

# DISTRICT SANITARIAN

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## FOOD ESTABLISHMENT PLAN REVIEW PACKET

The purpose of a food establishment plan review packet is to give the Dawson County Environmental Health Department (DCEHD) the opportunity to review the plans:

- Prior to construction or remodel - make sure that the proposed plans are in compliance with state and local regulations and reduce the number of foodborne illnesses due to poor facility design.
- For renovations, remodels or ownership changes - the structure and equipment must meet current requirements as required in State and Local regulations.

All facilities must meet the minimum requirements of:

- Administrative Rules of Montana , Title 37, Chapter 110, Subchapter 2  
<http://www.dawsoncountymontana.com/departments/departments/generalpublic/departments/departments/generalpublic/inspectionreports/docs/FoodRules.pdf>
- Montana Clean Indoor Air Act (prohibits smoking in public places or any place of employment)

The rules/regulations are available online at: [www.dawsoncountymontana.com](http://www.dawsoncountymontana.com)

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Complete the attached application. The department reviews all applications on a “first come/first serve” basis and has thirty (30) calendar days from the date an application is received to complete the initial review.  
**Incomplete plans will delay the process.**

- A site visit may be provided at the applicant’s request.
- Conduct the following:
  1. A certificate of occupancy or building and fire inspection will be required before a food purveyor license will be approved.
  2. A building permit may be required for your project.
  3. Contact the city building department or the State building code:

**City Building Department**

George Lane  
City of Glendive  
Phone 406-377-2361  
Email: [laneg@middrivers.com](mailto:laneg@middrivers.com)  
Website: <http://www.cityofglendive.us/departments/fire/index.php>

**State Building Code**

Phone: 406-841-2056  
Website: [http://bsd.dli.mt.gov/bc/bs\\_index.asp#](http://bsd.dli.mt.gov/bc/bs_index.asp#)

# Plan Review Checklist

This checklist is to assist you in preparing a complete plan review application. All the following items must be included with your application. This is not an all-inclusive list.

<p><b>Menu</b></p>	<ul style="list-style-type: none"> <li>• Provide a detailed menu of all the foods and drinks that will be served.</li> </ul>
<p><b>Site Plan</b></p>	<ul style="list-style-type: none"> <li>• Minimum size of 8½ X 11 and a minimum scale of ¼ inch = 1 foot</li> <li>• Digital PDF plans are encouraged to decrease printing costs</li> <li>• Show location of all             <ul style="list-style-type: none"> <li>✓ equipment (sinks, refrigeration, etc.)</li> <li>✓ restrooms</li> <li>✓ storage areas</li> <li>✓ electrical services</li> <li>✓ Mechanical ventilation</li> </ul> </li> <li>• Plumbing:             <ul style="list-style-type: none"> <li>✓ location of floor drains</li> <li>✓ floor sinks</li> <li>✓ water supply lines</li> <li>✓ overhead wastewater lines</li> <li>✓ hot water generating equipment</li> <li>✓ A mop sink or curbed cleaning facility with capacity for hanging wet mops</li> <li>✓ backflow prevention</li> </ul> </li> <li>• Building in relation to:             <ul style="list-style-type: none"> <li>✓ streets</li> <li>✓ sidewalks</li> <li>✓ parking</li> <li>✓ garbage area</li> </ul> </li> <li>• Entrances and exits</li> <li>• Loading and unloading docks</li> <li>• Dressing rooms, locker areas, employee rest areas, and/or coat rack as required</li> <li>• Storage rooms</li> <li>• Garbage rooms</li> <li>• Basements and/or cellars used for storage or food preparation</li> <li>• Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation and dishwashing areas</li> </ul>

<b>Equipment List</b>	<ul style="list-style-type: none"><li>• Provide make and model number of <b>ALL</b> equipment (including countertop appliances).</li><li>• Only commercial grade (NSF or equivalent) equipment is acceptable.</li><li>• Include manufacturer specification sheets</li></ul>
<b>Water/Sewer Availability</b>	Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations.
<b>Commissary</b>	If your type of business requires the use of a commissary, indicate what licensed establishment you are using and what you do at the commissary.
<b>Building Permit</b>	Certificate of occupancy and/or fire/building approval.

# FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

New   
  Remodel   
  Ownership Change   
 Previous Estab Name \_\_\_\_\_  
 (Mark all that apply)

Name of Establishment	
Site Address	City
Facility Square Footage (does not include seating area)	
Establishment Owner/Licensee <small>(Corporation Name if applicable)</small>	
Contact Individual	
Owner Mailing Address	
City, State, Zip	
Phone	Fax
Email	
Applicant	
Applicant Mailing Address	
City, State, Zip	
Phone	Fax
Email	

Yes  No  I have submitted plans/applications to (or obtained permits from) the necessary or appropriate authorities including **zoning, planning, building, plumbing, and fire departments**.

I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Dawson/Wibaux County Environmental Health Department may nullify final approval.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner/Representative

Approval of these plans and specifications by the Dawson/Wibaux 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 pre-operational 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.

Category	
Restaurant	
Institution	
Retail Market	
Food Manufacturer	
Other	

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

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

Will food be transported to another location as with a catering operation or satellite kitchen? Y  N

Will your establishment be seasonal? Y  N  If yes, provide the dates of operation. \_\_\_\_\_

### A. Food Preparation

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served.

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

### B. Food Supplies

1. List any food from animals that you will serve raw or partially cooked such as sushi, steak tartar, and oyster shooters \_\_\_\_\_

2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier?

On-site Provide your procedure on parasite destruction (*A freezer used for parasite destruction must maintain - 4° F for 7 days.*)

Supplier Provide the name of your supplier and documentation to show parasite destruction.

- ❖ Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours in a food establishment must be clearly marked at the time of preparation to indicate the “sell by” date, “best if used by” date, or the date by which the food must be consumed which is, including the date of preparation:

**C. Hot/Cold Holding**

1. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service? Indicate type, size, and number of hot holding units. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. How will you ensure that food is maintained at the required temperature throughout the day?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type, size, and number of cold holding units. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. If food is going to be transported and/or served off site, how will food temperatures (hot and cold) be maintained? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups or Gravy	Thick Soups or Gravy	Rice/ Noodles	Location of Cooling Process
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Rapid Chill						
Other						

**D. Reheating**

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

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

**E. Preparation**

1. List categories of foods prepared more than 12 hours in advance of service. \_\_\_\_\_  
 \_\_\_\_\_
2. How will food employees be trained in good food sanitation practices? \_\_\_\_\_  
 \_\_\_\_\_

3. How many workers have gone through an **8 hour Manager Food Safety** training program? \_\_\_\_\_
  4. Describe the policy for minimizing bare hand contact when handling ready-to-eat food items:  
\_\_\_\_\_
  5. Describe the policy for proper employee hand washing \_\_\_\_\_  
\_\_\_\_\_
  6. Is there a policy to exclude or restrict food workers who are sick or have infected Y \_\_\_\_\_ N \_\_\_\_\_  
cuts and lesions?  
  
Describe briefly: \_\_\_\_\_  
\_\_\_\_\_
  7. 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? \_\_\_\_\_  
\_\_\_\_\_
  8. What type of chemical sanitizer will be used (chlorine, quaternary ammonium, iodine)? \_\_\_\_\_  
\_\_\_\_\_  
At what concentration is this sanitizer maintained? \_\_\_\_\_  
What type of test kit will be used? \_\_\_\_\_  
How often will sanitizers be tested? \_\_\_\_\_
- Note:** If you want to use other chemicals as sanitizers they must be approved by the EPA and provide the equivalent bactericidal effect of a solution containing at least 50 parts per million of available chlorine as a hypochlorite.
9. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads Y  N   
and sandwiches be pre-chilled before being mixed and/or assembled?  
  
If not, how will ready-to-eat foods be cooled rapidly to 41°F? \_\_\_\_\_  
\_\_\_\_\_
  10. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Finishing Schedule**

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

Kitchen	Floor	Coving	Walls	Ceiling
Walk-in Refrigerators				
Walk-in Freezers				
Grill Line				
Prep Station				
Other				
Bar				

Beer Walk-In				
Storage Room				
<b>Dining Room Wait Stations and Serving Area</b>				
Serving Beverage Area				
Salad Bar				
Hot Buffet				
Other				
<b>Food Storage</b>				
Dry Goods				
<b>Other Storage</b>				
Chemical/Toxic				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse</b>				
Outside				
Inside				
Recycling				
<b>Mop Service Basin</b>				
<b>Dishwashing Area</b>				
<b>Delivery/Receiving</b>				

## G. Sinks

Handwashing	Yes	No	NA
Is there a handwashing sink in each food preparation, bar and dish/utensil washing area? (each areas should be within <u>20'</u> of a hand sink and have an unobstructed path to the hand wash station)			
Do all hand washing sinks have a mixing valve or combination faucet?			
Is hot and cold running water under pressure available at each hand washing sink?			
Is hand soap available at all handwashing sinks?			
Are single service towels available at all handwashing sinks? If no, Describe hand drying device			
Toilet Facilities	Yes	No	NA
Do all handwashing sinks have a mixing valve or combination faucet?			
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?			
Are hand drying facilities available at all handwashing sinks?			
Is hot and cold running water under pressure available at each hand washing sink?			
Are trash cans available in each restroom?			
Are all toilet room doors self-closing?			
Are all toilet rooms equipped with mechanical ventilation?			
Will a hand washing sign be posted at each employee restroom?			





Hand wash						
3 bay sink						
2 bay						
1 bay						
Water Station						
Steam Tables						
Dipper Wells						
Refrigeration Condensate/Drain lines						
Hose Connection						
Beverage Dispenser with carbonator						
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. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

## I. Water Supply

### 1. Type of water supply

**NOTE:** All new construction and remodeling of facilities not currently in operation must be connected to a MDEQ approved public water system:

**Municipal (City)**

**Public** \*Provide PWSID Number \_\_\_\_\_

Please attach copy of written approval for the public water system from DEQ.

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

Ice	Yes	No	NA
Is ice made on premises? (provide ice machine specifications)			
Is ice purchased commercially?			
Will ice be packaged for retail sale? If yes, provide location of icemaker or bagging operation. Approval for the labeling of ice will be required by the Food Processing & Labeling Section, Food and Consumer Safety Section, (406) 444-2408.			

Describe provision for ice scoop storage.			
<b>Hot Water Tank</b>			
The hot water generator must be sufficient for the needs of the establishment? What is the capacity of the hot water generator? Include information regarding the unit's recovery rate. (provide specifications)			
<b>Water Treatment Device</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Is there a water treatment device? If yes, how will the device be inspected and serviced?			

### J. 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 17, chapter 38, Administrative Rules of Montana. Which type of system will be serving the establishment.

1. Type of wastewater treatment system: (NOTE: All new construction and remodeling of facilities not currently in operation must be connected to a MDEQ approved wastewater treatment system)

- Municipal (City)
- Private Local wastewater treatment permit # \_\_\_\_\_
- Public\* Describe \_\_\_\_\_

\*Attach a copy of written approval (state and/or local permits).

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

2. Is a grease trap provided? Required by state/city codes Yes  No   
If yes, where? \_\_\_\_\_
3. Provide a schedule for cleaning & maintenance of the grease trap. \_\_\_\_\_  
\_\_\_\_\_

### K. Insect and Rodent Control

	Yes	No	NA
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all openable windows have a minimum of #16 mesh screening?			
Are insect control devices identified on the plan? If yes, provide details.			

Will all pipes & electrical conduit chases be sealed and ventilation systems exhaust and intakes protected?			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			
Will air curtains be used? If yes, where?			

**L. Garbage and Refuse**

Inside	Yes	No	NA
Do all containers have lids?			
Will refuse be stored inside? If yes, where?			
Is there an area designated for garbage can or floor mat cleaning? If yes, where?			
Outside	Yes	No	NA
Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Will a compactor be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Describe the location of grease storage receptacle.			

**M. General**

Dressing Rooms	Yes	No	NA
Are dressing rooms provided?			
Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.)			
Toxic Chemicals	Yes	No	NA
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? (All insecticides/rodenticides must be approved for food service)			
Describe the location of the storage area.			
Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?			
Are all toxics containers including sanitizing spray bottles clearly labeled?			
Linens	Yes	No	NA
Will linens be laundered on site? If yes, which linens will be laundered and where will they be laundered?			

If no, how will linens be cleaned?				
Is a laundry dryer available?				
Location of clean linen storage.				
Location of dirty linen storage.				
<b>Food Containers</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>
Are all bulk containers used for storage of bulk food products approved for food service?				
Indicate the type of storage units used.				

<b>Lighting</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Are all lights shielded in all food prep areas, utensil & equipment dishwashing, & storage areas? (Provide a lighting schedule with protectors, (shields) on the site plan.			

**N. Ventilation**

All exhaust ventilation must meet uniform mechanical and fire codes.

Please Note: 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, barbecues, rotisseries, dishwashing machines, and similar equipment which produce comparable amounts of steam, smoke, grease, or heat.

Indicate all areas where exhaust hoods are to be installed	How is each listed ventilation hood system cleaned?

**O. Small Equipment List**

Please specify the number, location, and types of each of the following:	Number	Location
Meat and other slicers		
Cutting boards		
Can openers		
Mixers		
Floor mats		