



**PLAN REVIEW APPLICATION FOR FOOD SERVICE ESTABLISHMENTS**

Montana Administrative Rules for Food Service Establishments, Plan Submission and Approval, requires a copy of construction plans and specifications be submitted **prior to** undertaking construction of a new retail food establishment, as a condition of obtaining a license to operate, and **prior to** remodeling an existing establishment to expand or add food processing or food service facilities. **This requirement is in addition to the local building and plumbing permits.** The plans, along with a statement of an expected completion date, shall be submitted to the health department for review and comment **BEFORE construction has begun.**

\_\_\_\_ Building, Fire, and Zoning requirements checked with City or County Planning (Community Development in City of Great Falls, Cascade County Planning for Zoning Requirements outside of Great Falls)

<b>Type of food service:</b> Check which category applies to your overall establishment	
____ <b>Category A (\$ 75.00 plan review fee)</b>	____ <b>Category B ( \$ 150.00 plan review fee)</b>
Bars, casinos without food service	Full service bar/casino with food
Prepackaged foods only (no preparation)	Expanded menu/ preparation c-stores
Coffee shops without food or very limited menu	Fast food restaurants
Manufacturers of non-hazardous foods	Cafes and full service restaurants
Warehouses	Full service grocery stores
____ Other (contact our department if you are unsure of your category)	

**Please submit the above information with this application and a check written to “CCHD” for the plan review to the City-County Health Department, 115 4<sup>th</sup> St. S., Great Falls, MT 59401. Our Department attempts to complete plan reviews within 15 business days.**

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Office information:

Date Received: \_\_\_\_\_ Sanitarian: \_\_\_\_\_



**Food Establishment inspection Checklist for establishments to use for their pre-opening inspection (day of licensing) by the Health Department**

***KEEP THIS PAGE FOR YOUR REFERENCE***

- All plumbing, mechanical, and electrical inspections must be completed by the appropriate building authority.
- All refrigeration and freezer units must be on and at temperature (41°F or lower for refrigerators, 0°F for freezers). All units must have visible working thermometers.
- All refrigerated make tables, steam tables, warmers, or other temperature regulating units must be on, at temperature, and setup as if they were ready to serve food. Have all inserts or hot pans in the units and water in at least one insert per unit. Hot hold units must be able to hold 135°F or higher and cold units 41°F or lower.
- Have hot and cold running water at all sinks.
- Have soap and paper towel dispensers installed at each hand sink and stocked.
- Have sanitizer set up at the correct concentration. If you are using an automatic system, have it dispensing at the proper concentration.
- Have the appropriate test strips for the sanitizer you choose to use.
- Have your dishwasher ready and able to sanitize. If you have a chemical system, have the correct test strips available.
- Have all surfaces finished. This means floors, walls, ceilings, insides of walk-in units, cupboards, etc. There cannot be any raw wood or unfinished surface. Any sections of the walls, floors, ceilings, or cupboards which have been cut away to accommodate plumbing, wiring, etc., must be tightly sealed to prevent pest entry and to aid cleanability.
- All floors, walls, and ceilings in food prep areas or areas subject to high moisture must be non-absorbent.
- All lighting must be shielded.
- All hoods must be properly installed, inspected, and serviced.
- Proper air gaps and backflow prevention must be in place where required.
- All equipment must be onsite and in place as per the approved floor plans.
- Restroom must be fully equipped.
- All construction activities must be completed, and all construction related equipment and debris removed from the premises.
- All conditions cited in the approval letter must be addressed.

You should set up as though you intend to serve your first customer at the end of the pre-opening inspection. You do not need food onsite, but all of the equipment must be working and ready, and all of your facility cleaned and sanitized for service.

***KEEP THIS PAGE FOR YOUR REFERENCE***

**Commercial Kitchen Equipment/Sink Guidelines**

- Food-contact surfaces must be (§4-202.11):
  - Smooth;
  - Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections;
  - Free of sharp internal angles, corners, and crevices;
  - Finished to have smooth welds and joints; and
  - Accessible for cleaning and inspection by one of the following methods:
    - Without being disassembled,
    - By disassembling without the use of tools, or
    - By easy disassembling with the use of handheld tools commonly available to maintenance and cleaning personnel such as screwdrivers, pliers, open-end wrenches, and Allen wrenches.
- Equipment should be easily movable:
  - Portable; mounted on casters, gliders, or rollers; or provided with a mechanical means to safely tilt a unit of equipment for cleaning; and
  - Having no utility connection, a utility connection that disconnects quickly, or a flexible utility connection line of sufficient length to allow the equipment to be moved for cleaning of the equipment and adjacent area.
- Equipment that is not easily moveable shall be either sealed to the floor or mounted on legs that provide at least six inches of clearance between the equipment and the floor (§4-402.12) or, in the case of counter-mounted equipment, 4 inches of clearance between the equipment and the counter.
- Equipment should be commercially rated (§4-205.10). “Homestyle” equipment (i.e. non-commercial refrigerators or ovens) is not designed for the continual use that a commercial kitchen demands, and may fail to maintain proper temperatures or operate consistently.
- Temperature measuring devices must be placed so as to measure the air temperature, or product temperature, in the warmest part of a refrigerated unit or the coolest part of a hot hold unit.
- There must be a 3-compartment ware washing sink, even if there is a mechanical dish machine present. Sink compartments of a 3-compartment ware washing sink must be large enough to accommodate immersion of the largest equipment and utensils used in the kitchen, unless the equipment is clean-in-place (§4-301.12).
- A food preparation sink must be provided if food is placed into a sink or sink compartment for the purposes of thawing or cleaning (§4-301.12(F)).
- There must be enough handwashing sinks so that at least one is available for convenient use by employees in all food preparation areas of the establishment; there may be no less than one handwashing sink (§5-203.11). Handwashing sinks may be used for no other purpose than handwashing, and must be accessible at all times (§5-205.11). Handwashing sinks must provide water that is at least 100°F. Self-closing faucets must provide a flow of water for at least 15 seconds without reactivation (§5-202.12).
- At least one service sink, or mop sink, must be provided and conveniently located for cleaning mops and other floor cleaning tools and for the disposal of mop water and other liquid waste. Toilets and urinals may not be used for disposal of mop water (§5-203.13).

***KEEP THIS PAGE FOR YOUR REFERENCE***  
**Employee Hygiene Guidance and Requirements**

The purpose of this guidance document is to encourage employee practices and behaviors that can help prevent food handlers from spreading viruses and bacteria to food that cause foodborne illness outbreaks.

Section 2-103.11(M) of the ARM states that management has the responsibility to inform and monitor conditional employees(new hires) or food employees to ensure that they have good hygienic practices and know when they should not come to work because of illness.

**Should employees exhibit the following symptoms, refer to section 2-201 of the 2013 FDA Food Code to determine when a food handler should be excluded or restricted from food handling duties:**

- **Vomiting**
- **Diarrhea**
- **Jaundice (yellow skin or eyes)**
- **Sore throat with fever**
- **Infected cuts and burns with pus on hands and wrists**

Below is a list of highly infective pathogens that are transmissible through food and cause severe illness:

1. Norovirus
2. Hepatitis A virus
3. *Salmonella Typhi*
4. *Shigella* spp.
5. *Escherichia coli* (*E. coli*) O157:H7 (or other Enterohemorrhagic or Shiga toxin-producing *E. coli*)
6. Other enteric bacterial pathogens such as *Salmonella* or *Campylobacter*

If an employee has been diagnosed by a health practitioner to have any of these pathogens, prior to returning to work, they must be cleared by their health practitioner and the Health Department. In lieu of a diagnosis of any of these pathogens, employees can return to work if they have been free of the symptoms listed above for 24 hours or more.

**Additional Resources**

**Employee Health and Personal Hygiene Handbook:**

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm>

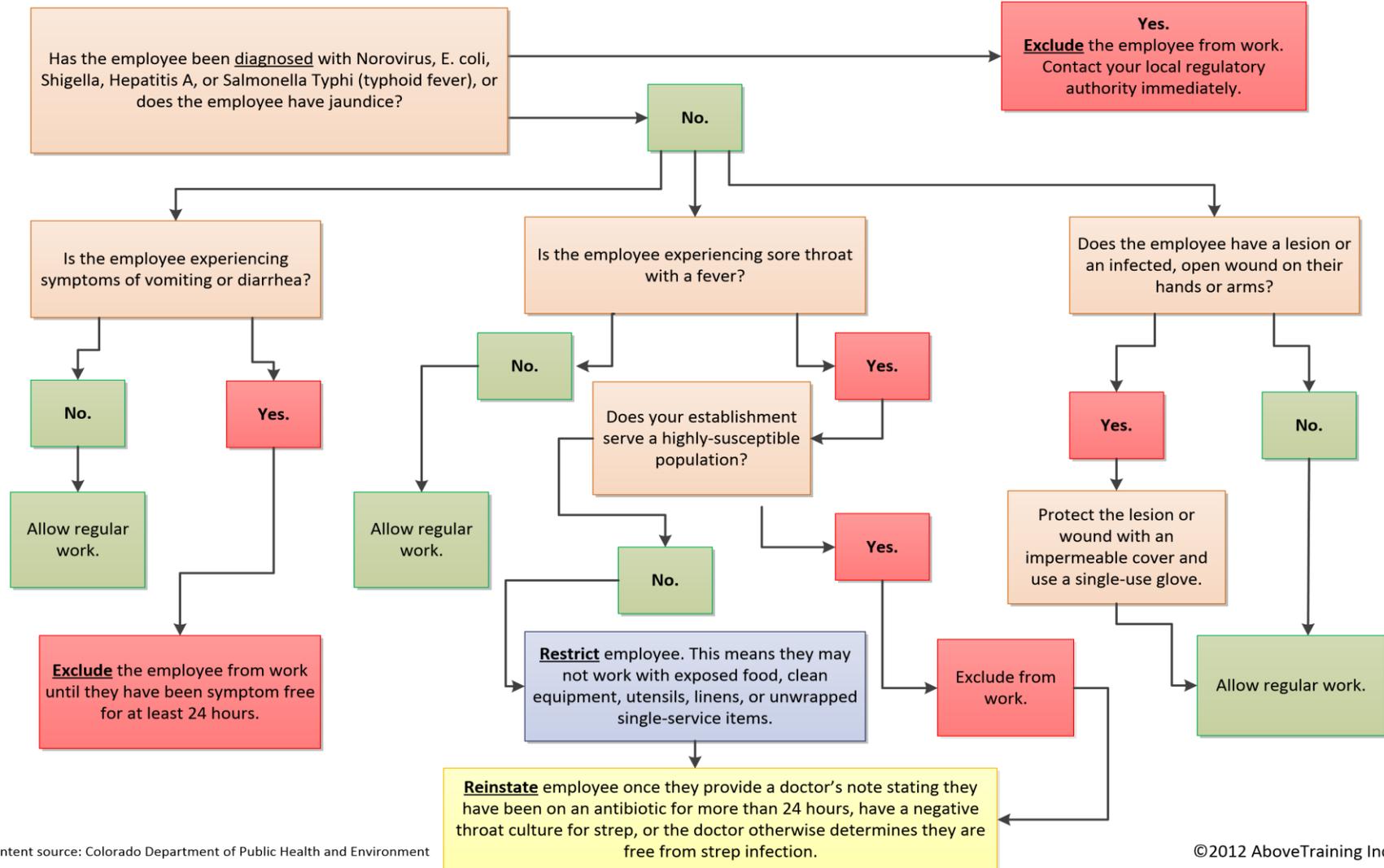
**Communicable Disease Manual:**

<https://www.colorado.gov/pacific/cdphe/communicable-disease-manual>



CITY-COUNTY HEALTH DEPARTMENT

**EMPLOYEE ILLNESS FLOWCHART – *KEEP THIS PAGE FOR YOUR REFERENCE***



Content source: Colorado Department of Public Health and Environment

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CITY-COUNTY HEALTH DEPARTMENT

## Plan Review Form

### Establishment Information

Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	

### Business/Ownership Information

Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

### Contact Information

Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

**Date construction is to start:** \_\_\_\_\_ **Date of planned opening:** \_\_\_\_\_

**Below is a checklist of required information needed to complete the plan review:  
PLEASE ENSURE ALL REQUIRED INFORMATION IS INCLUDED.  
*\*\*Lack of complete information will delay review and plan approval\*\****

	Facility Floor Plan/Equipment Layout		Site Plan
	Equipment Specifications		Chemical and Personal Storage
	Plumbing Plans and Schedules		Fixtures Requiring Hot Water ( <i>table 11</i> )
	Menu		Employee Hygiene Guidance ( <i>See Annex 3, pg. 16</i> )

Have plans for this establishment been submitted to the building department:

In City of Great Falls? **Yes No NA**

Outside the City of Great Falls, State building official? **Yes No NA**

Choose one or the other:

**Newly Constructed**

**Extensively Remodeled**

<b>Type of Retail Food Establishment (Check all that apply)</b>			
	Full Service Restaurant		Bar
	Fast Food		Coffee Shop
	Market (Grocery)		School Food Program
	Deli		Catering Operation
	Fish Market		Concession
	Meat Market		Manufacturer with Retail Sales
	Convenience Store		Other:

**Indicate number of seats in each area:**

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

**Square Footage and Area Location**

*\*If the establishment is in a multi-story structure, indicate on which floor each area is located.*

Please indicate square footage in each area	Square Feet (ft <sup>2</sup> )	*Floor
Total Square Feet of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Area		
Square Feet of Food/Beverage Storage Areas		

**Days and Hours of Operation**

Insert hours below in the following format: 8am to 8pm

If there is a break in the hours you are open, use the second line to insert additional hours.

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Hours</b>	to	to	to	to	to	to	to
<b>Hours</b>	to	to	to	to	to	to	to

**For seasonal operations, check all that apply.**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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Add additional information (if necessary):

**Projected daily maximum number of meals to be served per shift, where applicable.**

<b>Breakfast</b>		<b>Lunch</b>		<b>Dinner</b>	
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**Maximum number of kitchen staff per shift, where applicable.**

<b>Breakfast</b>		<b>Lunch</b>		<b>Dinner</b>	

**FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:**

- A.** Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to the items listed in Table 1 below. Check all that apply to your facility.

**Table 1: Floor Plan/Equipment Layout.**

**“Mark” off with a check mark or an “X”**

	Handwashing Sinks		Dry Storage Areas		Ventilation Hoods
	Food Preparation Sinks		Ice Bins/Ice Machines		Chemical Dispensing Units
	Utility Mop Sinks		Wait Stations		Chemical Storage Areas
	Dump Sinks		Bar Service Areas		Personal Storage Areas
	Warewashing Sinks		Water Heater Locations		Garbage/Recyclables Storage
	Dish Machines		Indoor/Outdoor Seating		Dipper Wells
	Toilet Facilities		Outdoor Cooking/Bar/Patio		Grease Interceptor/Grease Trap
	Floor Sinks/Floor Drains		Buffet Lines		Laundry Facility Locations



**EQUIPMENT SPECIFICATIONS:**

- A.** Submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B.** Provide number of hot holding and refrigeration units. Also provide capacities for refrigeration units in Table 3 and Table 4 below.

**Table 3: Refrigeration Units**

<b>TYPE OF UNIT</b>	<b># OF UNITS</b>	<b>TOTAL CUBIC FEET</b>
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Sandwich Prep Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display (i.e. Glass cases)		
Other:		
Other:		
Other:		

**Table 4: Hot Holding Units**

<b>TYPE OF UNIT</b>	<b># OF UNITS</b>
Steam Table FOH	
Steam Table BOH	
Hot Box FOH	
Hot Box BOH	
Cook & Hold Units	
Other:	

**PLUMBING PLANS AND SCHEDULES:**

**A.** Submit a plumbing plan that indicates location and specifications of the following:

1.  Floor sinks and floor drains
2.  Restrooms, toilets, urinals, and hand washing sinks
3.  Grease trap, grease interceptor, or solids interceptor, if required by the local building, Water, or sanitation authority
4.  Hose bibs and hose reels, if applicable
5.  Laundry facilities, if applicable
6.  Showers, if applicable

**B.** Complete Table 5 below for all food service related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

**Table 5: Food Service-Related Equipment and Fixtures**

ID # on Plan	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Ware washing Facilities		
	Dish Machines		
	Garbage Disposals		
	Handsinks		
	Food Preparation Sinks		
	Refrigeration Units		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		

**Note:** Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets. Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs. Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels. Indirect drainage is required for ware washing, food preparation sinks, ice bins/machines and beverage machines.

- C.** 1. Is a dedicated food preparation sink provided? **YES**      **NO**  
 2. Is more than one food preparation sink provided? **YES**      **NO**  
 3. Attach a specification sheet for the food preparation sinks and complete Table 6.

**Table 6: Food Preparation Sink Information**

ID # on Plans	Length (inches) of Drain board	Dimensions (inches) of Sink Compartments (LxWxD)	
		X	X
		X	X

- D.** Is a garbage disposal provided? **YES**      **NO**  
 If yes, provide location:

\_\_\_\_\_

- E.** Food will be primarily served on?

Circle one or both:    Multi-use tableware                      Single-Service Tableware            Both

- F.** Provide the locations of **drink dump sink**(esp. bars and Coffee establishments) installed in areas where soiled drinking glasses are emptied and staged for ware washing:

\_\_\_\_\_  
 \_\_\_\_\_

- G. Complete Table 7 and Table 8 for ware washing(dish washing area)**

**Table 7: Manual Ware washing(dishwashing) Information,  
 3 part sink- wash, rinse, and sanitize**

ID # on Plans	Dirty side drain board length (inches)	Dimensions (inches) of Sink Compartments (LxWxD)	Clean side drain board length (inches)	Pre-Rinse Sprayer Yes/No
		X      X		
		X      X		

**Note: Ware washing sinks must be large enough to accommodate the largest piece of equipment or utensils used.**

1. Will alternate equipment or methods be used in place of traditional drain boards? **YES/NO**

If yes, indicate the methods that will be used: \_\_\_\_\_  
 \_\_\_\_\_

**Table 8: Mechanical (machine) Warewashing Information**

Make	Model #	Dirty side drain board length (inches)	Clean side drain board length (inches)	Pre-Rinse Yes/No	High Temp.(HT) or Chemical Sanitizer(CS)	Water Usage (GPH)

**H.** Provide the number of plumbing fixtures requiring hot water in Table 13 below. This information will be used to determine the hot water demand within the facility and sizing criteria for the water heater.

If applicable, attach specification sheets.

**1.** If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service. \_\_\_\_\_

**Table9: Standard Tank Type Water Heater**

Make	Model #	kW/BTU Rating

**Table 10: Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)**

Make	Model #	BTU Rating	Flow Rate (GPM) @ 80°F or 100°F rise	Storage Tank Capacity (Gallons), if applicable

**Note:** For instantaneous/tankless systems when a dish machine is used, a properly sized storage tank (minimum 20 gallons), recirculation line, and an aqua stat (water thermostat) must be installed. For facilities with high temperature dishwashing machines, use 100°F rise. For all other facilities, use 80°F rise. If flow rate in GPM is not provided, contact the manufacturer to obtain the information.

**Table 11: Number of Plumbing Fixtures Requiring Hot Water**

Plumbing Fixtures Requiring Hot Water	Number of Fixtures throughout facility
<b>3-compartment sinks</b>	
<b>Ware washing machines</b>	
<b>Pre-rinse sprayers</b>	
<b>Utensil soak sinks</b>	
<b>Handsinks include restrooms</b>	
<b>Mop sinks/Utility sinks</b>	
<b>Garbage can washer</b>	
<b>Showers</b>	
<b>Hose bibs used for cleaning</b>	

**SITE PLAN:**

**A. Water Supply** - Select the type of water supply system that services the establishment.

**1.** Circle one: Private (go to 3.) or Public (go to 2.)

**2. If Public-** Name of district (i.e. City Great Falls): \_\_\_\_\_

Public Water System ID Number (PWSID): \_\_\_\_\_

**3. If Private** - Provide the information requested in section “a.” below and complete Table 12.

- a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

**Table 12**

Private Drinking Water Supply Information		
	Well	Spring
Depth (feet)		N/A
Method of Disinfection		
Filtration (if applicable)		

- b.  Location of well heads and well water supply lines servicing the building, if applicable

**SEWAGE DISPOSAL:**

1. Circle the type of sewage disposal system that services the establishment.

Private (septic)(go to ii.)      Public (sewer)(go to i.)

i. Public system – Name of district:

ii. Private, septic system (on-site Waste Water Treatment System) –

Attach location of on-site waste water treatment system (septic system) and septic lines servicing the building.

**PERSONAL STORAGE:**

A. Where are employee personal items (i.e. purses, jackets) stored? Circle below

Lockers      closet      coat rack      break room/area      other \_\_\_\_\_

Location? \_\_\_\_\_

**FOOD:**

**A.** Attach ALL menus (beverage, appetizer, breakfast, lunch, dinner, etc.)

**B.** Will vacuum packaging/reduced oxygen packaging or specialized processes as defined in **ARM 37.110.2, 3-502.11 Specialized Processing Methods** be conducted?      **YES**      **NO**

If yes, indicate which type(s) of specialized processing will be conducted below and attach specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner. (Contact the Sanitarian for more information and for additional variance and/or HACCP application papers)

- Smoking food as a method of preservation (not only for flavor)
- Curing food
- Using food additives (such as vinegar) as a method of food preservation
- Vacuum packaging/reduced oxygen packaging/modified atmosphere packaging
- Custom processing animals for personal use as food and not for sale in a retail establishment
- Operating a molluscan shellfish life-support system display tank
- Sprouting seeds or beans
- Other: \_\_\_\_\_

**C.** Describe how the temperature of foods will be monitored. Provide the frequency of temperature checks and what foods and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies.

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**D.** Will cooked foods be cooled?      **YES**      **NO**

**E.** What methods will be used to rapidly cool cooked foods to 41°F (5°C) or below? Circle all that apply.

- |                         |                |                                       |
|-------------------------|----------------|---------------------------------------|
| Under refrigeration     | Ice water bath | Adding ice as an ingredient           |
| Rapid cooling equipment | Shallow pans   | Separating food into smaller portions |

Other: \_\_\_\_\_

**1.** List the foods that will require rapid cooling. Include foods that are made from scratch such as soups, sauces, potato salad, pastas, chili, noodles, roasts, casseroles, sausages, yogurts, etc.

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**F.** Will foods be reheated and then held hot before being served? **YES NO**

If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours.

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**1.** List the equipment that will be used for reheating:

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**G.** How will frozen foods will be thawed(circle).

Under refrigeration

Under running water

In a microwave

As part of the cooking process

Other: \_\_\_\_\_

**H.** Will catering be conducted? **YES NO**

**I.** Will food be transported or delivered to another location? **YES NO**

**1.** If yes, please list the equipment that will be used to maintain food at proper temperatures during transport.

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**J.** Will produce be washed? **YES NO N/A**

**1.** If not, will produce be received pre-washed? **YES NO**

**K.** Will the establishment prepare foods that will be sold to other retail food establishments?

**YES NO**

If yes, please visit <http://dphhs.mt.gov/publichealth/FCSS>, then click "Food safety", then click "Wholesale food" to obtain information on registering as a wholesale food purveyor.

**L.** How will bare hand contact with ready-to-eat foods be eliminated during preparation? (Circle below)

Utensils

Gloves

Deli Tissue