

Plan Review Application

Retail Food, Food Manufacturers and Food Wholesalers

Information Packet

A PLAN REVIEW IS REQUIRED TO BE REVIEWED AND APPROVED PRIOR TO BEGINNING REMODELING OR CONSTRUCTION OF A FOOD ESTABLISHMENT.

Enclosed:

- Application Guidelines
- Contact information for other agencies
- Fee Schedule
- Process Flow Chart
- Food Establishment Plan Review Application
- Plan Guide for Food Service Establishments

If you have questions concerning temporary events, food safety, or need further assistance please contact:

Environmental Health Services
123 South 27th Street, Billings MT 59101
Phone: 406-256-2770
Fax: 406-256-2767
www.riverstonehealth.org



Plan Review Requirements

Thank you for your inquiry regarding requirements for a new or remodeled food service establishment and/or food manufacturer in Yellowstone County. The plan review process must be completed prior to construction.

Steps to complete Plan Review process:

- 1. Obtain the **Plan Review Application** and **Plan Guide** from RiverStone Health.
- 2. There are various codes that need to be considered during the review process including building, zoning, fire and business licensing. Be sure to contact these departments prior to construction.

Agency	Phone #
Building Department	657-8270
Building Code (County)	406-439-2551
Grease Interceptors	247-8517
Business Licensing	657-8364
Zoning	247-8676
Fire Marshall	657-8422

3. Complete plan review application with the following information:

A Plan Review Application signed and completed by persons familiar with the design and operation of the facility.
Menu
A floor plan of the facility showing each piece of equipment. Each piece of equipment is to be clearly labeled on the plan. Specification sheets may be provided.
A plumbing layout showing water to each plumbed fixture as well as how wastewater conveyed from sinks and equipment. The plan must show location of floor sinks, backflow prevention devices, and indicate which fixtures are indirectly connected to waste.
A schedule of interior finishes showing floor, base, wall and ceiling.
Ventilation and lighting plan.
HACCP or Special Processes information, if applicable.

- 4. Submit the **Plan Review Application** to RiverStone Health, at least 30 days prior to construction. To make the review process as timely as possible, ensure the following:
 - Submit application, plan, and supporting documents to RiverStone Health.
 - Do not start construction or remodeling prior to getting an approval letter.
 - Respond promptly to questions from review staff.
 - Answer questions in the **Plan Review Application** to the best of your knowledge. If a question is not applicable, write N/A.
 - Submit required fee. Plan review fees are payable to RiverStone Health.

Plan Review Fees				
Small	\$ 250			
Large	\$ 350			
Minor remodel, change of ownership	\$ 150			
Manufacturing, small	\$ 250			
Manufacturing, large	\$ 350			

- 5. For **Food Manufacturing** establishments, complete the **Manufacturing and Labeling Checklist** and submit to The Food and Consumer Safety Section with the Montana Department of Public Health and Human Services. For additional information, go to: https://dphhs.mt.gov/publichealth/fcss/WholesaleFoodEstablishments
- 6. Once approved by all departments, construction may begin.
- 7. Once construction is complete, a pre-opening inspection is required and should be scheduled 10 days *prior to opening* your food service to the public. At 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 Food Purveyor License. The fee for license is \$85.00 for establishments with two (2) or fewer employees and \$115.00 for three (3) or more employees working at any one given time.

To access an electronic copy of the Food Service Establishment Rule or Food Manufacturing Rule go to https://dphhs.mt.gov/publichealth/fcss/index

For additional information, please contact RiverStone Health 256-2770.

Plan Review - Process Flow Chart Applicant submits New Food Establishment/New required plans to other Owner/Remodeling/Renovations agencies. Submit plan review application to RiverStone Health. Other agencies review and approve plans. RiverStone Health reviews application. RiverStone Health requests Approval more information or changes in letter sent to owner of food plans. establishment. Applicant responds with information or changes to plans. Construction on the food establishment can begin. Construction is complete and operations are set to begin. Applicant calls RiverStone Health to schedule a preopening inspection. License issued during Inspections inspection. completed by other agencies.

Food Establishment Plan Review Application

ESTABLISHMENT INFORMATION Name of Establishment: Establishment Address: ____ City: _____ Zip Code _____ Phone (_____) __-Name of Owner: Mailing Address: City:_____State____ Zip Code _____ Phone (____)__-___ Email Address: APPLICANT INFORMATION Name of Applicant: Title of Applicant (i.e. owner, contractor, architect): Mailing Address: City: _____ Zip Code _____ Phone (____)__-For RiverStone Health Use Only: Plan Review Fee Received Yes No Check # _____ Plans Reviewed By: Plans Approval Date:

Plan Review ID Number:

HOUI	RS OF OPI	ERATION	:			
Sun	Mon	Tue	Wed	_Thu	_Fri_	Sat
ТҮРЕ	OF FOOI	SERVIC	Е:			
	ocery					Mobile
	ll Service Re	estaurant				Tavern or Bar
	eat Market					Catering
□ Bal	•					Other
□ Fo	od Manufac	turer				
Numbe	er of Staff _			Maximum ?	Per Sh	ift
Indicat	re any sneci	alized proc	cesses that wil	l take place:		
marcat	c arry special	unzeu proc	coses that wh	тике рисс.		
□ Cu	ring					Sous Vide
□ Ac	idification (S	Sushi rice, e	tc.)			Cook Chill
		en Packagii	ng (e.g.: Vacuu	m)		Other
□ Sm	noking					
Descrip	ption of spe	cialized pro	cesses:			
CUST	OMERS:					
Indicat	te if food wi	ll be catered	d or served to a	any of the fo	ollowi	ng:
□ Nu	ırsing Home	<u>,</u>				Assisted Living Center
	ild Care Cer					School with pre-school aged childre
□ He	alth Care Fa	icility				- 0

FOOD PREPARATION:

Inc	licate which types of food will be handled, prepared and served.
	 □ Thin meats, poultry, fish, eggs (hamburger, sliced meats; fillets) □ Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) □ Cold processed foods (salads, sandwiches, vegetables) □ Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) □ Bakery goods (pies, custards, cream fillings & toppings) □ Other
FC	OOD SUPPLIES:
1.	Are all food supplies from inspected and approved sources? □ Yes □ No
2.	If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier? □ Supplier □ Onsite
3.	List suppliers for all food items:
4.	How will dry goods be stored off the floor?
CC	OLD STORAGE:
1.	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 refrigera	ntor/freezer have a the	ermometer?	Yes □ No	
4.	Describe your date- and held for more t	marking process for re han 24 hours?	efrigerated, ready-t	o-eat, potentially haz	ardous food prepared
TF	HAWING FROZE	N POTENTIALLY I	HAZARDOUS F	OOD:	
	•	king the appropriate bo . More than one metho	-	otentially hazardous	foods (PHF's) in each
	hawing Method	Meat	Seafood	Poultry	Other
	frigeration				
	nning Water ss than 70°F				
	crowave (as part of oking process)				
	oked from ozen state				
Ot	her (describe)				
CC	OOKING:				
1.	What type of tempe	erature device will be u	sed to measure fin	al cooking /reheating	g temperatures of food?
2.	Will any raw or und eggs)? □ Yes	ercooked animal prod	ucts be served (e.g	. rare steaks, holland	aise, or Caesar with raw
	If yes, how will cus food items?	tomers be warned of t	heir increased risk	of foodborne illness	by consuming these

HOT/COLDHOLDING:

1.	How will hot PHF's be maintained at 135 degrees F (60 degrees C) or above during hot holding for service? Indicate what foods will be held hot:
2.	How will cold PHF's be maintained at 41 degrees F (5 degrees C) or below during holding for service? Indicate what foods will be held cold:
CC	OOLING:
	ase indicate by checking the appropriate boxes how PHFs will be cooled to 41 degrees F within 6 hours 0 to 70 degrees F in 2 hours and 70 to 41 degrees F in 4 hours).

Meat, Poultry, &	Thin Soup/	Thick Soup/	Rice/
Seafood	Sauces/Gravy	Sauces/Gravy	Pasta

REHEATING:

1. How will reheating food to 165 degrees F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1.	knowledge of foodborne disease prevention and the requirements of food safety regulations?				
	□ Yes □ No				
	Describe training persons-in-charge will receive:				
2.	What will be used in place of bare hands to handle ready-to-eat foods? Utensils,i.e. tongs, scoops Disposable gloves				
	Food Grade Paper Other				
3.	Is there a written policy that excludes or restricts food workers who are sick or have infected cuts or lesions? Yes No Please describe:				
4.	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 no , how will ready-to-eat foods be cooled to 41 degrees F?				
5.	Will all produce be washed on-site prior to use? □ Yes □ No				
6.	Is there a designated sink for washing produce? □ Yes □ No				
	If no , describe the procedure for cleaning and sanitizing multiple use sinks between uses:				

FINISH SCHEDULE

Please indicate the materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) that will be used in the following areas:

Area	Floor	Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service				
Warewashing				
Other				
Other				

INSECT AND RODENT CONTROL

1.	How is protection provided on all outside doors?	
	□ Self-closing door	Screen Door
	☐ Air Curtain	Other (Describe)

2. How is protection provided on windows (Screens, etc.)?

PLUMBING CONNECTIONS

Check the appropriate box indicating equipment drains:

Plumbing Fixtures	Air Gap	Air Break	Vacuum Breaker	Condensate	Other, describe
Dishwasher					
Garbage Disposal					
Ice Machine					
Mop Sink					
Prep Sinks					
Warewashing Sink					
Dipper Well					
Steam Tables					
Refrigeration Condensate Drain Line					
Hose Connection					
Beverage Dispenser w/carbonator					
Other					
Other					

WATER SUPPLY

1.	Is water supply: \Box Pu	ıblic □ Private
2.	Is Sewer: □ Public	□ Private

If private, please attach copy of written approval and/or permit.

EMPLOYEE ACCOMMODATIONS

1.	Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):				
PC	DISONOUS OR TOXIC MATERIALS				
1.	Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? — Yes — No				
2.	. Are all toxic chemicals; for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? ☐ Yes ☐ No				
3.	Are all containers of toxic chemicals; including spray bottles clearly labeled? ☐ Yes ☐ No				
SE	RVICE SINK				
1.	Is a mop sink present? □ Yes □ No				
	If no , please describe how mops and other cleaning equipment will be maintained.				
2.	If the menu dictates, is a food preparation sink present? □ Yes □ No				
WA	AREWASHING EQUIPMENT				
A.	Manual Warewashing				
	1. Size of sink compartments (inches): Length Width Depth				
	2. What type of sanitizer will be used?				
	□ Chlorine □ Quaternary Ammonium □ Iodine □ Hot Water □ Other (specify)				

D.	MI	echanical warewashing
	1.	Warewashing machine manufacturer and model:
	2.	Type of sanitization: □ Hot water (180°F) □ Chemical
C.	Ge	eneral Cleaning and Sanitizing
	1.	Describe how cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized.
	2.	Describe location and type of air drying space (drain boards, wall-mounted or overhead shelves, stationary, portable racks, etc.).
\mathbf{H}_{L}	ANI	DWASHING
1.	Inc	dicate the number and location of handwashing sinks:
2.	Arc	e all handsinks supplied with soap and single service towels? □ Yes □ No
		I certify that the information in this application is correct, and I understand that any deviation without prior approval from RiverStone Health may nullify plan approval.
Sig	gnat	ture: Date: Owner or Responsible
		Representative)



Phone: 406.256.2770 Fax: 406.256.2767 123 South 27th Street, Billings MT 59101

Plan Guide for Food Service Establishments

I. General Information

- A. Submit a scaled floor plan and equipment list.
- B. Submit the Food Establishment Plan Review application and Facility Profile Form.
- C. Include a copy of the proposed menu. For food manufacturers, submit proposed ingredients and labels for approval.
- D. A health department pre-opening inspection is required when construction is complete. A food purveyor license can also be applied for during this inspection. The fee for license is \$85 for establishments with 2 or fewer employees and \$115 for establishments with 3 or more employees working at any one given time.
- E. A plan review fee is required to be submitted along with the plan review application to RiverStone Health.

II. Equipment Schedule and Layout

- A. Provide adequate space for food preparation, food refrigeration, and hot holding of food.
- B. Provide a food preparation sink for the frequent soaking, rinsing, cutting, or cleaning of raw ingredients or produce.
- C. All floor mounted equipment must be sealed to the floor/walls, elevated 6" above the floor, or be easily moveable.
- D. Dishwashing
 - i. A three compartment sink is required in all food service establishments.
 - ii. If a mechanical dish machine is provided, the final rinse must consist of a constant supply of 180° F rinse water, or a chemical sanitizer at an approved concentration.
- E. Drain boards must be provided on both sides of the dish machine and they must be self-draining.
- F. Sneeze guards must be provided for customer self-service operations.
- G. A mop/utility sink must be provided.
- H. Shelving must be provided for storage of food products.

III.Plumbing

- A. Sewage disposal Indicate if the establishment will use city sewer or an approved onsite sewage system. If a septic tank and drainfield are proposed, a sewage system permit is required before installation of the system.
- B. Water system must be an approved public water system.
- C. Employee restrooms are required. Public restrooms may be counted as employee restrooms if they are easily accessible to employees and located a maximum of 200 feet from the food preparation area.

- D. Hand sinks must be conveniently located in food preparation areas, utensil washing areas, and in all restrooms. Soap and disposable towels must be provided.
- E. Provide hot and cold running water under pressure by a mixing valve or combination faucet.
- F. All wastewater lines extending from sinks or equipment that come into contact with food or food contact surfaces (such as a dish machine, ice machine, and 3-compartment sink) require indirect wasting to a floor sink and/or drain.
- G. Cross-connections between potable and non-potable water supplies, chemical feed lines, or similar devices are prohibited.
- H. Equipment is not to be located under exposed sewer lines, non-potable water lines, stairwells, or other potential sources of contamination.

IV. Finish Materials

- A. Submit room finish specifications.
- B. Floor finishes in food preparation, storage, utensil washing, walk-in refrigeration, walk-in freezer, locker rooms, & toilet rooms must be constructed of smooth, durable material and be coved. Example: quarry tile
- C. Interior walls and ceilings must be light colored, smooth, nonabsorbent, and easily cleanable.
 - i. Wall example: stainless steel or FRP board
 - ii. Ceiling example: vinyl acoustical tile
- D. Wood surfaces must be sealed or painted.

V. Ventilation and Lighting

- A. Adequate lighting must be provided in all work areas (50 foot-candles)
- B. A minimum of 20 foot candles of light must be provided in restrooms, storerooms, and equipment storage areas.
- C. A minimum of 10 foot candles of light must be provided in walk-in refrigeration or freezer units and dry storage areas.
- D. Protective light shields are required on light bulbs in food preparation, service, and storage areas including walk-in coolers/freezers.
- E. All rooms must have sufficient ventilation to prevent excessive heat, steam, condensation, vapors, odors, smoke, and fumes (i.e. exhaust hood dishmachines)

VI. Refuse/Garbage

- A. All garbage containers used inside the facility must be nonabsorbent, washable, insect and rodent proof, and be kept covered when not in constant use.
- B. Containers stored outside shall have tight fitting lids and shall be kept covered and clean.

VII. Insect and Rodent Control

- A. Outside doors must be self-closing and rodent proof (i.e. door sweeps are installed).
- B. All pipes and electrical conduit chases must be sealed.
- C. All ventilation systems exhaust and intakes must be protected.

D. Areas around the building must be clear of unnecessary brush, boxes, and other items that could provide harborage.

VII. Miscellaneous

- A. All restroom and exterior doors must be self-closing.
- B. An area must be provided for storage of employee personal items.

These guidelines do not encompass all regulations that apply to food service establishments. Additional information may be required on an individual basis. For a complete set of regulations, please refer to the Montana Department of Public Health and Human Services.

https://dphhs.mt.gov/publichealth/fcss/

Clarifications

CLARIFICATION NO.1. The "Under-the-Sink Grease Trap/Interceptor" illustration on page 2 of the booklet Rules and Guidelines for Montana Food Service Grease Traps and Interceptors and in the folder Food Service Grease Trap/Interceptors Records and Maintenance Guidelines meets the Montana Plumbing Code and is installed correctly for a hand washing sink.

However ... in order to meet the Montana Department of Public Health and Human Services (DPHHS) requirements for Food Service Establishments, sinks that hold food must have an "indirect connection" between the sink drain and sewer (or septic system). As stated in the DPHHS Administrative Rules of Montana, ARM 37.110.207(3), "any sink used to wash, prepare, store, or soak food must be indirectly connected to the sewer through an air gap." Further, ARM 37.110.219(6) states, "there may not be a direct connection between the sewerage system and any drains originating from equipment in which food, portable equipment or utensils are placed."

Diagram A below illustrates a triple dishwashing sink, with the air gap (the indirect connection), followed by the grease trap/interceptor. The indirect connection may also be created by draining sink waste into a floor drain with an air gap between the sink waste line and the floor drain (diagram B).

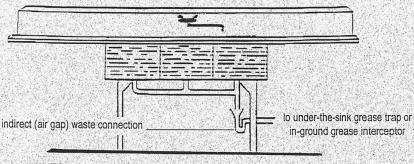


Diagram A. Three Compartment Sink With Indirect Waste Connection

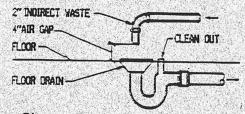


Diagram B. Indirect Waste Piping With Air Gap Between Floor Drain

CLARIFICATION NO. 2. When installing a grease trap/interceptor and/or an indirect air gap, a "p-trap" does not need to be installed on the sink waste-line.

REMEMBER: Local requirements for food service establishments may vary - ALWAYS contact your city or county health department and building code office for requirements for food service establishments BEFORE installing a grease trap or interceptor.