



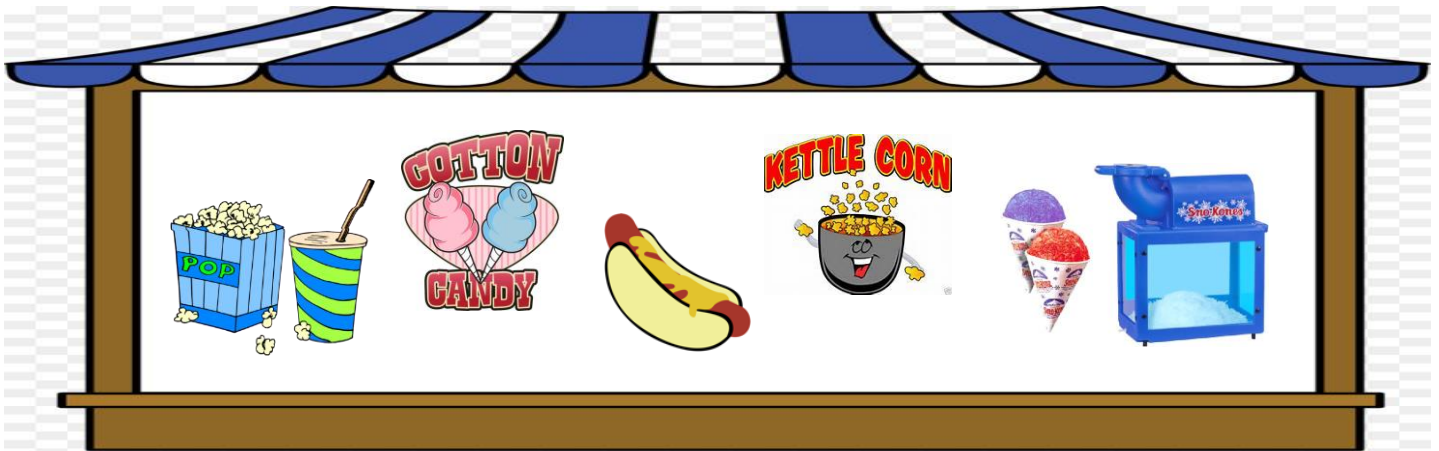
Environmental Health Department

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

Temporary (Tent) Food Service Plan Review Form



Establishment Name (DBA): _____

Owner Name (Co. / LLC): _____

Storage Address: _____

Physical City, State & Zip: _____

Telephone & Fax: _____

E-mail Address: _____

Mailing Address: _____

Mailing City, State & Zip: _____

FCCHD use only

Date: _____

Amount Paid: _____

Payment Method: _____

Receipt #: _____

Received by: _____



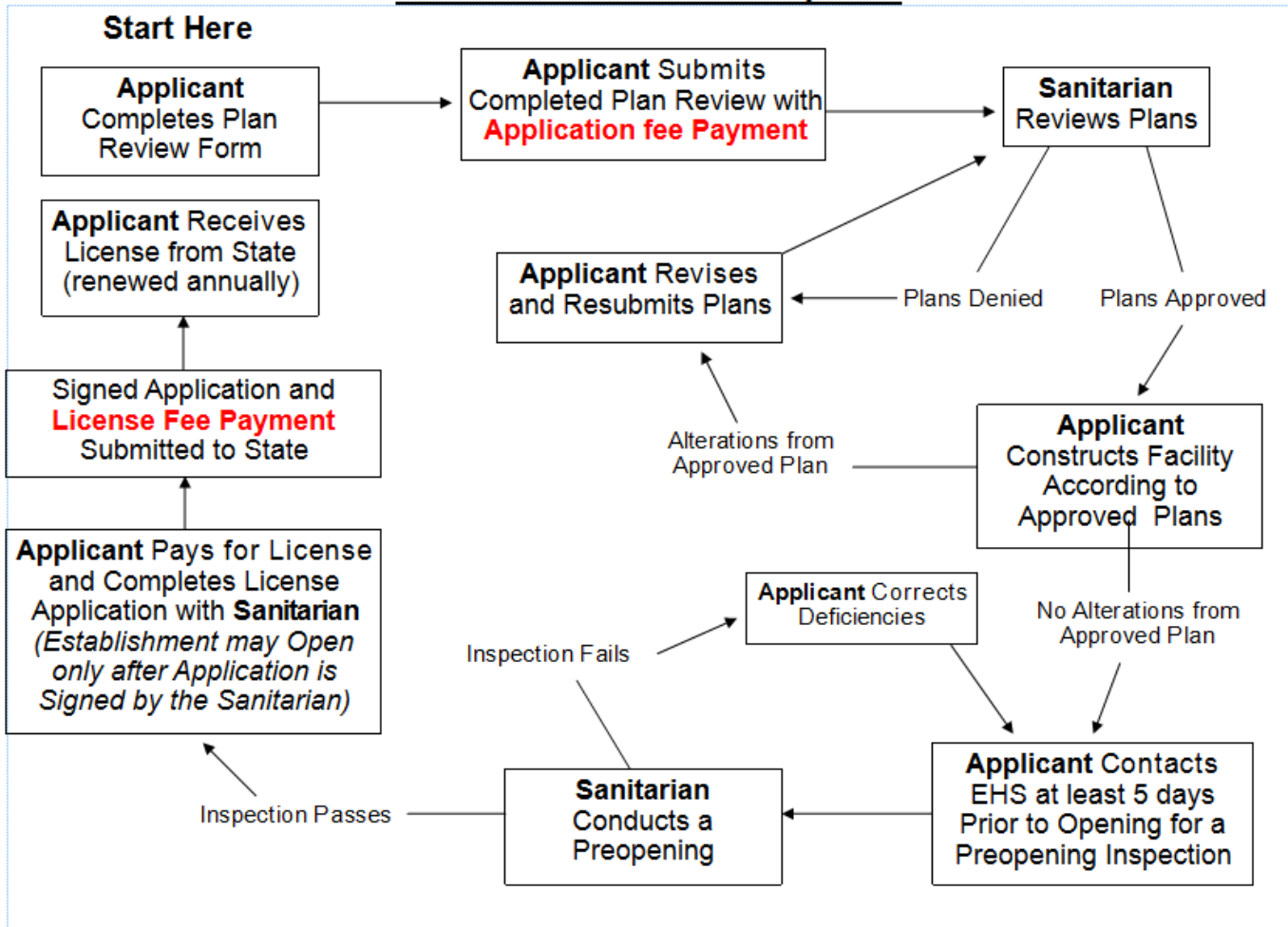
Fee Schedule

Base Fee Descriptions	Fee Amt.	Qty. (enter #)	Total (multiply across)
Base Plan Review Application Fee (for each non-identical set-up)	\$50.00		
Additional Fee Descriptions	--	--	--
Base Annual Permit Fee per Set-up (permit fee paid after the review)	\$50.00	**	**
Event Fee Per Event (event fee paid after the review)	\$15.00	**	**
Waiver Review (special processes* or any request to deviate from rule requirements)	\$100.00		
HACCP Review Fee (for special processes*)	\$450.00		
Late Plan Review Application Fee (submission within 5 days of first event)	\$50.00		
Late Plan Review Application Fee (submission within 2-4 days of first event)	\$100.00		
Late Plan Review Application Fee (submission within 0-1 day of the first event)	\$200.00		
Total:	--	--	

*special processing includes Reduced Oxygen Packaging (vacuum sealing, canning, etc.), Fermentation, Acidification, Sous Vide, Smoking (to extend shelf-life), Curing, Processes designed to either render a TCS food non-TCS or extend the shelf-life of a product, etc.

**License fees are paid after the plan review is approved

Establishment Licensing Path



S:\EH\FOOD & CONSUMER\PlanReview\FoodPathRevised.pub

Figure 1.

Food Establishment Plan Review Form

This form must be completed, submitted with the application fee and approved by Flathead City-County Health Department prior to operating. 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 may be considered incomplete and immediately denied.

Guidelines for an Efficient Review Process

Your application will be reviewed in the order it is received by the inspector to whom the application is assigned. In order to make the review process as fast as possible, ensure the following:

- Complete the application entirely – do not leave any question blank (check “NA” if not applicable)
- Ensure answers are legible (neat and large enough writing to read)
- Complete the application that reflects how the facility will look and operate at the time of opening
- Submit the application as early as possible (ideally, allow 3-4 weeks before intended operation date)
- Be available if contacted by the reviewer during the review process and respond to contact quickly
- Do not start construction or remodel before getting approval of plans
- Check-in with other agencies (building, fire, zoning, etc.) during the review process
 - Find out if you are in a city or county jurisdiction – State building and fire codes apply to facilities in County jurisdictional areas
- Read the frequently asked questions (FAQ) sheet on the Department web-site

Required Documentation

<i>Verified? Office use only</i>	<i>#</i>	<i>Item</i>
	1	Menu (Please list all food and/or drinks that will be served);
	2	Signed Commissary Agreement Form – must be signed by the applicant and by the owner/manager of the commissary;
	3	Temporary hand wash station description or diagram (if applicable) – see Water Supply;
	4	Copies of current ANSI (i.e. ServSafe®) food safety manager certifications (if applicable) – see Food Employees section;
	5	Site and floor plans with the following specifications:
	a	The plan must be to scale (¼ inch = 1 foot is recommended);
	b	The plan shall show the location of all equipment including, but not limited to: refrigerators, freezers, hand wash station, work tables, trash containers, and storage areas. All equipment must be labeled or numbered with a key,
	6	Copies of pertinent licenses (if applicable – i.e. manufacturers licenses, etc.)

A) Operation:

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Temporary food service operations must operate in association with a sanctioned event and cannot set up in front of a business, home or along the side of the road. Do you understand and intend to comply with this restriction?	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Temporary food service operators must register and pay an event permit fee prior to operating at an event. Individual permits list each approved event on them. Do you understand and intend to comply with this restriction?	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Temporary food service operation must operate with a limited menu that limits on-site food handling to cook and serve activities only. Preparation such as cutting, chopping, washing, mixing or other processing must be conducted in advance in an approved commissary. Do you understand and intend to comply with this restriction?	<input type="checkbox"/>	<input type="checkbox"/>	

**Events must be registered in the Health Department Database before an event permit can be issued for the event*

B) Physical Setup

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Will overhead cover be provided? Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Will ground cover be provided? (Note: Ground cover on grassy or paved areas is not mandatory but should be available for the case of inclement weather). Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will side walls be provided? (Note: Side walls must be available for dust events or inclement weather). Please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) Water Supply:

Verified? <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	Are food service operations limited to offering only prepackaged food items including prepackaged samples? (If yes, skip ahead to Section "D")	<input type="checkbox"/>	<input type="checkbox"/>	
	2	If not limited to prepackaged food items, include a diagram or description of the temporary hand wash station that will be used on site. How much water is available on-site for hand washing? _____ gallons			



D) Wastewater Disposal

Verified? <small>Office use only</small>	#	Item (explain in detail)
	1	<p>Wastewater, including water from hand washing must be disposed of in an approved manner. Dumping wastewater on the ground is prohibited. Describe how will waste-water be collected and how/where it will be disposed:</p> <p>_____</p> <p>_____</p> <p>What capacity is available on-site for wastewater collection? _____ gallons</p>

E) Equipment

Verified? <small>Office use only</small>	#	Item (explain in detail)	Y	N	NA
	1	<p>Are time-temperature control for safety (TCS) or potentially hazardous food (PHF) items used on site? These items include items that require refrigeration such as meats (either raw or cooked), dairy, eggs, cut melons, cut lettuce, or condiments such as salsa or relish where the bottle says “keep refrigerated” or “refrigerate after opening”. If no, skip to “E3”</p> <p>List all TCS/PHF foods (beverages) or ingredients:</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	2	<p>Will mechanical refrigeration be provided on-site?</p> <p>NOTE: Ice chests are only allowable for use for refrigerated items at events which are 4 hours or less. Mechanical refrigeration is required for events longer than 4 hours.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	3	<p>Will any food be held hot for service?</p> <p>Please list all foods that will be held hot and how this will be accomplished (including what equipment will be used and the holding temperatures):</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	4	<p>Will food be cooked or reheated on-site?</p> <p>Please list all foods that will be cooked or reheated and how this will be accomplished (including what equipment will be used and the final cook or reheat temperatures):</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	5	<p>Will reusable utensils (spatulas, tongs, forks, spoons, ladles, etc.) be used on-site for activities such as cooking or serving?</p> <p>If utensils will be used on-site, please describe how contamination of food (through occurrences such as prolonged use or accidentally dropping a utensil on the ground) will be prevented (include where and how items are stored):</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	



F) Operation Staff

<i>Verified? Office use only</i>	<i>#</i>	<i>Item (explain in detail)</i>	<i>Y</i>	<i>N</i>	<i>NA</i>
	1	Will only authorized individuals be allowed in food & beverage 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, including yourself, 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). _____			
	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, including yourself, is aware of the illness policy described above. Describe how will you will show that each employee aware of your illness policy: _____			

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	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, including yourself, 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	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. _____ _____			
	11	Will hand sanitizer be used by workers, including yourself? 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, describe how adequate hand washing will be maintained: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	12	Will soap and hand drying facilities (single service towels in dispensers) be provided at each hand washing station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	Will hand washing reminder and instruction signs be available at each hand washing station? List other ways will adequate and frequent hand washing be monitored and enforced? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14	Are separate areas provided for personal belongings (coats, boots, umbrellas, purses, medications, etc.)? Describe the storage facilities for these articles: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

G) Purchasing and Receiving

<i>Verified?</i> <i>Office use only</i>	<i>#</i>	<i>Item (explain in detail)</i>	<i>Y</i>	<i>N</i>	<i>NA</i>
	1	Will all food (beverages) and ingredients, including ice, come from an approved/licensed source? Please list where food supplies will be acquired: _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Fresh foods such as produce 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. Describe how these standards will be maintained during transport (including any equipment that will be used): _____			
	3	How will contamination of food and equipment (including dishes and utensils) be prevented during transport to and from the event? _____			
	4	Describe the procedure that will be used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation and transportation. _____			

H) Storage

<i>Verified?</i> <i>Office use only</i>	<i>#</i>	<i>Item (explain in detail)</i>	<i>Y</i>	<i>N</i>	<i>NA</i>
	1	Is there adequate storage to accommodate the food/beverage supply requirements for the projected number of customers? _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Will food/beverage grade containers be used to store food products? Describe food items that will be stored and their the containers: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Describe where and how food containers will be stored: _____ _____			
	4	Will raw meats, poultry or seafood be stored in the same refrigeration unit(s) or ice chests 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 and ice chest have an accurate thermometer, stored in a conspicuous location? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I) Thawing & Preparation

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will frozen foods be thawed by approved methods (not 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	Will produce be washed prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J) Cooking/Reheating & Cooling

Verified? Office use only	#	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 hot foods be cooled for reuse or delayed service? If yes, please describe in detail how and where this will be accomplished (list food types and cooling methods for each): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Will raw, rare or undercooked animal products (cooked to order hamburgers, runny/over-easy eggs, homemade mayonnaise, hollandaise sauce, etc.) be served to customers? If yes, list each raw or undercooked animal product that will be served: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K) Service

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Are single service dishes and utensils such as plastic spoons, plastic forks, plastic/paper cups and plastic/paper bowls used? If yes, describe how they will be protected from contamination (including how they are stored and protected until dispensed): _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	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) Cleaning & Sanitizing

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will cooking equipment, work tables and other food contact surfaces be cleaned and sanitized with an approved sanitizer? Describe how food contact surfaces of equipment will be cleaned and sanitized (include chemical types and concentrations used as well as equipment): _____	<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 soap, sanitizers and other cleaners/detergents be stored away from food storage and food preparation 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	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"/>	



M) Garbage & Refuse

<i>Verified? Office use only</i>	<i>#</i>	<i>Item (explain in detail)</i>
	1	Describe how garbage will be collected and stored on-site: _____ _____
	2	Describe how and where will garbage be disposed: _____ _____

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 operation. A pre-opening inspection of the operation with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

A pre-opening inspection of the establishment is required to determine compliance with the local and state laws governing public accommodations before a license may be issued or validated by the health officer.

This application will expire within a year of the date submitted if not completed/licensed. The applicant will be required to resubmit a public accommodation application and all applicable fees.

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

Signature: _____ Date: _____

For Office Use Only

Sanitarian Sign-Off: _____

Letter _____ Phone _____ Date of Approval _____

Denial Date _____

