine the estimated maximum hot water demand for the establishment with a **storage tank water heater**.

For storage tank water heaters, the estimated gallons per hour (GPH) for the facility should be less than or equal to the water heater's recovery rate (**@ 100° F temperature rise**), which can be found on the specification sheet for your hot water heater or by contacting the manufacturer.

Warewashing Sinks <i>(75% of sink capacity)</i>	Number of Compartments	Dimensions (single compartment, inches)			For 75% Capacity: <i>Multiply (# comp) x (cubic inches, LxWxD) x 0.003255</i>	GPH
		Length	Width	Depth		
					0.003255	
					0.003255	
<b>Total</b>						
Prep Sinks <i>(5 GPH per compartment)</i>	Number of Compartments					GPH
					X 5	
					X 5	
<b>Total</b>						
<b>GPH</b>						
Handwashing Sinks <i>(5 GPH per sink)</i>	Number of Handwashing Sinks				X 5	
Mop/Utility Sinks <i>(5 GPH per sink)</i>	Number of Mop/Utility Sinks				X 5	
Hose Reel <i>(5 GPH per reel)</i>	Number of Hose Reels				X 5	
Pre-Rinse Sprayer <i>(45 GPH per sprayer)</i>	Number of Pre-Wash Sprayers				X 45	
<i>**Note: Only calculate pre-rinse sprayer if connected to hot water**</i>						
Dish Machine <i>(70% final rinse usage)</i>	Make	Model	Final Rinse Usage		X 0.7	GPH
<i>**Note: Find "Final Rinse Usage" on Equipment spec sheet**</i>						
Clothes Washer	Make	Model	Water Usage			GPH
<i>**Note: Find "Water Usage" on Equipment spec sheet**</i>						
<b>For any other equipment type requiring hot water, see equipment spec sheet or consult manufacturer to find GPH</b>					<b>Overall Facility GPH Demand</b>	

## Worksheet 5

### Peak Hot Water Demand Guidelines

#### On-Demand/ "Tankless" Heater

Appropriately sizing your hot water heater is important to ensure all equipment requiring hot water will have an adequate supply at all times, especially peak hours. Use the following tool to determine the estimated maximum hot water demand for the establishment with a **on-demand/tankless water heater**.

Because the efficiency of on-demand/tankless water heaters are dependant upon the temperature of the incoming water supply, these systems may not be ideal for the cold weather winters in Montana. The total gallons per minute (GPM) for the facility should be less than or equal to the water heater's GPM @ **100° F temperature rise**, which can be found on the equipment spec sheet (flow rate graph) or by contacting the manufacturer.

Equipment	Quantity (Total Faucets)	Estimated Usage	GPM
Handwashing Sink		X 0.5 GPM	
Warewashing Sink		X 2 GPM	
Prep Sink		X 1 GPM	
Service Sink		X 1 GPM	
Pre-rinse Sprayer		X 2 GPM	
<b>Total</b>			
<p><i>If facility uses low-flow fixtures less than the estimated usage, use the GPM found on the spec sheet for the fixture.</i></p> <p><i>For any other equipment type requiring hot water, see equipment spec sheet or consult manufacturer to find GPM. List Make, Model, and GPM in chart below.</i></p>			
Equipment Type	Make	Model	GPM
<b>Total</b>			
<b>Overall Facility GPM Demand</b>			

**\*\*Note:** Due to rapid water draw, facilities with on-demand systems supplying dishmachines will be required to provide a sizing estimate from the hot water heater manufacturer's technical assistance team before approval.