

www.healthygallatin.org

Gallatin City-County Health Department

Environmental Health Services

215 West Mendenhall, Room 108

Bozeman, MT 59715

406-582-3120 • FAX 406-582-3128

FOOD ESTABLISHMENT PLAN REVIEW PACKET

This plan review guide is designed to help you through the plan review process for opening a new food service establishment in a new or existing building. Environmental Health Services (EHS) of the Gallatin City-County Health Department (GCCHD) will review your proposed plans to determine potential risk to public health and safety and verify compliance with State and Local regulations.

- **Prior to construction or remodel, all establishments must meet the following requirements:**
 - [MCA 50-50 Part 2](#) Licensing
 - [ARM 37.110.2](#) Montana Food Code
 - [FDA 2013 Food Code](#) See ARM 37.110.260 through 37.110.272 for parts adopted with modifications or additions
 - Gallatin City-County Health Department Health Code Chapters 1, 2 and 3
 - Water and wastewater connections serving licensed establishments

Rules/regulations are available online at www.healthygallatin.org

STEP 1

Submit plans. Turn in a complete application with appropriate fees. All items listed on the **Item Submittal List** must be included. Applications will **not be reviewed** unless all items requested are complete and submitted together.

NOTE: See fee schedule on page 3 – fees are based on facility square footage (does not include seating)

STEP 2

Wait for an approval letter or a letter requesting additional information. Our goal is to send you a response letter within **30 days**, informing you that your project is either approved and meets state and local laws and regulations **or** that additional information or changes are needed before approval can be given.

NOTE: To avoid costly mistakes or delays, do not start modifications or installation of equipment until you have **written approval** by GCCHD and other applicable agencies (e.g., Zoning, Building Permit, Fire Inspection).

STEP 3

Pass Pre-Opening Inspection. Once your project is complete, contact GCCHD Environmental Health Services at (406) 582-3120 to schedule a pre-operational inspection, which allows GCCHD to verify that the establishment meets all state and local laws and regulations which correlates with the approved plans.

NOTE: Schedule at least 7 days in advance.

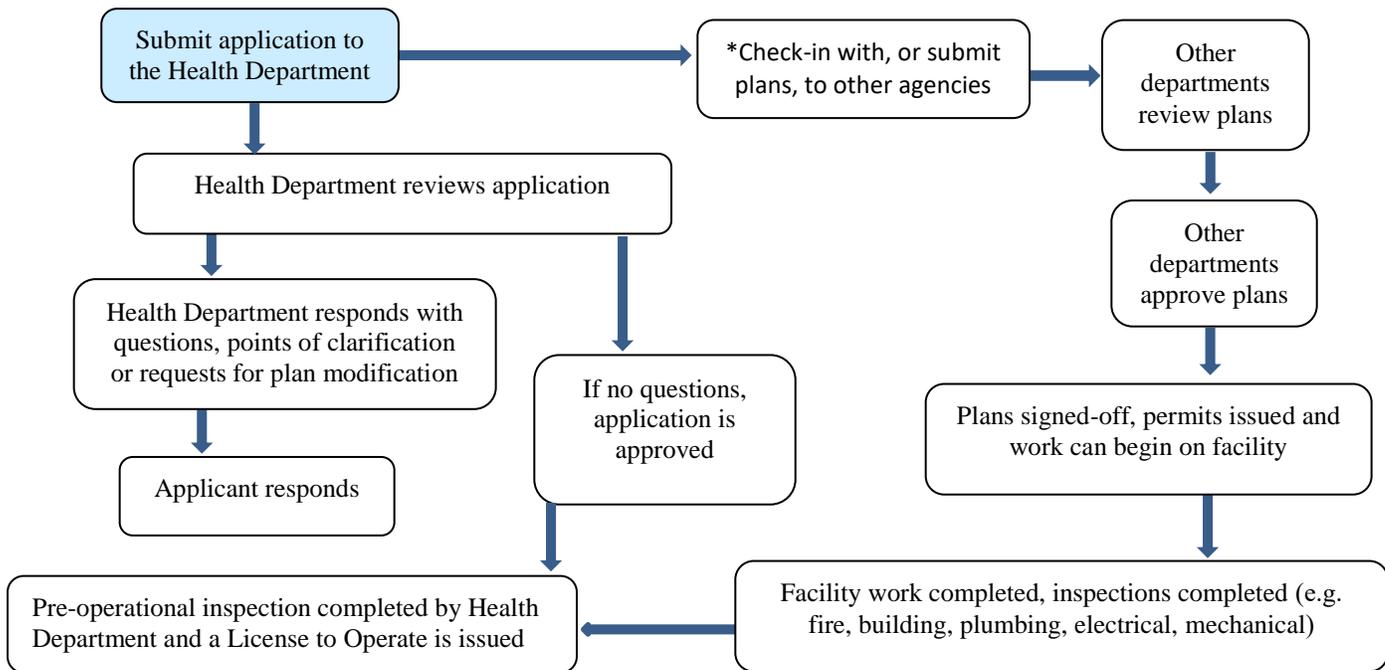
STEP 4

Pay for your license. Once you have passed your pre-operational inspection, submit the State fee for your licensing. A facility maybe required to obtain multiple licenses. Fees are payable by check made out to the Montana Department of Public Health and Human Services (MDPHHS). License(s) expire December 31st of each year. An additional inspection may be required, if the facility is not completed at time of inspection.

Item Submittal List

1. **FOOD ESTABLISHMENT PLAN REVIEW APPLICATION form** – complete, legible, and signed
2. **Water/ Wastewater Summary Form** –Licensed Establishment Plan Review Water/Wastewater Summary
3. **Menu** – Proposed Menu / complete list of food and beverage to be offered (including seasonal, off-site and banquet menus)
4. **Facility floor plans**- See facility site plan elements guide
5. **Equipment Specification** sheets - for all food equipment. If you cannot provide specification sheets, a “make and model” list will be adequate
6. **Plumbing plans** – show locations of floor sinks and drain connections
7. **Provide a HACCP plan or “Special Process”** information, *if applicable*

Process Overview



*Contact numbers for city building department(s):

Town	Telephone #
Bozeman	582-2375
Belgrade	388-4994
Three Forks	285-3431
West Yellowstone	646-7609

*All other areas including Manhattan, Four Corners, Big Sky, Logan and all rural areas are inspected by the state. Contact the State of Montana Building Codes Bureau, 406.841.2300.

Fee Schedule

Health Code Chapter 1
Effective October 27, 2018

Base Rate for Services	\$84.00 per hour
Site Visit / Re-inspection / Requested Inspection	\$84.00 per hour
Pre-operational Inspection (based on 1½ hours).....	\$126 + Base Rate each additional hour

Application Review

Example: A 750 sq. foot new retail food establishment is subject to Application review (\$252) + Pre-operational inspection (\$126) = \$378 (payable to Gallatin City-County Health Department).

Food Establishment - Retail and Wholesale

Up to 750 sq. feet or Mobile Unit	\$252 + Pre-operational Inspection
751 sq. ft. to 2,500 sq. ft.	\$336 + Pre-operational Inspection
>2,500 sq. ft.	\$420 + Pre-operational Inspection
Caterer or Manufacturer using licensed commissary kitchen	\$252 + Pre-operational Inspection

Food Establishment - Multi-Department Fee (Base Fee + Fee for each Department)

Base Fee	\$420 + Pre-operational inspection
Up to 750 sq. ft. or Mobile Unit	\$252
751 sq. ft. to 2,500 sq. ft.	\$336
>2,500 sq. ft.	\$420

An example of a multi-department establishment is a grocery store. A department is defined as a 'self-contained' area that is within the establishment. Each department (main sales floor, meat, bakery, deli, espresso cart, etc.) is assessed a fee based on the square footage. The fee is calculated by adding the base fee and individual department fees.

Miscellaneous

Hazard Analysis and Critical Control Points (HACCP)	\$336
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NOTE: If an establishment requires more than one pre-operational establishment inspection, to meet the minimum requirements and be approved to open, the additional inspection(s) is charged a fee (see Fee Schedule).

****Fees are based on facility square footage (does not include seating)**

Facility Site Plan Element Guide

This guide sheet is to assist you in preparing a complete facility site plan. **All the following items must be included with your site plan.** Additional information may be required upon request.

Site Plan

- Minimum size of 8½ X 11 and a minimum scale of ¼ inch = 1 foot

Show location of **all**:

- Equipment (sinks, refrigeration, etc.)
- Restrooms
- Storage areas
- Electrical services
- Mechanical ventilation
- Building in relation to: streets, sidewalks, parking, and garbage area
- Entrances and exits
- Loading and unloading docks
- Dressing rooms, locker areas, employee rest areas, and/or coat rack as required
- Storage rooms
- Garbage rooms
- Basements and/or cellars used for storage or food preparation

Plumbing:

- Location of floor drains
- Floor sinks
- Water supply lines
- Hot water generating equipment with capacity and recovery rate
- A mop sink or curbed cleaning facility with capacity for hanging wet mops
- Backflow prevention
- Wastewater line connections
- Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation and dishwashing areas

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION (Form 1 of 2)

Check all that apply

- New Establishment Remodel (existing licensed establishment) License # _____
- Ownership Change - Previous Establishment Name/License # _____

Type of Business

- Retail - means the provision of food directly to the consumer. (MCA 50-57-102)
- Wholesale - means the sale or provision of food to a retail food establishment or other person engaged in retail sales who sells or provides the food directly to the consumer. (MCA 50-57-102)

NOTE: Licenses are owner and site specific. Change in ownership or location will require an application.

Establishment Information	
Establishment Name (DBA):	Owner/ Franchisee (First and Last Name):
Physical Address of Establishment (Street, City, Zip):	Legal Business Name (As Registered with the Secretary of State):
Establishment Phone Number:	Mailing Address (Street address or P.O. Box, City, State, Zip):
Establishment Email:	Owner/ Franchisee phone number:
Projected Opening Date (Note* approval must be granted prior to opening):	Owner/ Franchise email address:

Primary Contact During the Plan Review Process (This person must be able to answer general and specific process questions)	
Name:	Title:
Company:	Email:
Mailing Address (Only fill this out if this individual is to receive correspondence from the Health Department):	Phone:

Approval of these plans are specifications by the Gallatin City-County 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 regulations governing food service establishments.

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 Gallatin City-County Health Department may nullify final approval.

Department use only

Amount received _____

Cash Check Credit Card

Check # _____

Receipt # _____

District _____

Signature _____
Owner/Representative

Date _____

Type of Service Check all that apply		Hours of Operation		Number of meals to be served (projected maximum)		
Restaurant				<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>
Grocery Store		Sunday				
School		Monday				
Sit Down Meals		Tuesday				
Take Out		Wednesday				
Mobile Vendor		Thursday				
Caterer		Friday				
Delivery Service		Saturday				

Seasonal	
Will your establishment be seasonal?	
If yes provide the dates of operation	
From	
To	

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

Do you plan on manufacturing food for wholesale? (Selling food made at your location to a retailer who will then sell it to the final consumer) Y N

If Yes, have you received final label approval from the State of Montana Department of Public Health and Human Services? Y N If Yes, provide copy

If you have not yet received approval please contact the department at 406.444.5302 or hhsfcs@mt.gov. Please note that a license cannot be approved until the proper approval has been obtained.

Do you have a hard copy of the current food code (ARM, 2013 FDA Food Code, and GCCHD Chapter 2)? Y N

If yes, where? _____

If no, a copy must be on site at all times and may be printed from healthygallatin.org

A. Food Preparation

Check categories of **Time/Temperature Control for Safety (TCS)** foods 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 meats, seafood, or poultry that you will serve raw or partially cooked such as sushi, steak tartar, or oyster shooters _____

2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier? (**§3-402.11 and §3-402.12**)

On-site: Provide your procedure for parasite destruction: _____

Supplier: Documentation of parasite destruction must be included with this application for *each supplier*.

3. List your food suppliers for the following:

Category	Supplier(s)
Meats and Poultry	
Vegetables	
Game meats (e.g., bison, elk, ostrich)	
Raw or partially cooked fish products (e.g., raw oysters, sushi, lox, ceviche)	
Fresh or live shellfish	
Wild mushrooms	
Other Ingredients	

4. How often will food supplies be delivered? _____

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

C. Cold Storage

1. How did you determine the amount of cold storage/holding that you will need for your operation to store frozen and refrigerated foods? _____

2. How will you ensure that each refrigerator maintains a temperature of 41°F or colder? _____

3. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with ready-to-eat foods?
 Y N If yes, how will cross-contamination be prevented? _____

8. Describe the date marking system that will be used for refrigerated, ready-to-eat, **TCS** foods (**§3-501.17**)? _____

D. Thawing Frozen Time/Temperature Control for Safety (TCS) Food

Please indicate how frozen TCS foods will be thawed. More than one method may apply. §3-501.13

Thawing Method	Location
Refrigeration	
Running Water less than 70°F (21°C) (§4-301.12)	
Microwave (as part of cooking process)	
Cooked from frozen state	

E. Cooking

1. Describe how food workers will know when raw animal products are fully cooked: _____

2. What type of temperature measuring devices will be used: _____

Types of Cooking Equipment (check all that apply)		
<input type="checkbox"/> Range	<input type="checkbox"/> Fryer(s)	<input type="checkbox"/> Smoker
<input type="checkbox"/> Cooktop/Griddle	<input type="checkbox"/> Oven(s)	<input type="checkbox"/> Other:
<input type="checkbox"/> Grill	<input type="checkbox"/> Microwave	<input type="checkbox"/> Other:

F. Hot/Cold Holding

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

4. If you will be using ice for keeping food cold (such as in a salad bar) how will the food be stored in the ice and how will ice levels be maintained? _____

5. Please indicate by checking the appropriate boxes how TCS foods 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						

G. Reheating

1. How will TCS foods that are cooked and cooled, be reheated for hot holding? _____

2. What type of equipment will be used to reheat foods? _____

H. 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's Food Safety** training program? _____
Note: §2-102.12 (A) requires at least one employee that has supervisory and management authority to have completed this training.

4. Describe the policy for eliminating bare hand contact when handling ready-to-eat food items: _____

Note: §3-301.11 (B) expressly prohibits bare hand contact with ready-to-eat foods.

5. Describe the policy for proper employee hand washing: _____

6. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
Y N Describe briefly: _____

7. Has the written policy for responding to vomiting or diarrheal events been attached to this application?
Y N **(Required by §2-501.11)**

8. 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? Y N
If not, how will ready-to-eat foods be cooled rapidly to 41°F (**§3-501.14**)? _____

9. 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. _____

10. How will all produce be washed prior to use? _____

Note: §4-301.12 (F) requires a food prep sink if food is to be cleaned or thawed in a sink.

11. Does the largest pot and pan fit into each compartment of the pot sink? Y N
If no, what is the procedure for manual cleaning and sanitizing large pots? _____

12. What type of chemical sanitizer will be used (chlorine, quaternary ammonium, iodine)? _____

At what concentration will this sanitizer be maintained? _____

When will the test kit be used? _____

I. Finishing Schedule

❖ If you are using a commissary kitchen, provide the name and address _____

If this kitchen holds a license the following chart may be left blank if no changes to the premises are being made.

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				
Dining Room Wait Stations and Serving Area				
Serving Beverage Area				
Salad Bar				
Hot Buffet				
Other				
Food Storage				
Dry Goods				
Other				
Chemical/Toxic Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse				
Outside				
Inside				
Recycling				
Mop Service Basin				
Dishwashing Area				
Delivery/Receiving				

Service Sink	Yes	No	NA
Is a janitorial/mop sink present? (Required under §5-203.13)			
Floor sink			
Are floor drains provided & easily cleanable?			

K. Plumbing Connections

Backflow prevention required per §5-402.11 (A)

	Air Gap	P Trap	Other method-Please describe
Dishwasher			
Garbage Grinder			
Ice Machines			
Ice Storage Bin			
Mop sink			
Hand wash sink(s)			
3 bay sink			
2 bay sink			
1 bay sink			
Water Station			
Steam Tables			
Dipper Wells			
Refrigeration Condensate/Drain lines			
Beverage Dispenser with carbonator			
Other:			

- **Air Gap:** A gap between the water supply inlet and the flood level rim (shall be twice the diameter of the water supply inlet and not less than 1 inch).

L. Ice

Ice	Yes	No	NA
Is ice made on premises? (include ice machine specification sheet)			
Is ice purchased commercially?			
Will ice be packaged for retail sale? If yes, provide location of icemaker or bagging operation. _____			
How will the ice machine be cleaned? _____			
Describe provision for ice scoop storage. _____ _____			

Hot Water Heater			
What is the capacity of the hot water generator? Include information regarding the unit's recovery rate. (provide spec sheet) _____ If the unit is an "on demand" device, please describe plan for operations in case of failure. _____			
Water Treatment Device	Yes	No	NA
Is there a water treatment device? If yes, how will the device be inspected and serviced? _____			

M. 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. _____ _____			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			

N. Garbage and Refuse

Inside	Yes	No	NA
Do all containers have lids?			
Will refuse be stored inside? (garbage, recycling, compost, etc) 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 _____			
Recycling Areas	Yes	No	NA
Is there an area to store recycled containers? If yes, please describe location? _____ _____			

Indicate what materials are to be recycled: Glass _____ Metal _____ Plastic _____ Paper _____ Cardboard _____			
Damaged Food Product Storage	Yes	No	NA
Is there an area designated for the storage of damaged food items? If yes, where? _____			

O. 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?			
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Food Containers	Yes	No	NA
Are all bulk containers used for storage of food products approved for food service?			

Lighting	Yes	No	NA
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.			

P. Ventilation

All exhaust ventilation must meet uniform mechanical and fire codes. Please attach copies of all documentation.
****Please Note:** in accordance with **§4-301.14** ventilation hoods must be sufficient in number and capacity to prevent grease or condensation from collecting on walls or ceilings.

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

Q. Catering

1. Will you be offering catering services (serving food off site)? Yes No
If yes, please fill out the remainder of this section. If no, this section may be left blank.
2. Please describe the type of catering venues that you intend on serving. For example: weddings, company lunches, meetings, Farmer's Markets, etc. _____

3. How many of these events are projected annually? _____
4. What types of foods will be catered? Please attach menu. _____

5. How will foods be transported? Please include vehicle type. _____

6. How will hand washing take place during a catered event? _____

7. Will any menu items be prepared on site? Please describe the handling of these items. _____

8. How will food be kept HOT during transportation to an event and during service at the event? _____

9. How will food be kept COLD during transportation to an event and during service at the event? _____

10. How will you ensure that food is at the required temperature throughout service? _____

11. Will you provide self service food to your customers such as a buffet? Yes No
 - a. If yes, how will food in self-service areas be protected from contamination? _____

12. Will single service utensils and other dining ware be provided (**\$4-502.12**)? Yes No
 - a. If no, please explain: _____

13. How far in advance of a particular event will food be prepared? _____

14. How many staff will be working at any event at a given time? _____

15. Please give a detailed description of the plan to keep pests from coming into contact with food: _____

R. Mobile Units

1. Will this establishment be a mobile unit (vehicle mounted)? Yes No

If yes, please fill out the remainder of this section. If no, this section may be left blank.

2. Is this unit fully self-contained? (All food storage, prep, ware washing, hand washing etc is able to take place without the use of a licensed commissary kitchen) Yes No

a. If no, please explain what services will be required from the commissary kitchen and which kitchen they will be performed at. _____

****Absolutely no food prep or storage at any unlicensed kitchen or private residence is allowed****

3. Does this unit require any additional support vehicles? Please describe: _____

4. What size are the fresh water and waste water tanks? (Please note that the fresh water tanks must be 40gal and waste water tank must be 15% larger than the fresh water tank to be considered as a self-sufficient mobile unit) _____

5. Where will the fresh water tank be filled and the waste water tank emptied? _____

6. Where will this unit be operated most often? _____

7. Will outdoor cooking be a part of normal operations? _____

8. Please give a detailed description of the plan to keep pests from coming into contact with food: _____



Licensed Establishment Plan Review Water/Wastewater Summary

Complete all sections – mark NA if not applicable (instructions on back)

1.	Establishment	Name _____ License # _____
		Physical Address _____ City _____
2.	Legal Description of Property	COSA _____ EQ # _____ (Certificate of Subdivision Approval/Release of Sanitary Restrictions OR Public System Approval)
		Lot/Tract _____ Block _____ COS/Minor Sub _____ Section _____ Township _____ Range _____
		What does COSA/Public System allow _____ _____
3.	Business	Type of Business _____ If applicable # of meals served daily _____
		What quantity & type of wastewater will be generated by the facility _____ _____ _____
		Maximum # of employees per day _____ Maximum # of customers per day _____
		Total Commercial Flow / GPD _____
		Is a grease trap provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Size & Location _____
		How will the grease trap be cleaned and maintained? _____ _____
4.	Water Supply	<input type="checkbox"/> Private Current water testing results for both bacteria (coliform) and nitrates are required
		<input type="checkbox"/> Public Name of Entity/PWSID Number _____
5.	Wastewater	<input type="checkbox"/> Private Local wastewater treatment permit # _____
		Approved for _____
		<input type="checkbox"/> Public Name of Entity _____

Instructions

1. Establishment

Provide the establishment's name and location. If available provide the license number issued by the Montana Department of Public Health and Human Services (MDPHHS).

2. Legal Description of Property

The establishment's property location legal description and a copy of the Certificate of Subdivision Approval (COSA) if applicable. This can be obtained at the Gallatin County Clerk and Recorders Office (406.582.3050). If you have questions call our office at 406.582.3120 for assistance.

3. Business

Briefly describe the type of business. If applicable provide the number of meals served daily.

- Quantity of wastewater can be found in Circular DEQ 4-Montana Standards for Subsurface Wastewater Treatment Systems, 2013 Edition, Chapter 3.
- To determine the type of wastewater that will be generated by the establishment go to Typical Wastewater Flows From Commercial, Industrial, And Other Nonresidential Sources (Table 3.1-1 and/or Table 3.1-2).

<http://healthygallatin.org/wp-content/uploads/2014/04/DEQ4-2013-Final1.pdf>

4. Water Supply

- **Private** If system is non-public provide current (within last 3-months) water testing results from an analytical testing laboratory.

Circular FCS 1-2012 will apply to non-public water supplies serving licensed establishments and you must meet the standards described.

<https://dphhs.mt.gov/Portals/85/publichealth/documents/FCS/CircularFcs12012.pdf>

- **Public** Provide a copy of a current utility bill or letter from the public entity as evidence of service.

5. Wastewater

- **Private** If the establishment is using a private wastewater treatment system the permit number can be found at <http://healthygallatin.org/septic-records/> or contact our office for assistance (406.582.3120)

- **Public** Provide a copy of a current utility bill or letter from the public entity as evidence of service.