



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

Public Accommodation Motel/Hotel Plan Review Form



Establishment Name (DBA):	_____
Owner Name (Co. / LLC):	_____
Contact / Manager Name:	_____
Management Company Name:	_____
Contact / Manager Phone:	_____
Physical 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:

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

Fee Schedule

Base Fee Descriptions	Fee Amt.	Qty. (enter #)	Total (multiply across)
Base Plan Review Application Fee	\$280.00		
Additional Fee Descriptions	--	--	--
Continental Breakfast Review	\$140		
Expanded Breakfast (Hot Breakfast) Review	\$245		
Public Accommodation with over 50 units and contains food service	\$280		
Non-municipal Services (Well / Septic) Review	\$100.00		
MT DPHHS Annual License Fee per Set-up (permit fee paid after the review)	Varies by size	**	**
Total:	--	--	

***License fees are paid after the plan review is approved. This fee is the MT Department of Food and Consumer Safety annual Public Accommodation License Fee and varies dependent upon the size of the facility.*

Establishment Licensing Path

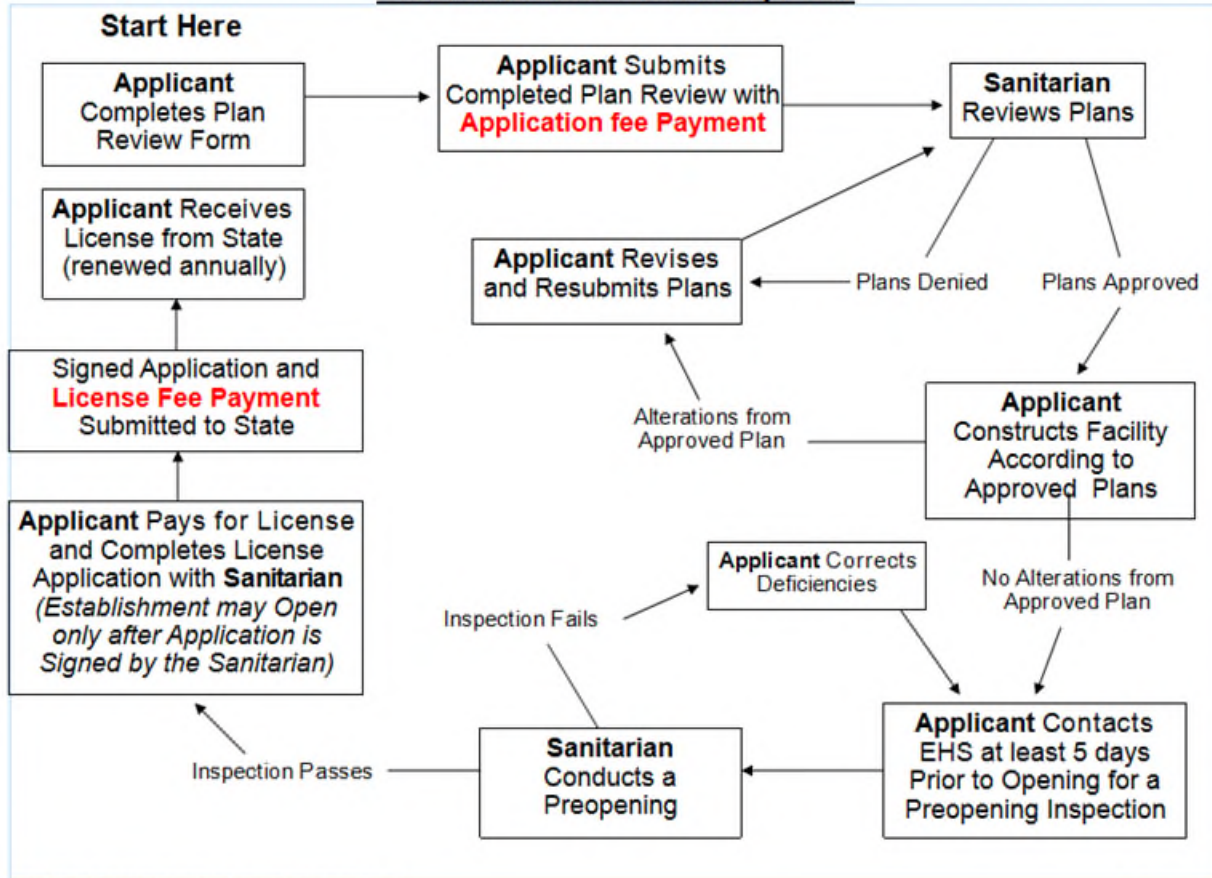


Figure 1.

Public Accommodation Motel/Hotel 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	Water Sample Test Results (if applicable) – see Water Supply section;
	2	Septic Permit (if applicable) – see Wastewater Disposal section;
	3	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, chemical storage rooms or basements used for food preparation or storage must be included and appropriately labeled,
	d	The location of exterior waste containers and entrances/exist must be identified.
	e	A complete finish schedule for each room, including floors, walls, ceilings and coving must be included,

A) Property Requirements:

Verified? Office use only	#	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) Water Supply:

Office Use Only		Check one
	Public (City or Public Water Supply Name/#) _____	<input type="checkbox"/>
	Private (please check one) *Please attach water test results (required). Testing must include Coliform and Nitrate. <input type="checkbox"/> Private Well <input type="checkbox"/> Surface Water (natural lake, tributary stream, ditch or drainage basin, or artificial reservoir).	<input type="checkbox"/>

C) Wastewater Disposal

I. Wastewater

Office Use Only		Check one
	Public (City or Public Sewer) _____	<input type="checkbox"/>
	Private (septic system) *Please attach a copy of your septic permit (required). This Department can assist with locating the permit if needed.	<input type="checkbox"/>

D) Guest Register

Office Use Only		Yes	No
	A guest log must be maintained and kept for 1 year with the following information: Name, home address, and phone number of each guest. Do you understand and intend to comply with this requirement?	<input type="checkbox"/>	<input type="checkbox"/>

E) Amenities Provided

Office Use Only		Yes	No
	Will food or beverage be provided to guests? *If yes, please explain what food items will be offered and complete the food service addendum at the end of this application. _____	<input type="checkbox"/>	<input type="checkbox"/>
	Will a pool or spa be provided for guest use? *If yes, the pool/spa must be emptied between guests. If the pool/spa will not be emptied between guests a pool/spa plan review must be completed with Montana Department of Public Health and Human Services. Contact Erik Leigh at 406-444-5306	<input type="checkbox"/>	<input type="checkbox"/>

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F) Ice

Office Use Only		Yes	No
	Ice must be made from the establishment's approved water supply or obtained from a licensed supplier. How will ice be made and served to guests? *Please check one. <input type="checkbox"/> By a freezer's automatic dispenser <input type="checkbox"/> Manually by ice trays <input type="checkbox"/> Bought by a commercial supplier No ice will be made or served		
	Will ice be made, stored, handled, served and/or transported in a manner that prevents contamination? This includes sanitizing ice trays/bins and scoops.		

G) Solid Waste

Office Use Only		Yes	No
	Will solid waste be collected, stored and disposed of in a manner that does not create a sanitary nuisance?		
	Will all solid waste be stored in containers that are sufficiently covered, watertight, rodent-proof, and tip-resistant?		
	Will solid waste be removed from the premises at least weekly to a licensed disposal facility?		

H) Physical Requirements

Office Use Only		Yes	No
	Will all furnishings, fixtures, floors, walls, and ceilings be maintained clean and in good repair?		
	Is sufficient storage space provided for extra bedding and furnishings?		
	Are all rooms provided with adequate light?		
	Are rooms that are subject to large amounts of moisture, such as bathrooms and laundry rooms, have smooth and non-absorbent floors and walls?		
	Will floor and wall-mounted furnishings be easily moveable to allow for cleaning or mounted in such a manner to allow for cleaning around and under such furnishings?		
	Will the establishment be maintained to minimize the presence of insects, rodents, and other vermin? This may include screens on windows and/or doors.		
	Do all plumbing drains have a trap such as a "P" trap designed to prevent sewer gas entry into the establishment?		

I) Laundry

Office Use Only		Yes	No
	Will the establishment have a laundry room with a mechanical washer and hot air dryer? If no, where will laundry be done? _____		
	Will all bedding, towels, and other laundered items be mechanically washed and hot air dried?		
	Will a hand washing sink, such as a bathroom, be conveniently located near the laundry room?		
	Is there sufficient space for sorting, folding, and storing clean laundry to prevent contamination from soiled laundry?		
	Will separately, labeled laundry baskets be used for transporting clean laundry and soiled laundry to prevent contamination?		

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J) Bathrooms

<i>Office Use Only</i>		Yes	No
	Will hand washing sinks and bathing facilities be provided with water at a temperature between 100°F and 120°F?		
	Will bathing facilities be provided with anti-slip surfaces or mats?		

K) Housekeeping & Maintenance

<i>Office Use Only</i>		Yes	No
	Will guest rooms be cleaned and supplied with freshly laundered sheets, pillow covers, towels, and washcloths before each new guest?		
	Will clean sheets, pillow covers, towels, and washcloths be provided to each guest at least weekly?		
	Will all bedding, including quilts and comforters, be machine washable or covered with a machine-washable linen (duvet)?		
	Will all mattresses be covered with a machine washable pad?		
	Will mops, brooms, or other cleaning devices be cleaned in an appropriate location such as, a utility sink or outside?		
	Will mop heads be air dried between uses?		
	Will toilet cleaning devices be kept separate from other cleaning supplies and not used for any other purpose?		
	Will cleaning compounds and pesticides be stored, used, and disposed of in accordance with the manufacturer's instructions?		
	Will ozone air purifiers be used in the establishment?		
	How will utensils for food or drink be sanitized? * Please check one. <ul style="list-style-type: none"> <input type="checkbox"/> By an NSF approved dishwasher <input type="checkbox"/> By hand in a 2 or 3 compartment sink, using a bleach or quat sanitizer. <input type="checkbox"/> Will only use disposable food or drink items and/or utensils. 		

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.

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 _____

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 Moree
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



Hotel/Motel Food Service Plan Review Addendum

Select One:

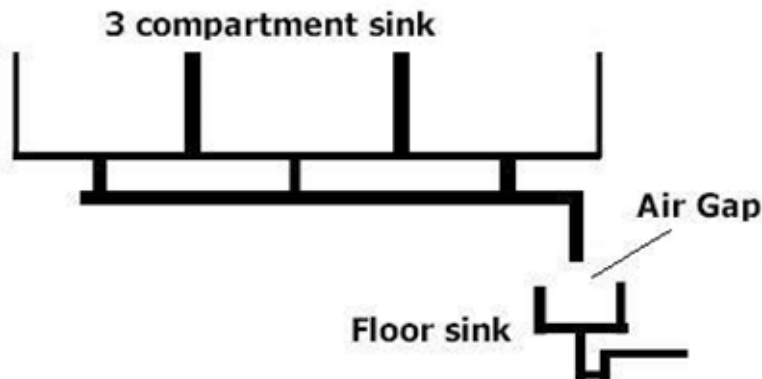
Continental (no hot foods) Breakfast (donuts, cereal, etc.) Expanded (hot) Breakfast (eggs, sausage, etc.)

A) Physical Requirements (Finish Materials, Equipment, etc.)

<i>Verified?</i> <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? 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? Describe 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? 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? Describe the type of ceiling material present in each area of the facility: _____	<input type="checkbox"/>	<input type="checkbox"/>	

B) Plumbing

<i>Verified?</i> <small>Office use only</small>	#	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 prep sinks, dish sinks, ice bins 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"/>



C) Food Employees

<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 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)? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
	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 you will show that each employee is made aware of your illness policy. _____			
	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"/>	

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	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	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 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, 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"/>
	16	Will hand washing reminder and instruction signs be available at each hand washing station? Describe other ways that hand washing be monitored and enforced? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17	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"/>	

D) Purchasing and Receiving

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will all food (beverages) and ingredients come from an approved/licensed source? How will this standard be ensured? _____	<input type="checkbox"/>	<input type="checkbox"/>	

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	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? List all potentially hazardous foods or ingredients: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

E) Storage

Verified? Office use only	#	Item (explain in detail)	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"/>	
	2	Will food/beverage grade containers be used to store bulk food products? List foods 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? 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, list the location and attach a signed commissary agreement:	<input type="checkbox"/>	<input type="checkbox"/>	

F) 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)? 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, list the food items that will be prepared in advance: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	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, describe how this will be accomplished: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G) Cooking & Holding

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? 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	What equipment will be used to cook or reheat foods (list all equipment)? _____ _____			
	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"/>	

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	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"/>

H) 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, 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"/>

I) 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"/>	

J) Manufacturing (canning, bottling or packaging food on-site for off-site consumption)

<i>Verified? Office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	Will food items be packaged on-site for off-site consumption (including grab and go items such as salads or sandwiches, bottle sauces, etc.)? If no, answer "NA" to the remaining questions in this section and skip ahead to section "O"	<input type="checkbox"/>	<input type="checkbox"/>	
	2	List all food items that will be packaged on-site for off-site consumption (i.e. sandwiches, salsa, hot sauce, etc.). _____ _____			
	3	Will packaging be done using reduced oxygen packaging (i.e. vacuum sealing, or canning)? If, yes, a special process waiver and HACCP plan (with additional review fees) are required to be included with this application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Will food items packaged on-site for off-site consumption have labels on each package that contains the all of following information: 1) A statement of identity (i.e. roast beef sandwich, 2) a quantity statement (i.e. average net weight or volume), 3) an ingredient list of all ingredients and sub-ingredients depicted in order of predominance by weight, 4) a "contains statement" for any of the big 8 allergens AND 5) manufacture information (i.e. business name and address)? <i>Include a sample label for each different food item that will be packaged on-site for off-site consumption.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K) Dishes & Utensils

<i>Verified? Office use only</i>	#	<i>Item (explain in detail)</i>	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, 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"/>

L) Cleaning & Sanitizing

Verified? Office use only	#	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: _____ parts per million (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? 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? If no, where will cleaning water be disposed?	<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. 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) 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"/>

N) 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, 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"/>	

O) Garbage & Refuse

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will trash that is stored inside be kept only in leak-tight, securely covered waste containers?	<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	How will solid waste (trash) be removed? Provide the frequency of removal, method of transport and where it will be disposed? _____ _____			
	5	Will grease be stored on site? If yes, describe the storage receptacle and how grease will be disposed of: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>