



Food Service Establishment and
Food Processing Facilities
Plan Review Application

Butte-Silver Bow Health Department
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[Please complete in its entirety.]

NEW _____ **REMODEL** _____ **CONVERSION** _____

Date: _____

Name of Establishment: _____

Category: Institution _____ Restaurant _____ Retail Market _____

Other _____

Address: _____

Phone (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____

I have submitted plans/applications to the following authorities on the following dates:

Building Dept.: _____

Planning Dept.: _____

Electric: _____

Plumbing: _____

Fire: _____

Zoning Dept.: _____

Other _____

Hours of Operation: Sunday _____ Monday _____

 Tuesday _____ Wednesday _____

 Thursday _____ Friday _____

 Saturday _____

Number of Seats: _____

Number of Staff (maximum per shift): _____

Total Square Feet of Facility: _____

Number of Floors on which operations are conducted: _____

Maximum Meals to be Served: Breakfast _____

(approximate number) Lunch _____

 Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____
 Type of Service: Sit Down Meals _____
 (check all that apply) Take Out _____
 Caterer _____
 Mobile _____
 Other _____

Please enclose the following documents:

- _____ Proposed Menu (including seasonal, off-site and banquet menus)
- _____ Manufacturer Specification sheets for each piece of equipment shown on the plan
- _____ Site Plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)
- _____ Plan Drawn to Scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation
- _____ Equipment Schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous food.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand-washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements, and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings, and covered juncture bases;

- c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recover rate, backflow prevention, and wastewater line connections;
- d. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSE accredited certification program (when applicable).
- e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
- f. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensils (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
- g. Ventilation schedule for each room;
- h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- i. Cabinets for storing toxic chemicals;
- j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- k. Completed Section 1;
- l. Site plan (plot plan)

FOOD PREPARATION REVIEW

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

| <u>CATEGORY</u> * | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) | () | () |
| 2. Thick meats, whole poultry (roast beef; whole turkey; chickens; hams) | () | () |
| 3. Cold processed foods (salads; sandwiches; vegetables) | () | () |
| 4. Hot processed foods (soups; stews; rice/noodles; gravy; chowders; casseroles) | () | () |
| 5. Bakery goods (pies; custards; cream fillings; toppings) | () | () |
| 6. Other _____ | () | () |

*A generic HACCP Plan for each category of food may be available from the Butte-Silver Bow Health Department for reference.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

FOOD SUPPLIES:

- 1. Are all food supplies from inspected and approved sources? YES NO
- 2. What are the projected frequencies of deliveries for:
 - Dry goods _____
 - Frozen foods _____
 - Refrigerated foods _____

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

Dry storage _____

Frozen storage _____

Refrigerated storage _____

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

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 40° F (5° C) and below? YES NO

Provide the method used to calculate cold storage requirements. _____

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? _____

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

Number of refrigeration units _____

Number of freezer units _____

4. Is there a bulk ice machine available? YES NO

THAWING FROZEN TCS FOODS:

Please indicate by checking the appropriate boxes how frozen time/temperature control for safety foods (TCS) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

*Frozen foods: approximately one inch or less = thin; more than one inch = thick.

| THAWING METHOD | *THICK FROZEN FOODS | *THIN FROZEN FOODS |
|---|---------------------|--------------------|
| Refrigeration | | |
| Running Water Less than 70° F (21° C) | | |
| Microwave (as part of cooking process) | | |
| Cooked from Frozen state | | |
| Other (describe) | | |

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS Food? YES NO

What type of temperature measuring device? _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

- Beef roasts @ 130° F (121 min.)
- Comminuted meats/fish @ 155° F (15 sec.)
- Eggs: Immediate service @ 145° F (15 sec.)
- Pooled* @ 155° F (15 sec.)
- (*pasteurized eggs must be served to a highly susceptible population)
- Other TCS foods @ 145° F (15 sec.)
- Pork @ 145° F (15 sec.)
- Poultry @ 165° F (15 sec.)
- Reheated TCS foods @ 165° F (15 sec.)
- Seafood (solid pieces) @ 145° F (15 sec.)

2. List types of cooking equipment: _____

HOT/COLD HOLDING:

1. How will hot TCS foods be maintained at 140° F (60° C) or above during holding for service? Indicate type and number of hot holding units. _____

2. How will cold TCS foods be maintained at 41° F (5° C) or below during holding for service? Indicate type and number of cold holding units. _____

COOLING:

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41° F (5° C) within 6 hours (140° F to 70° F in 2 hours and 70° F to 41° F in 4 hours). Also, indicate where the cooling will take place.*

| Cooling Methods | | | | | |
|--------------------|-------------|------------|------------------|-------------------|--------------|
| | Thick Meats | Thin Meats | Thin Soups/Gravy | Thick Soups/Gravy | Rice/Noodles |
| Shallow Pans | | | | | |
| Ice Bath | | | | | |
| Reduce Vol/Size | | | | | |
| Rapid Chill | | | | | |
| Other (describe)** | | | | | |

*On the next page, please list where various cooling methods will take place:

Shallow Pans: _____

Ice Bath: _____

Reduce Vol/Size: _____

Rapid Chill: _____

**If you chose other, please describe the method/s you will be using as well as the locations:

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 for 15 seconds? Indicate type and number of units used for reheating foods. _____

2. How will reheating food to 165° F for hot holding be performed rapidly and within 2 hours?

PREPARATION:

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

2. Will food employees be trained in good food sanitation practices? YES NO

Method of training: _____

Number(s) of employees: _____

Dates of Completion: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES NO

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO

Please describe briefly: _____

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical type: _____

Concentration: _____

Test Kit: YES NO

6. 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 to 41° F? _____

7. Will all produce be washed on-site prior to use? YES NO

Is there a planned location used for washing produce? YES NO

If YES, describe: _____

If NO, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

8. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41° F to 140° F) during preparation: _____

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population? YES NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

| | FLOOR | COVING | WALLS | CEILING |
|----------------------------------|--------------|---------------|--------------|----------------|
| Kitchen | | | | |
| Food Storage | | | | |
| Other Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Basin Area | | | | |
| Ware washing Area | | | | |
| Walk-in Refrigerators & Freezers | | | | |

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

- | | YES | NO | NA |
|---|------------|-----------|-----------|
| 1. Will all outside doors be self-closing and rodent proof? | () | () | () |
| 2. Are screen doors provided on all entrances left open to the outside? | () | () | () |
| 3. Do all openable windows have a minimum #16 mesh screening? | () | () | () |
| 4. Is the placement of electrocution devices identified on the plan? | () | () | () |
| 5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | () | () | () |
| 6. Is area around building clear of unnecessary brush, litter, boxes, and other harborage? | () | () | () |
| 7. Will air curtains be used? If YES, where? _____ | () | () | () |

C. GARBAGE AND REFUSE

INSIDE:

- | | | | |
|--|-----|-----|-----|
| 8. Do all containers have lids? | () | () | () |
| 9. Will refuse be stored inside? If YES, where? _____ | () | () | () |
| 10. Is there an area designated for garbage can or floor mat cleaning? | () | () | () |

OUTSIDE:

- | | | | |
|---|------------|-----------|-----------|
| 11. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ | () | () | () |
| | YES | NO | NA |
| 12. Will a compactor be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ | () | () | () |
| 13. Will garbage cans be stored outside? | () | () | () |

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

15. Describe location of grease storage receptacle. _____

YES NO NA

16. Is there an area to store recycled containers? () () ()

Describe: _____

Indicate what materials are required to be recycled:

() Cardboard () Glass () Metal () Paper () Plastic

17. Is there any area to store returnable damaged goods? () () ()

D. PLUMBING CONNECTIONS

| | AIR GAP | AIR BREAK | *INTEGRAL TRAP | **P TRAP | VACUUM BREAKER | CONDENSATE PUMP |
|--|---------|-----------|----------------|----------|----------------|-----------------|
| 18. Toilet | | | | | | |
| 19. Urinals | | | | | | |
| 20. Dishwasher | | | | | | |
| 21. Garbage Grinder | | | | | | |
| 22. Ice machines | | | | | | |
| 23. Ice storage bin | | | | | | |
| 24. Mop Sink | | | | | | |
| 25. Janitor Sink | | | | | | |
| 26. Handwash Sink | | | | | | |
| 27. 3-Comp. Sink*** | | | | | | |
| 28. 2- Comp. Sink*** | | | | | | |
| 29. 1- Comp. Sink*** | | | | | | |
| 30. Water Station | | | | | | |
| 31. Steam tables | | | | | | |
| 32. Dipper wells | | | | | | |
| 33. Refrigeration Condensate drain lines | | | | | | |
| 34. Hose connection | | | | | | |
| 35. Potato peeler | | | | | | |
| 36. Beverage Dispenser w/carbonator | | | | | | |
| 37. Other: _____ | | | | | | |

*TRAP—a fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it.

Integral trap--one that is build directly into the fixture, e.g.-a toilet fixture.

**P trap--a fixture trap that provides a liquid seal in the shape of the letter 'P'.

Full 'S' traps are prohibited.

*** 3-Compartment Sink, 2-Compartment Sink, 1- Compartment Sink

32. Are floor drains provided and easily cleanable? YES NO

If so, indicate location: _____

E. WATER SUPPLY

33. Is water supply public () OR private ()?

34. If private, has source been approved? YES NO PENDING

Please attach copy of written approval and/or permit.

35. Is ice made on premises () OR purchased commercially ()?

If made on premises, are specifications for the ice machine provided? YES NO

Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation: _____

36. What is the capacity of the hot water generator? _____

37. Is the hot water generator sufficient for the needs of the establishment? YES NO

Provide calculations for necessary hot water (see part 5 & Part 9 under Section III in this manual).

38. Is there a water treatment device? YES NO

If YES, how will the device be inspected and serviced? _____

39. How are backflow prevention devices inspected and serviced? _____

F SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES NO

41. If NO, is private disposal system approved? YES NO PENDING

Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES NO

If so, where? _____

Provide schedule for cleaning and maintenance. _____

G. DRESSING ROOMS

43. Are dressing rooms provided? YES NO

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____

H. CHEMICAL SAFETY

45. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?

YES NO

Indicate location: _____

46. Are all toxics for use on the premise or for retail sale (this includes personal medication) stored away from food preparation and storage areas? YES NO

47. Are all containers of toxics, including sanitizing spray bottles, clearly labeled?

YES NO

I. LAUNDRY

48. Will linens be laundered on site? YES NO

If YES, what will be laundered and where? _____

If NO, how will linens be cleaned? _____

49. Is a laundry dryer available? YES NO

50. Location of clean linen storage: _____

51. Location of dirty linen storage: _____

J. SAFE PRACTICES

52. Are containers constructed of safe materials to store bulk food products? YES NO

Indicate type: _____

53. Indicate all areas where exhaust hoods are installed:

| LOCATION: | FIRE PROTECTION: |
|------------------|-------------------------|
| | |
| | |
| | |
| | |

54. How is each listed ventilation hood system cleaned and cleaning schedule? _____

K. SINKS

55. Is a mop sink present? YES NO

If NO, please describe facility for cleaning of mops and other equipment: _____

56. If the menu dictates, is a food preparation sink present? YES NO

L. WARE WASHING FACILITIES

57. Will sinks or a ware washer be used for ware washing?

Ware washer YES NO

Two compartment sink YES NO

Three compartment sink YES NO

58. Ware washer:

Type of sanitation used:

Hot water (temp. provided) YES NO

Booster heater YES NO

Chemical type YES NO

STATEMENT: *I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Butte-Silver Bow Health Department may nullify final approval.*

Signature(s) _____

Owner(s) or Responsible Representative(s)

Date: _____

Approval of these plans and specifications by the Butte-Silver Bow Health Department does not indicate compliance with any other code, law, or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.