

# FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

## Ravalli County Environmental Health

215 S. 4<sup>th</sup> St., Suite D

Hamilton, MT 59840

Phone: (406) 375-6565 FAX: (406) 375-6566

### Establishment Information

\_\_\_NEW

\_\_\_REMODEL\*

\_\_\_CHANGE OF USE\*\*

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

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

Establishment Mailing Address: \_\_\_\_\_

Establishment Phone (if available): \_\_\_\_\_ Email \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Applicant Information

Applicant's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

At least 1 person will need to be a Certified Food Protection Manager (CFPM) by an accredited program. Please list the CFPM and the expiration date of their certification, or the person that will be certified and the expected date of certification. Proof of certification will be required.

CFPM: \_\_\_\_\_ Certification expiration date: \_\_\_\_\_

\*Remodel defined as: 1) the installation of any major piece of food service equipment, including, but not limited to cooking and dishwashing equipment; and/or 2) altering the structural configuration of the facility housing the food service establishment, such as the removal or addition of walls or a change in the designated use of an area in the facility.

\*\*Change of use defined as: 1) the existing facility is not a food service establishment (including but not limited to: a restaurant, bar, bakery, coffee house, etc.); and/or 2) a menu change to an existing food establishment.

## **Land Use**

The following issues need to be investigated before licensing;

Zoning – Is there any and, if so, does it preclude having a food establishment on the property?

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Covenants – Same as zoning.

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Planning approval – (If necessary.)

**Subdivision designation – check at Environmental Health or the Clerk and Recorder Office. If a property went through a subdivision process, it may be restricted to a residential use. This restriction would have to be lifted.**

## **Building Codes**

All commercial buildings are subject to state building codes. There are city building inspectors for Hamilton, Darby, and Stevensville. Outside of these areas, the state has jurisdiction.

The following are the contact information for the applicable jurisdictions:

City of Hamilton: Land Hansen, (406) 363-3316  
City of Darby: Darby Town Hall, (406) 821-3753  
City of Stevensville: Tim Nestle, (406) 381-9673  
State of Montana: Steve Clark, (406) 841-2053

Fire contact:  
Dawn Drollinger, Deputy State Fire Marshal  
(406) 257-2584



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215 South 4<sup>th</sup> Street – Suite D  
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**To:** Those wanting to establish a food service or food processing establishment

**From:** Ravalli County Health Department Food Program

**Subject:** Process for establishing a food service or food-processing establishment.

The following information is for your inquiry in obtaining a food purveyor license for a food service operation in Ravalli County. **THIS PROCESS MAY TAKE 20-30 DAYS BEFORE YOU CAN BEGIN WORK ON YOUR FOOD SERVICE.** The steps that need to be taken are as follows:

1. Review plan review materials and develop your plan completely on paper before any equipment or materials are purchased.
2. Submit the required plan review information to the Health Department (RCEH). If you will be building or remodeling, you will also need to contact the City or State Building Codes.
3. Please include a check for the **\$100 Plan Review Fee** when returning the Plan Review to our department. A receipt may be obtained if requested. Please make checks payable to **RCEH**.
4. When your plan is approved, confirmed in writing, obtain all necessary building, mechanical, electrical and plumbing permits.
5. When your project is finished, have the City or State Building Inspectors conduct the required inspections and call the health department for your final health inspection *before* opening your food service to the public. At the time of your pre-opening inspection you will need to have a check ready and payable to the Montana Department of Public Health and Human Services (**MDPHHS**) for your Retail Food Establishment License. The fee is as follows:
  - One (1) or two (2) employees per shift - \$85.00
  - Three (3) or more employees per shift - \$115.00

## **GUIDELINE FOR FOOD SERVICE PLAN REVIEW**

To make the food service plan review process as easy as possible, complete the following checklist to assure that you have all of the necessary information. If you have any questions, please call the Ravalli County Environmental Health (RCEH) 375-6565.

**THIS IS A GUIDELINE TO THE BASIC REQUIREMENTS OF A FOOD SERVICE FACILITY. THE ACTUAL REQUIREMENTS ARE DETAILED IN THE ADMINISTRATIVE RULES OF MONTANA FOOD SERVICE (ARM).**

**\*\*\*PLEASE SUBMIT THE FOLLOWING WITH THE PLAN REVIEW PACKET:**

- \_\_\_\_\_ Proposed Menu
- \_\_\_\_\_ Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpsters, etc.)
- \_\_\_\_\_ Plan(s) drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation.
- \_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan.
- \_\_\_\_\_ Equipment schedule to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment.

### **PLANS SPECIFICATIONS AND FORMAT**

- \_\_\_\_\_ 1. The plans must be accurately drawn.
- \_\_\_\_\_ 2. The floor plan must show the following: food equipment, sinks (such as hand sink, food prep sink, 3-compartment sink), hoods, dry storage area, toilet rooms, any auxiliary areas (including basements used for storage/food prep), entrances, exits.
- \_\_\_\_\_ 3. The plumbing plan must show water supply lines for all plumbing fixtures and location of floor sinks, vacuum breakers, condensate pumps, backflow prevention, water heater, etc.
- \_\_\_\_\_ 4. The ventilation/mechanical plan must show ventilation system(s) including exhaust fans, hoods, etc.

**PLEASE CIRCLE / ANSWER THE FOLLOWING:**

**FOOD SUPPLIES:**

1. Where will food supplies be obtained? Indicate source(s)

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2. What are the projected frequencies of deliveries?

Frozen foods \_\_\_\_\_

Refrigerated foods \_\_\_\_\_

Dry goods \_\_\_\_\_

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

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**FOOD STORAGE AND PROTECTION:**

1. Is adequate approved freezer and refrigeration available to store frozen foods at 30°F (0°C) and below, and refrigerate foods at 41°F (5°C) and below? **YES / NO**

2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? **YES / NO** If **yes**, how will cross-contamination be prevented?

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3. Does each refrigerator/freezer have a thermometer? **YES / NO**

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

4. Describe the *date marking system*\* that will be used for refrigerated, ready-to-eat, **Time-Temperature Control for Safety Foods (TCS foods)**.

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\*Refrigerated, ready-to-eat, TCS foods prepared and held for more than 24 hours in a food establishment must be clearly marked at the time of preparation to indicate the “sell by” date, “best if used by” date, or the date by which the food must be consumed, which is 7 calendar days or less from the day that the food is prepared (7 days include the day it was prepared), if the food is maintained at 41°F or less.

5. How will dry goods be stored off the floor (food grade containers must be provided for bulk foods removed from their original packaging)?

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### **FOOD PREPARATION REVIEW**

**Type of food establishment (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Food service establishment           | <input type="checkbox"/> Deli                    |
| <input type="checkbox"/> Bar/Tavern                           | <input type="checkbox"/> Bakery                  |
| <input type="checkbox"/> Meat Market                          | <input type="checkbox"/> Produce (onsite retail) |
| <input type="checkbox"/> Food Manufacturer (onsite retail)    |  |
| <input type="checkbox"/> Perishable food dealer (ex. grocery) |  |

**Type of service (check all that apply):**

- Sit-Down Meals  
 Take Out  
 Other, please describe: \_\_\_\_\_

**Number of seats:** \_\_\_\_\_

**Number of staff (max. per shift):** \_\_\_\_\_

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

Check categories of Time-Temperature Control for Safety Foods (TCS foods) to be handled, prepared and served.

#### **CATEGORY**

- |  |              |             |
|--|--------------|-------------|
| 1. Thin meats, ground meats, poultry, fish, eggs             | <b>(YES)</b> | <b>(NO)</b> |
| 2. Thick meats, whole poultry                                | <b>(YES)</b> | <b>(NO)</b> |
| 3. Cold processed foods (i.e. salads, sandwiches)            | <b>(YES)</b> | <b>(NO)</b> |
| 4. Hot processed foods (i.e. soups, casseroles, rice, pasta) | <b>(YES)</b> | <b>(NO)</b> |
| 5. Bakery goods (i.e. pies, custards, creams)                | <b>(YES)</b> | <b>(NO)</b> |
| 6. Sliced melons, soy products, sprouts                      | <b>(YES)</b> | <b>(NO)</b> |



Cooling Method	Thick Meats	Thin Meats	Thin Soups/ Gravy	Thick Soups/ Gravy	Rice/ Noodles	Assembled foods (i.e. tuna salad)	Location of Cooling Process
Shallow Pans							
Ice Baths							
Reduce Volume or Size							
Rapid Chill							
Other (describe)							

1. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? **YES / NO**

If not, how will ready-to-eat foods be cooled rapidly to 41°F? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REHEATING:**

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F (74°C) for 15 seconds and within 2 hours? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate type, size, and number of units used for reheating foods. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Will microwave reheating be done? **YES / NO**

If yes, describe your process to reheat in a microwave. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREPARATION:**

Montana Administrative Rule 37.110.265 provides that employees are prohibited bare hand contact with ready-to-eat food. Food workers must wash hands and use a barrier, such as disposable gloves, utensils, or pastry paper, for any ready-to-eat food preparation activities.

1. Please list categories of TCS foods prepared more than 12 hours in advance of service.

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2. How will food employees be trained in good food sanitation practices?

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3. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES / NO** Please describe briefly:

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4. Will all produce be washed prior to use? **YES / NO**

Is there a food prep sink for washing produce? **YES / NO**

5. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

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6. Will foods be processed by smoking/curing, food additives for preservation, or reduced/modified atmosphere packaging? **YES / NO**

**If yes, a HACCP plan must be submitted to the regulatory authority.**

#### **CLEANING AND SANITIZING:**

Will a 3-compartment sink or dish machine\* be provided for ware washing?

\_\_\_\_\_

**\*A 3-compartment sink is required in addition to a dish machine in order to have a back-up ware washing method if dish machine is not functioning properly.**

Indicate if the dish machine is high temperature or chemical sanitizing machine.

\_\_\_\_\_

Indicate the type of sanitizer to be used (i.e. chlorine, quaternary ammonia, iodine).

\_\_\_\_\_ Chemical test strips must be provided for the sanitizer indicated.

## FACILITY REVIEW

**Total square feet of facility:** \_\_\_\_\_

**Projected date for start of construction:** \_\_\_\_\_

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

Applicant must fill in materials (i.e. quarry tile, stainless steel, sheet vinyl, FRP, etc.)

	FLOOR	COVING	WALLS	CEILING
KITCHEN				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP SERVICE AREA				
DISHWASHING AREA				
RECEIVING AREA				

**INSECT AND RODENT HARBORAGE:**

1. Are all outside doors self-closing and pest proof? Please describe method(s) of control. \_\_\_\_\_  
\_\_\_\_\_
2. Are screens provided on all doors/windows left open to the outside? \_\_\_\_\_  
Minimum screening requirement is 16 mesh to the inch.
3. Are air curtains used? **YES / NO** If yes, where? \_\_\_\_\_  
\_\_\_\_\_
4. Describe your pesticide usage protocol. \_\_\_\_\_  
\_\_\_\_\_

**GARBAGE AND REFUSE:**

Inside facility

1. Do all containers have lids and liners? \_\_\_\_\_
2. Will refuse be stored inside? **YES / NO** If so, where? \_\_\_\_\_  
\_\_\_\_\_
3. Is there a garbage can cleaning sink or area? **YES / NO** If so, where? \_\_\_\_\_  
\_\_\_\_\_

Outside

A commercial container constructed to be mechanically dumped by the garbage collector must be provided outside the establishment and must be collected at intervals not to exceed 7 days. The commercial container must be placed on a hard, level, cleanable surface (i.e. concrete).

1. Frequency of pickup \_\_\_\_\_/WK  
Garbage collection service \_\_\_\_\_

Premises:

1. What will be the surface of your parking area? \_\_\_\_\_
2. Is the area around building clear of unnecessary brush, rubbish, boxes and other harborage? \_\_\_\_\_

**PLUMBING:**

SINKS	YES	NO
Is there a hand washing sink in each food preparation, bar, dish/utensil washing, and toilet room areas?		
Is hot and cold running water under pressure available at each hand washing sink?		
Are hand soap and paper towels available at all hand washing sinks?		
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?		
Is a food preparation sink present?		
Does the largest pot and pan fit into each compartment of the three compartment sink? If no, what is the procedure for manual cleaning and sanitizing large pots? _____		
Are there drain boards installed on both ends of the three compartment sink?		
Is there a mop sink present? <b>Food preparation and ware washing sinks may not be used for wastewater disposal.</b>		

**PLUMBING CONNECTIONS AND DRAINS:**

The potable water system shall be installed to preclude the possibility of backflow. Devices shall be installed to protect against backflow and back siphonage at all fixtures and equipment connected to plumbing.

A direct connection may not exist between the sewage system and any drains originating from equipment in which food, portable equipment, or utensils are placed. Indicate on the plans what plumbing fixture(s) or equipment has backflow or back siphonage controls, such as: air-gaps, atmospheric vacuum breakers, indirect connections, etc.

The following equipment must have air-gapped drains. Please check all that apply:

- ice machines/ice storage bins
- food prep sinks
- steam table/steam kettle drain lines
- condensate drain lines from refrigeration equipment (to a floor sink outside the unit)
- running water dipper wells
- dish machine
- open beverage service (i.e. soda machines, tap beer, espresso machines, etc.)

The following inlets which are or may become submerged must have an atmospheric vacuum breaker. Please check all that apply:  supply inlet to garbage grinder

- supply inlet to dish table trough
- fill line for steam kettle
- supply line for dish machine
- garbage can washer
- perforated pipe to oriental wok cookers
- mop/janitorial sink with a hose connection

**WATER SUPPLY:**

Type of water supply:

- Municipal (city)
- Private well. Has water source been approved? If so, who approved the system? \_\_\_\_\_
- Public\* Provide PWS ID number \_\_\_\_\_  
Please attach copy of written approval for the public water system from DEQ.

**\*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ- Public Water can be reached at (406) 444-4400**

**SEWAGE DISPOSAL:**

Sewage generated in a food service establishment must be disposed of in either a municipal sewage collection system, a public wastewater treatment system, or a system constructed and operated in accordance with Title 75, Chapter 6, Montana Code Annotated and Title 16, Chapter 20, Subchapter 4, Administrative Rules of Montana.

Type of wastewater treatment system:

<input type="checkbox"/>	Municipal (city)	
<input type="checkbox"/>	Private*	Local wastewater treatment permit # _____
<input type="checkbox"/>	Public**	Please attach copy of written approval (state and/or local permits)

\*Existing private wastewater treatment systems will be evaluated on a case by case basis, and may require extensive modifications.

\*\*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (DEQ), serving 25 or more people, 60 days out of a year. MDEQ—Water Protection Bureau/Wastewater can be reached at (406) 444-3080.

Is a grease trap/interceptor provided? \_\_\_\_\_

Type and location of grease storage receptacle:

1000 gal external grease interceptor

in-line internal grease interceptor, maintenance schedule required

**DRESSING ROOMS:**

Provide location and description of storage facilities provided for employees’ belongings (i.e. purse, coats, backpacks, etc.).

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**TOXIC MATERIALS:**

Are chemicals (i.e. cleaners, sanitizers, medications, detergents) stored separately from food, equipment, single service items? Indicate location:

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**All containers of toxics including sanitizing spray bottles must be clearly labeled. All pesticides must be approved for food service.**

**LAUNDRY FACILITIES:**

Are laundry facilities located on premises? **YES / NO** If yes, what will be laundered?

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How will clean and soiled linens be stored separately? \_\_\_\_\_

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Is a laundry dryer available? **YES / NO** If yes, indicate location. \_\_\_\_\_

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**VENTILATION AND EXHAUST SYSTEMS:**

All exhaust ventilation must meet uniform mechanical and fire codes. In accordance with 37.110.213 paragraph 11, ARM, hoods must be installed at or above all deep fat fryers, broilers, fry grills, steam-jacketed kettles, hot-top ranges, ovens, barbeques, rotisseries, dishwashing machines and similar equipment which comparable amounts of steam, smoke, grease, or heat. (See ARM pg. 25)

Indicate all areas where exhaust hoods are to be installed:

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**LIGHTING:**

All lighting in the facility must be adequate and shielded.

Minimum lighting requirements:

50 foot-candles: food prep and dishwashing areas

20 foot-candles: utensil and equipment storage and toilet rooms

10 foot-candles: walk-in refrigeration units, dry storage, other areas

**\*\*ALL FACILITIES MUST BE NON-SMOKING WITH SIGNS POSTED AT ALL ENTRANCES AND THE KITCHEN AREA\*\***