



## Environmental Health Services

1035 First Ave. West Kalispell, MT 59901  
(406) 751-8130 Fax: 751-8131

Administration  
751-8101 FAX 751-8101  
Community Health Services  
751-8110 FAX 751-8111  
Reproductive Health Services  
751-8150 FAX 751-8151  
WIC Services  
751-8170 FAX 751-8171  
Home Health  
751-6800 FAX 751-6807

# Public Accommodations Plan Review Form

For

## *Flathead City-County Health Department*



Office use only:

Plan Review Fee:	
Amount Paid:	
Date of Payment:	
Payment Method (Cash, Check #, etc.):	
Receipt #:	



## Public Accommodation Plan Review Form

This form is to be completed and submitted for Flathead City-County Health Department approval prior to beginning construction or remodeling on the establishment. **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.**

Establishment Name: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Physical City, State & Zip \_\_\_\_\_  
 Legal (Section-Township-Range-Tract) \_\_\_\_\_  
 Telephone & Fax \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Mailing City, State & Zip \_\_\_\_\_

<i>Verified?</i> <small>Office use only</small>	<i>#</i>	<i>Item (explain in detail)</i>	<i>Y</i>	<i>N</i>
	1	Does your establishment qualify for the Guest Ranch or Outfitter exemption (read the exemption form carefully)? If yes, complete the exemption form and return it to this office with this completed plan review.	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will food and beverage (including continental breakfast) be provided to guests? If yes, a food service plan review must be completed.	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will food and beverage (including continental breakfast) be provided to the general public (non-guests)? If yes, a food service plan review must be completed and a separate food service establishment license acquired.	<input type="checkbox"/>	<input type="checkbox"/>
	4	Will a pool or spa be provided for guest use? If yes, a pool/spa plan review must be completed with Montana Department of Public Health and Human Services. Contact Ed Evanson at (406) 444-2408. Number of pools: _____ Spas: _____	<input type="checkbox"/>	<input type="checkbox"/>
	5	A guest log must be maintained with the following information: Name, home address and unit to which each guest is assigned. Do you understand and intend to comply with this requirement?	<input type="checkbox"/>	<input type="checkbox"/>

### **Required Documentation:**

	1	Water Sample Test Results (if applicable) – see Water Supply section of this application for details;
	2	Septic Permit (if applicable) – see Wastewater Disposal section of this application for details;
	3	Site and floor plans with the following specifications:
	A	The plan must be to scale (¼ inch = 1 foot is recommended); If large engineering plans are used, <b>they must be accompanied by an 11” x 17” drawing that can be added to the establishment’s permanent file.</b>

	B	All areas such as laundry facilities, swimming or spa facilities, storage rooms, garbage rooms, bathrooms, personnel storage rooms and food service areas must be included and appropriately labeled,
	C	The plan shall show the location of all equipment and fixtures including, but not limited to: refrigerators, freezers, dishwashers, laundry machines, pool/spa recirculation systems, ice machines, 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,
	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.
	4	A location a detail of laundry facilities including a description of equipment, floor and wall finish materials and a flow chart indicating the route of laundry through sorting, washing, drying, ironing, folding and storage.

**A) Property Requirements:**

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	Is the property zoned for commercial use if applicable? Contact Flathead County Planning Office at (406) 751-8200 Confirmation signature from Flathead City-County Planning and Zoning 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"/>

**B) Establishment Use:**

- 1) Number of rooms: \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_  
 2) License Endorsements (check all that apply):  
 \_\_\_ Hotel Motel  
 \_\_\_ Rooming/Boarding House  
 \_\_\_ Tourist Home

**C) Water Supply:**

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	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 water systems:

Required system capacity (gallons per day): \_\_\_\_\_ = (Peak # of Patrons + Staff) x (60)  
 or = (Peak # of Patrons + Staff) x (50) if no private baths  
 Actual system capacity (from well log): \_\_\_\_\_ gpd

	2	Is the establishment connected to well or other non-municipal water source?	<input type="checkbox"/>	<input type="checkbox"/>
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	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 must be provided prior to licensure) Is this a Public Water Supply? PWS # _____	<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"/>

#### D) Wastewater Disposal

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	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) Solid Waste

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	1	Is there adequate capacity for solid waste storage between uses for expected solid waste generation?	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will all solid waste be stored in containers that have lids and are corrosion-resistant, flytight, watertight, rodentproof, waterproof and tip-resistant between collections?	<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) Solid Waste collection contractor: _____ frequency of pickup: _____ If no, what will be used? Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

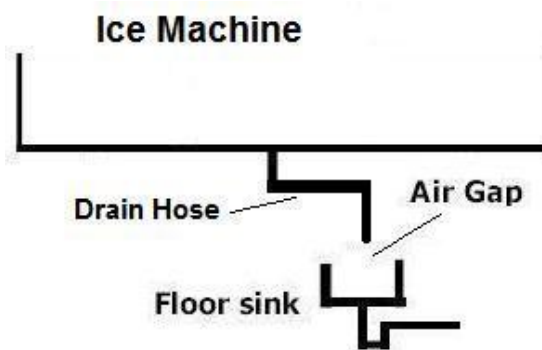
#### F) Physical Requirements (Finish Materials, Equipment, etc.)

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	1	Is there at least one storage room of sufficient size to accommodate the storage of extra bedding and furnishings?	<input type="checkbox"/>	<input type="checkbox"/>
	2	Are there adequate and convenient janitorial facilities that include a sink and storage area for equipment and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
	3	Are all rooms provided with adequate light?	<input type="checkbox"/>	<input type="checkbox"/>
	4	Are floors and walls in toilet and bathing rooms, laundries, janitorial closets, and similar rooms subject to large amounts of moisture smooth and non-absorbent?	<input type="checkbox"/>	<input type="checkbox"/>

5	Will floor and wall-mounted furnishings be easily moveable to allow for cleaning or mounted in such a manner as to allow for cleaning around and under such furnishings?	<input type="checkbox"/>	<input type="checkbox"/>
6	Will bathing facilities be provided with anti-slip surfaces?	<input type="checkbox"/>	<input type="checkbox"/>

**G) Plumbing**

<i>Verified?</i> <i>Office use only</i>	#	Item (explain in detail)	Y	N
	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"/>
	2	Are backflow prevention devices installed on water supply lines for equipment such as mop sinks, ice and drink machines?	<input type="checkbox"/>	<input type="checkbox"/>
	3	Are drain lines from equipment such as ice machines, appropriately "air-gapped" to prevent sewage backflow?	<input type="checkbox"/>	<input type="checkbox"/>



**H) Laundry Facilities**

<i>Verified?</i> <i>Office use only</i>	#	Item (explain in detail)	Y	N
	1	Will laundries operated in conjunction with, or utilized by, an establishment be provided with mechanical washer and hot air tumble dryer?	<input type="checkbox"/>	<input type="checkbox"/>
	2	Is the dryer properly vented to the outside to prevent maintenance and moisture problems?	<input type="checkbox"/>	<input type="checkbox"/>
	3	Is there an adequate hot water supply system capable of supplying water at a temperature of 120°F (49°C) to the washer during all periods of use?	<input type="checkbox"/>	<input type="checkbox"/>
	4	Are there separate areas for sorting and storing soiled laundry and folding and storing clean laundry?	<input type="checkbox"/>	<input type="checkbox"/>
	5	Will separate carts for transporting soiled and cleaned laundry be utilized?	<input type="checkbox"/>	<input type="checkbox"/>
	6	Is there a hand washing facility including sink, soap, and disposable towels with water temperature between 100°F and 120°F available to laundry personnel?	<input type="checkbox"/>	<input type="checkbox"/>
	7	Will sheets, pillow covers, towels and washcloths be machine washed at a minimum temperature of 120°F (49°C) for a minimum time of 8 minutes and dried in a hot air tumble dryer or ironed at a minimum temperature of 130°F for at least 10 minutes(54°C)?	<input type="checkbox"/>	<input type="checkbox"/>

**I) Ice**

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	1	Will ice for public consumption be made from the establishment's water supply? If no, please provide the name of the licensed ice manufacturer:  _____	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will ice bins, machines, scoops and other equipment or utensils that come in direct contact with ice be properly washed and sanitized? If yes, please describe in detail how and where this will occur:  _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

**J) Housekeeping and Maintenance**

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	1	Will daily housekeeping and maintenance services be provided?	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will each janitor room be kept clean, ventilated and free from odors?	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will mop heads, when used, be changed frequently using laundered replacements?	<input type="checkbox"/>	<input type="checkbox"/>
	4	Will toilets, bathtubs, lavatories, and showers be used for washing and rinsing of mops, brooms, brushes, or any other cleaning devices?	<input type="checkbox"/>	<input type="checkbox"/>
	5	Will the transporting, handling and storage of clean bedding be done in such a manner as to preclude contamination by soiled bedding or from other sources?	<input type="checkbox"/>	<input type="checkbox"/>
	6	Will cleaners used in cleaning bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats, and floors contain fungicides or germicides?	<input type="checkbox"/>	<input type="checkbox"/>
	7	Will deodorizers and odor-masking agents be used?	<input type="checkbox"/>	<input type="checkbox"/>
	8	Will cleaning devices be kept separate and used only as follows: Toilet bowl brushes, mops, sponges, must be only for cleaning toilet bowl and urinals? Cleaning devices used for lavatories, showers and bathtubs may not be used for any other purpose.	<input type="checkbox"/>	<input type="checkbox"/>
	9	Will dry dust mops and dry dust cloths for cleaning purposes be permitted?	<input type="checkbox"/>	<input type="checkbox"/>
	10	Will all bedding, towels, and washcloths provided by management be clean and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
	11	Will clean bed linens, blankets and spreads be made available to each guest at least weekly?	<input type="checkbox"/>	<input type="checkbox"/>
	12	Will clean washcloths and towels be made available to each guest at least daily?	<input type="checkbox"/>	<input type="checkbox"/>
	13	Will soiled linens, blankets, bedspreads, washcloths, or towels be left in units for subsequent guests?	<input type="checkbox"/>	<input type="checkbox"/>
	14	Will all furnishings, fixtures, floors, walls, and ceilings be constructed and maintained clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
	15	Will cleaning compounds and pesticides be stored, used, and disposed of in accordance with the manufacturer's instructions?	<input type="checkbox"/>	<input type="checkbox"/>

	16	Will utensils for food or drink provided in units for use by guests be washed or sanitized in any lavatory or janitor sink? If no, where will these be washed and sanitized? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
	17	Will utensils used for food or drink provided in units for use by guests be stored, handled, and dispensed in a manner which precludes contamination of the utensil prior to use by a guest?	<input type="checkbox"/>	<input type="checkbox"/>

**K) Pest Management**

<i>Verified? Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	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 can be opened have a minimum #16 mesh screening?	<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"/>
	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"/>
	8	Are air curtains used? If yes, please describe where: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

**L) Bathrooms**

<i>Verified? Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N
	1	Is hot (no less than 100°F and no greater than 120°F) and cold running water under pressure available at the hand washing sinks, showers and bathtubs in the all bathroom(s)?	<input type="checkbox"/>	<input type="checkbox"/>
	2	Are restrooms vented to the outside with mechanical exhaust?	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will restroom be maintained in clean working order?	<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 compliance with the local and state laws governing public accommodations.

**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: \_\_\_\_\_



## **VARIOUS IMPORTANT CONTACTS**

### **BUILDING DEPARTMENTS**

Kalispell  
201 1<sup>st</sup> Avenue East – Kalispell  
(406) 758-7730

Columbia Falls  
130 6<sup>th</sup> St West – Columbia Falls  
(406) 892-4349

Whitefish (Building, Planning, & Zoning)  
PO Box 158  
510 Railway St – Whitefish  
(406) 863-2410

State Building Inspector  
Steve Clark  
(406) 439-2982

State Plumbing/Mechanical Inspector  
Building Codes Bureau  
Dave Micone  
PO Box 10096 – Kalispell  
(406)752-5117, (406)439-4106

### **PLANNING / ZONING**

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

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

### **FIRE**

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

### **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

### **Well Log Data:**

<http://mbmggwic.mtech.edu/sqlserver/v11/menus/menuData.asp>

### **FOR FOOD MANUFACTURING:**

### **MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

ATTN: Jeff Havens  
(406) 444-5302