



Environmental Health Department

1035 First Ave. West Kalispell, MT 59901
(406) 751-8130 FAX 751-8131
www.flatheadhealth.org

Community Health Services
751-8110 FAX 751-8111
Environmental Health Services
751-8130 FAX 751-8131
Family Planning Services
751-8150 FAX 751-8151
Home Health Services
751-6800 FAX 751-6807
WIC Services
751-8170 FAX 751-8171
Animal Shelter
752-1310 FAX 752-1546

Flathead City-County Health Department

Food Establishment Plan Review Form



Establishment Name: _____

Owner Name: _____

Physical Address: _____

Physical City, State & Zip: _____

Legal (Sec-Twn-Rng-Trc): _____

Telephone & Fax: _____

E-mail Address: _____

Mailing Address: _____

Mailing City, State & Zip: _____

Office use only:

Plan Review Fee: _____

Amount Paid: _____

Date of Payment: _____

Payment Method (Cash, Check #, etc.): _____

Receipt #: _____

Providing quality public health services to ensure the conditions for a healthy community.



Fee Schedule

<i>Type</i>	<i>Food Service</i>	<i>Stores</i>	<i>Manufacturers</i>	<i>*Cost</i>
Limited	Fast Food, Tavern/Casino,	Convenience Store (no deli)	Warehouse, Repacking, Water Hauling	\$90
Complex	Full Service Restaurant (2-3 meals/day), Bars With Grills, Convenience Store (with Deli)	Full Service Grocery	Full manufacturing and packaging	\$150

Food Establishment Plan Review Form

This form must to be completed and submitted for Flathead City-County Health Department approval prior to beginning construction, remodeling or a change of menu. Please complete the entire form – if any blank or question is left unanswered (not applicable may be an acceptable answer in some cases), the plan review will be considered incomplete and immediately denied.

Required Documentation:

1	Menu (Please list all food and/or drinks that will be served);
2	Water Sample Test Results (if applicable) – see Water Supply section of this application for details;
3	Septic Permit (if applicable) – see Wastewater Disposal section of this application for details;
4	Copies of current ANSI (i.e. Servsafe) food safety manager certifications;
5	Site and floor plans with the following specifications:
a	The plan must be to scale ($\frac{1}{4}$ inch = 1 foot is recommended); If large engineering plans are used, they must be accompanied by an 11" x 17" drawing that can be added to the establishment's permanent file.
b	The plan shall show the location of kitchen equipment and fixtures including, but not limited to: refrigerators, freezers, dishwashers, hand sinks, prep sinks, 3-compartment sinks, mop sinks, meat/deli slicers, work tables, and storage shelves. All equipment must be labeled or numbered with a key,
c	All areas such as storage rooms, garbage rooms, bathrooms, personnel storage rooms or basements used for food preparation or storage must be included and appropriately labeled,
d	The location of exterior waste containers must be identified,
e	The plans must indicate the location of all entrances and exits,
f	A complete finish schedule for each room, including floors, walls, ceilings and coving must be included,
g	A plumbing schedule including the location of water lines, waste water lines and floor drains must be included,
i	The location of cleaning and other chemical storage must be indicated.



A) Property Requirements:

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Is the property zoned for commercial use if applicable? Confirmation signature from Flathead City-County Planning and Zoning? Signature required: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Are there any restrictions on the Certificate of Subdivision Approval for the property that prohibit commercial or multiple uses (if the parcel is less than 20 acres)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Have the appropriate building (plumbing, electrical, etc.) and fire inspection authorities been notified of the construction or alteration plans? See attached contact information list. NOTE: We may contact them as a part of our review process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Establishment Use:

- 1) Desired opening date: _____
- 2) Expected hours of operation:
Mon __-__ Tues __-__ Wed __-__ Thur __-__ Fri __-__ Sat __-__ Sun __-__
- 3) Expected patrons served per day: Average _____ Peak _____
- 4) Number of staff: Average _____ Peak _____
- 5) License endorsements (check all that apply):

<input type="checkbox"/> Food Service Establishment (restaurant)	<input type="checkbox"/> Water Hauler
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Perishable Food Dealer
<input type="checkbox"/> Meat Market	<input type="checkbox"/> Food Service Catering
<input type="checkbox"/> Bakery	<input type="checkbox"/> Food Service Delicatessen
<input type="checkbox"/> Food Manufacturer	<input type="checkbox"/> Food Service Produce

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Will you be applying for a liquor license?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Have you or will you be applying for licensure through One-Stop Licensing (Convenience Stores, Bars and Casinos)?	<input type="checkbox"/>	<input type="checkbox"/>	

C) Water Supply:

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Is the establishment connected to a municipal (city) water supply? (If yes, skip ahead to section "D")	<input type="checkbox"/>	<input type="checkbox"/>	

Non-municipal and/or mobile unit water systems:

Required system capacity (gallons per day): _____ = (Peak # of Patrons + Staff) x (10) or = (Peak # of Patrons + Staff) x (3) if no toilet facilities. Actual system capacity (from well log or tank size): _____ gpd

	2	Is the establishment directly connected to well or other non-municipal water source? (If yes, answer questions #2 through #4 and then skip ahead to section "D")	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Has the source been developed? (If the source has not been developed, a written approval of the source and a copy of water sample test results for nitrates as well as total coliform bacteria must be provided prior to licensure.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	If the source has been developed, has the system been approved? (please attach a copy of the written approval/permit and a copy of water sample test results) What is the capacity of the system? _____ (gallons per minute)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) Wastewater Disposal

Verified? <small>Office use only</small>	#	Item (explain in detail)	Y	N	NA
	1	Is the establishment plumbed into a municipal (city) sewage system? (If yes, skip ahead to section "E")	<input type="checkbox"/>	<input type="checkbox"/>	

Non-Municipal Wastewater Systems:

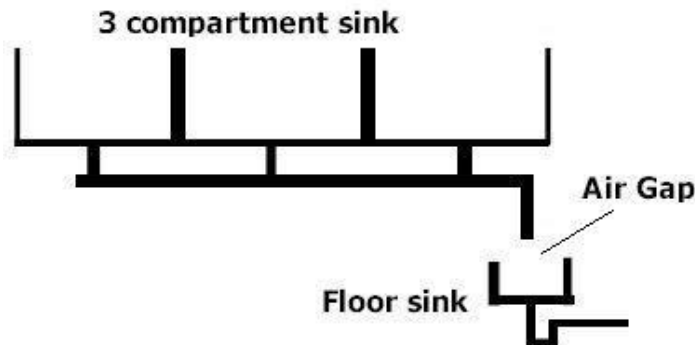
	2	Is the establishment connected to a permitted septic system designed to handle the expected wastewater demands? (please attach a copy of the septic permit) (If yes, skip ahead to section "E")	<input type="checkbox"/>	<input type="checkbox"/>	
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E) Physical Requirements (Finish Materials, Equipment, etc.)

Verified? <small>Office use only</small>	#	Item (explain in detail)	Y	N	NA
	1	Are floors in food preparation and storage areas smooth, durable, non-absorbent and easily cleanable? Please list the type of flooring present in each area of the facility: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Is there coving (baseboard) in food preparation and storage areas? Please list the type of coving present in each area of the facility: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Are wall surfaces in food preparation and storage areas smooth, durable, non-absorbent and easily cleanable? Please list the type of surfaces present in each area of the facility: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Are ceilings and attached equipment surfaces designed to be easily cleanable? Please describe the type of ceiling material present in each area of the facility: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

F) Plumbing

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Do all plumbing drains have a trap such as a "P" trap designed to prevent sewer gas entry into the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Are backflow prevention devices installed on water supply lines for equipment such as ice and drink machines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Are drain lines from food preparation sinks, dish washing sinks/machines and equipment such as ice machines appropriately "air-gapped" to prevent sewage backflow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G) Food Employees

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will only authorized individuals be allowed in food storage and food preparation areas?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Food safety manager level training through an ANSI approved course is required of at least one person in all establishments that prepare or handle food. Establishments with a simple menu that does not include preparation or cooking can be exempted from this requirement. Does your menu qualify you for this exemption? If yes, please explain why your menu excludes you from this requirement: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	3	If your menu does not exempt you from the requirement to have a certified food safety manager, please name the person or people who are or will be certified. Include the date of their certification next to their name. Attach a copy of each certificate for those that have already completed an approved course. _____ _____ _____			
	4	Each employee is required to have basic food safety and sanitation training. This can be accomplished through a training course or by other in-house methods. Please explain how food safety and sanitation information will be provided to people working in the kitchen (attach any written policy referenced)? _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	



Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	5	Every licensed operation is expected to have a policy requiring specific symptoms (vomiting, diarrhea, sore throat with a fever, jaundice and a lesion or wound with pus in it) or diagnosed illnesses (Norovirus, Hepatitis A, Shigella, Salmonella and Shiga Toxin-producing E.coli) to be reported to management. Do you have a policy that requires reporting of these symptoms and illnesses? If yes, please describe (attach any written policy referenced): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	6	You must be able to show that every employee is aware of the illness policy described above. How will you ensure that each employee is made aware of your illness policy? Describe: _____ _____			
	7	Food workers, including yourself if applicable, are expected to maintain a high level of personal hygiene. Please indicate how this will be ensured (attach any written policy referenced): _____ _____			
	8	Will smoking, applying makeup/hair spray, eating, drinking from an open top container, etc., be permitted in food preparation and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	
	9	Food workers are expected to restrain hair (including facial hair) while working in the kitchen. Will hair/beard restraints be provided for food workers who need them?	<input type="checkbox"/>	<input type="checkbox"/>	
	10	Are there adequate hand washing sinks available <u>near</u> all food preparation stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11	Are there adequate hand washing sinks available <u>near</u> the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	Is hot and cold running water under pressure available at all the hand washing sinks in the kitchen area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	No bare hand contact is allowed with ready-to-eat food. How will this standard be maintained in your operation? Note: If gloves will be used to meet this requirement, then it must be understood that the use of gloves is not a substitute for hand washing with running water and soap when changing activities. In short, clean gloves should only be used on clean hands. _____ _____			
	14	Will hand sanitizer be used by food handlers? Note: The use of hand sanitizer is not a substitute for hand washing with running water and soap, but can be used to enhance hand sanitization. If hand sanitizer is used, please describe how adequate hand washing will be maintained: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	15	Will soap and hand drying facilities (single service towels in dispensers or an air dryer) be provided at each hand washing station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	16	Will a fingernail brush be supplied at hand washing stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17	Will hand washing reminder and instruction signs be available at each hand washing station? What other ways will adequate and frequent hand washing be monitored and enforced? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18	Are separate dressing rooms provided for personal belongings (coats, boots, umbrellas, purses, medications, etc.)? Describe the storage facilities for these articles: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

H) Purchasing and Receiving

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	Will all foods and ingredients come from an approved/licensed source? How will this standard be ensured? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Fresh foods such as produce that is received must be free of spoilage. Frozen food must be kept frozen until thawed for use. Refrigerated foods such as milk and eggs must be transported and received at 41°F or lower. Packaged foods must remain unadulterated with the packaging uncompromised until used. Will all food be inspected upon delivery? If inspected upon delivery, what will you look for to identify food spoilage or otherwise adulterated food? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Will spoiled or otherwise adulterated food be used for food service? What will be done with it? _____	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Will potentially hazardous foods (meats, fish, poultry, eggs, baked potatoes, milk, custards/creams, cooked vegetables, cut leafy greens, sliced tomatoes, etc.) be used? Please list all potentially hazardous foods or ingredients: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

I) Storage

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	Is there adequate storage to accommodate the food/beverage supply requirements for the projected number of customers?	<input type="checkbox"/>	<input type="checkbox"/>	

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	2	Will food/beverage grade containers be used to store bulk food products? Please list food products to be stored in bulk containers and describe the containers: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Are adequate and approved freezers and refrigerators available to store frozen foods at 0°F and below, and refrigerated foods at 41°F and below? Number of freezers: _____ refrigerators: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Will raw meats, poultry or seafood be stored in the same refrigeration unit(s) with cooked ready-to-eat foods? If yes, please describe how cross-contamination will be prevented: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Does each refrigerator/freezer have an accurate thermometer, stored in a conspicuous location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Are chemicals and medications for retail sale stored away from food storage, food preparation, dish storage and dish washing areas? Please list and describe each type and how they are stored: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	Is there any off site storage of food, dishes or equipment? If yes, please list the location and attach a signed commissary agreement: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J) Thawing & Preparation

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will frozen foods be thawed by approved methods? (no thawing at room temperature) Please describe how each type of frozen food will be thawed: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will food be prepared more than 12 hours in advance of service? If yes, please list the food items that will be prepared in advance: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	If the menu dictates, is there a separate food preparation sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Will produce be washed prior to use? If yes, where will it be washed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Is there a procedure for minimizing the time potentially hazardous food will be in the temperature danger zone (41°F to 135°F) during preparation? If yes, please describe the procedure: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Will ingredients for cold ready-to-eat foods such as pre-made salads (tuna, egg, potato) be pre-chilled before mixed or assembled? If yes, please describe how this will be accomplished: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K) Cooking & Holding

Verified? <small>Office use only</small>	#	Item (explain in detail)	Y	N	NA
	1	Will a food product thermometer be used to measure final cooking/reheating temperatures for potentially hazardous foods? Please list each potentially hazardous food categories to be cooked and what time & temperature guidelines will be used for each: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will only approved equipment be used for cooking? List all cooking equipment: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Is there adequate ventilation above cooking equipment to control heat and humidity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Is there any prepared cooked food that will be held at 135°F? If yes, list foods that will be kept in "hot holding": _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Will only approved equipment be used for holding food above 135°F? NOTE: Home style crockpots are not allowed for hot holding. List all hot holding equipment: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Serving raw, rare or undercooked animal products such as raw shell eggs for hollandaise sauce or mayonnaise or serving partially cooked food such as a seared fish or a rare hamburger can increase the risk of foodborne illness for consumers. Will raw, rare or undercooked animal products be served to customers? If yes, list each raw or undercooked animal product that will be served: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	7	A consumer advisory informing consumers of the increased risk of foodborne illness is required on the menu denoting each menu item that may be cooked to order or may contain raw or undercooked animal products. For example, "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness." Is there a consumer advisory on the menu for these items? If yes, what does the consumer advisory say? _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

L) Cooling & Reheating

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will potentially hazardous foods be cooled for delayed service? If yes, please describe in detail how this will be accomplished (list food types and cooling methods for each): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will any food be reheated for service? If yes, list food types to be reheated and the process of reheating each (include reheating temperature): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M) Service

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Is there a hand washing sink available to service personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Are single service dishes such as cups and bowls used? If yes, describe how they will be protected from contamination: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

N) Dishes & Utensils

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Is a commercial dishwasher used to sanitize dishes? If yes, what is the make, model and sanitizing agent (for high temperature, give the sanitizing rinse temperature): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	If a high temperature dishwasher is used, is it vented to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	If a high temperature dishwasher is used, is there an accurate temperature gauge for measuring wash and rinse temperatures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Is a 3-compartment sink available for dishwashing? If yes, please describe how dishes will be cleaned in the 3-compartment sink: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Do the largest pots and pans fit into the dishwasher and/or sink compartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Is there space for drainboards in the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	Will any dishes, utensils or equipment be washed off site? If yes, please list the location and attach a signed commissary agreement: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

O) Cleaning & Sanitizing

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Will cooking equipment, cutting boards, counters and other food contact surfaces which cannot be submerged in sinks or fit into a dishwasher be cleaned and sanitized with an approved sanitizer? Name of sanitizer: _____ Active ingredient: _____ Concentration to be used: _____ (ppm)	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Will chemical test kits be available and used on-site for each type of sanitizer used (including the dishwashing sanitizer)?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Will sanitizers and other cleaners/detergents be stored away from food storage, food preparation and dish/utensil washing areas? Please describe where chemicals will be stored: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Are all cleaning chemical containers appropriately labeled?	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Is there a mop sink present? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	6	Are laundry facilities located on premise? If yes, what will be laundered? _____	<input type="checkbox"/>	<input type="checkbox"/>	
	7	Are soiled and clean linens and rags stored separately? Please describe linen storage: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	8	Establishments must have a protocol for cleaning up vomit in food service and dining areas. The protocol should include a step by step procedure that addresses personal protective equipment as well as chemicals that will be used. The protocol must include a step that will sanitize affected areas with an EPA approved norovirus disinfectant. Is there a vomit clean-up protocol? Please describe or attach a copy of the protocol. Also, list the sanitizer to be used and include a copy or picture of the label showing that it is an EPA approved norovirus disinfectant. _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

P) Pest Management

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are all outside doors self-closing with rodent proof flashing?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Are screen doors provided on outside entrances?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Do all windows that are able to be opened have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Are all pipes, electrical conduits, ventilation system exhaust/intakes sealed or protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Is the area around the building clear of insect and rodent harborage (brush, litter, garbage, debris, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	6	Will insecticides or pesticides be used or stored on-site? If yes, please describe how contamination of food with these poisons will be prevented: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	7	Are all insecticide and pesticide chemical containers properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	Are air curtains used? If yes, please describe where: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

Q) Restrooms

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Is there a covered waste receptacle in each restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Is hot and cold running water under pressure available at the hand washing sinks in the restroom(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Are restroom doors self-closing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Are restrooms vented to the outside with mechanical exhaust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Will restroom be maintained in clean working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R) Garbage & Refuse

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will refuse be stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Do all garbage inside containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Will inside garbage containers be maintained to be clean and sanitary? If yes, please describe where they will be cleaned: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Will an outside dumpster be used? If yes, number of dumpsters: _____ capacity: _____ (gal) frequency of pickup: _____ If no, what will be used? Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	
	5	Will a compactor be used? If yes, number: _____ size: _____ frequency of pickup: _____ contractor: _____	<input type="checkbox"/>	<input type="checkbox"/>	
	6	Will grease be stored on site? If yes, describe the storage receptacle: _____ Describe how grease will be disposed of: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approval of these plans and specifications by this Health Regulatory Authority 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-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any division from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s): _____

Owner(s) or responsible representative(s)

Date: _____

For Office Use Only

Sanitarian sign off: _____

Letter ____ Phone ____ Date of Approval _____

Denial Date: _____

VARIOUS IMPORTANT CONTACTS

Building Departments

Kalispell
201 1st Avenue East – Kalispell
(406) 758-7730

Columbia Falls
130 6th St West – Columbia Falls
(406) 892-4349

Whitefish
PO Box 158
510 Railway St – Whitefish
(406) 863-2410

State Building Inspector
Rob Morris
(406) 202-1324

Planning / Zoning

Flathead County Planning
1035 1st Ave West
Kalispell MT 59901
(406) 751-8200

Kalispell
201 1st Ave E
Kalispell, MT 59901
(406) 758-7732

Whitefish
PO Box 158
510 Railway St – Whitefish
(406) 863-2410

Plumbing / Fire / Electrical

State Plumbing / Mechanical
Building Codes Bureau
Dave Micone
PO Box 10096 – Kalispell
(406) 439-4106

Deputy State Fire Marshall
Dawn Drollinger
445 Main Street – Kalispell
257-2584

State Plumbing / Mechanical
Building Codes Bureau
Don Moore
PO Box 1029- Polson
(406) 439-2258

Liquor Licensing

Liquor Licensing Bureau
P.O. Box 1712
Helena, MT 59604-1712
(406) 444-6900
FAX: (406) 444-0722

Water Supply

Department of Environmental
Quality
655 Timberwolf, Ste 3
Kalispell, MT 59901
(406) 755-8985

Food Manufacturing

MT DEPARTMENT OF PUBLIC HEALTH AND
HUMAN SERVICES
ATTN: Jeff Havens
(406) 444-5302 or jhavens@mt.gov

