



Flathead City-County Health Department

1035 1st Ave. West Kalispell, MT 59901

(406)-751-8130

Email: ehealth@flathead.mt.gov

www.flatheadhealth.org

Community Health Services
406-751-8110 FAX 866-380-1740
Environmental Health Services
406-751-8130 FAX 406-751-8131
Flathead Family Planning
406-751-8150 FAX 855-931-9091
Population Health Services
406-751-8101 FAX 406-758-2497
WIC Services
406-751-8170 FAX 406-751-8171
Animal Shelter
406-752-1310 FAX 406-752-1546

Retail Food / Beverage Establishment Plan Review Application



Facility Information

Establishment Name (required):

(99 1st St., My Place, etc.)

Physical Address of Facility:

(Street Address, City)

Owner Information

Owner Name: _____

Company/LLC: _____

Mail Address: _____

Phone: _____

E-mail: _____

Manager/Contact Information (if different)

Contact Name: _____

Company/LLC: _____

Mail Address: _____

Phone: _____

E-mail: _____

FCCHD use only

Date: _____

Amount Paid: _____

Payment Method: _____

Receipt #: _____

Received by: _____

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



License endorsements (check all that apply)

- | | | |
|---------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Bar / Tavern | <input type="checkbox"/> Meat Processing |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Retail Manufacturing | <input type="checkbox"/> Perishable Food Store |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Deli | <input type="checkbox"/> Catering |

Fee Schedule

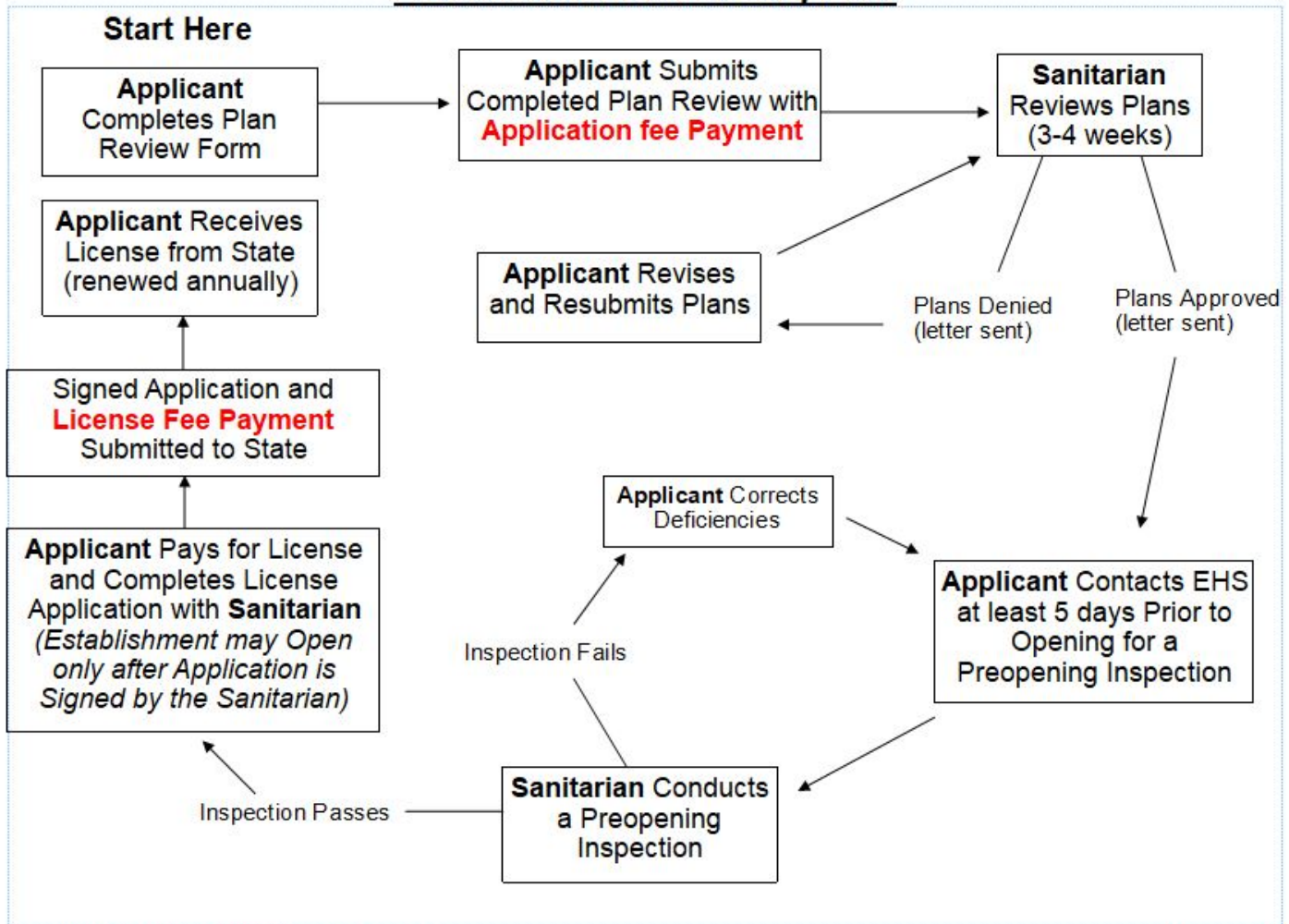
Base Fee (Each endorsement above = 1 unit in "Qty" column)	Fee	Qty. (#)	Total (<i>across</i>)
Higher Risk (Category 4 & 5) Plan Review Application Fee <ul style="list-style-type: none"> Performs special processing* (waiver and HACCP fees also apply), Serves high-risk population (elderly, kids < 5, immune suppressed), Cools large batches of hot food (i.e. pots of soup, roasts, etc.), Cools multiple different hot foods (i.e. leftovers, etc.), Uses raw animal foods (i.e. uncooked eggs, meat, fish, poultry, etc.) in the operation AND processes/prepares (cut, chop, dice, shred, etc.) more than 2 ready-to-eat foods on site Examples: hospital kitchens, school kitchens, most full-service restaurants, most deli's, some meat departments	\$490.00		
Moderate Risk (Category 3) Plan Review Application Fee <ul style="list-style-type: none"> No special processing*, Not serving primarily high-risk population (see above), Little or no cooling of hot (cooked/heated) foods, Uses raw animal foods (see above) in the operation AND processes/prepares (see above) 2 or fewer ready-to-eat foods Examples: hamburger shops, scratch bakeries, some meat departments	\$420.00		
Lower Risk (Category 1 & 2) Plan Review Application Fee <ul style="list-style-type: none"> No special processing*, Not serving primarily high-risk population, No raw animal foods (see above), Examples: convenience stores, espresso shops, non-scratch bakeries, sandwich shops, fast food pizza, produce departments	\$315.00		
Additional Fee Descriptions	Fee	Qty. (#)	Total (<i>across</i>)
Non-municipal Services (Well / Septic) Review (per separate well/septic)	\$100.00		
Waiver Review (special processes* or any request to deviate from rule requirements)	\$100.00		
HACCP Review Fee (for special processes*)	\$450.00		
Total:			

**Special processing includes processes designed to either render a TCS food non-TCS or extend the shelf-life of a product: reduced oxygen packaging (vacuum sealing, canning, etc.), fermentation, sous vide, acidification, smoking (to extend shelf-life), curing, etc.*

NOTE: This is NOT a license fee. A license fee of \$85 or \$115, dependent on the number of employees, is due to the MT Department of Public Health and Human Services, Food and Consumer Safety Section after the plan review is approved and an inspection is completed.



Establishment Licensing Path



S:\EH\FOOD & CONSUMER\PlanReview\2022\PathRevised.pub

Figure 1.

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 (allow 3-4 weeks before intended operation date)
- Be available if contacted by the reviewer during the review process and respond to contact quickly
- **Contact other agencies (zoning, building, fire, etc.) – they may require additional permits. Check with the respective city in which you are located for permitting requirements.**
 - County – State building / fire codes apply to facilities in County jurisdictional areas
 - City (Whitefish, Columbia Falls and Kalispell) have their own permitting processes.
- Read the frequently asked questions (FAQ) sheet on the Department web-site:
<https://www.flatheadhealth.org/environmental-health/food-safety/>
- Include all required information & documents listed on the checklist at the end of this application



A) Property Requirements:

<i>office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	Which zoning jurisdiction does the facility reside? <input type="checkbox"/> Flathead County <input type="checkbox"/> City of Kalispell <input type="checkbox"/> City of Whitefish <input type="checkbox"/> City of Columbia Falls			
	2	Have you contacted your zoning district to determine if a permit for food service operation is required at the proposed address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	If required by zoning, have you applied for a permit? Zoning Signature: _____ Date: _____ *The zoning office may be contacted by this office for confirmation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	If the property is less than 20 acres, is there a restriction on the Certificate of Subdivision Approval for the property (i.e. one single family dwelling)? Submit a research request for a copy of your COSA here: https://www.flatheadhealth.org/land-research-request-form/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Have the appropriate building (plumbing, electrical, etc.) and fire authorities been notified of the plans? See attached contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Operation:

<i>office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	1	What is your desired opening date?			
	2	Expected/planned days and hours of operation?			
	3	Will you be applying for a liquor license?	<input type="checkbox"/>	<input type="checkbox"/>	
	4	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:

<i>office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
		Public (City or Public Water Supply Name/#): _____			
		Private (please check one) <input type="checkbox"/> Private Well <input type="checkbox"/> Surface Water (lake, stream, ditch or drainage basin, or artificial reservoir) *Attach water test results (required). Testing must include Coliform and Nitrate.			

D) Wastewater Disposal

<i>office use only</i>	Check One	<i>Item (explain in detail)</i>	Y	N	NA
	<input type="checkbox"/>	Public (City or Public Sewer): _____			
	<input type="checkbox"/>	Private (septic system) *Attach a copy of your septic permit (required). Look up and print a copy of your septic system permit here: https://maps.flathead.mt.gov/portal/apps/sites/#/applications or submit a research request here: https://www.flatheadhealth.org/land-research-request-form/			

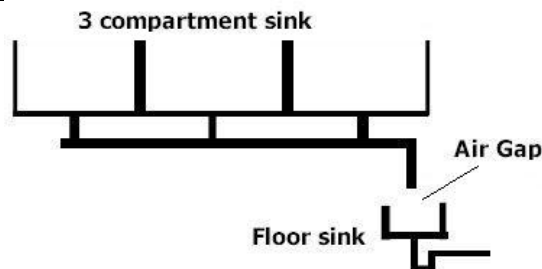


E) Physical Requirements (Finish Materials, Equipment, etc.)

office use only	#	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"/>	

F) Plumbing

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 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 and dish machines and equipment such as ice machines appropriately "air-gapped" (see below) to prevent sewage backflow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G) Food Employees

office use only	#	Item (explain in detail)	Y	N	NA
	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, why your menu excludes you from this requirement: _____	<input type="checkbox"/>	<input type="checkbox"/>	

<i>office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	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 copies of certificates 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 prep. 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	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"/>



<i>office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	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"/>	

H) Purchasing and Receiving

<i>office use only</i>	#	<i>Item (explain in detail)</i>	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"/>	
	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 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"/>	

<i>office use only</i>	#	<i>Item (explain in detail)</i>	Y	N	NA
	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"/>	

I) Storage

<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"/>	
	2	Will food/beverage grade containers be used to store bulk food products? List foods to be stored 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 keep frozen foods frozen 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	Do refrigerators have an accurate thermometer in a viewable 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"/>	

J) Thawing & Preparation

office use only	#	Item (explain in detail)	Y	N	NA
	1	Will frozen foods be thawed by approved methods (not at room temp.)? 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"/>

K) Cooking & Holding

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"/>	
	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"/>



office use only	#	Item (explain in detail)	Y	N	NA
	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, <i>“Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.”</i> 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

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"/>

M) Service

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

office use only	#	Item (explain in detail)	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"/>

O) Dishes & Utensils

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, 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"/>

P) Cleaning & Sanitizing

office use only	#	Item (explain in detail)	Y	N	NA
	1	<p>What sanitizer will be used on cooking equipment, cutting boards, counters and other food contact surfaces that cannot be submerged in sinks or fit into a dishwasher? *Check one:</p> <p><input type="checkbox"/> Chlorine (bleach) <input type="checkbox"/> Lactic Acid (must have manufacturer concentration information on-site)</p> <p><input type="checkbox"/> Quats <input type="checkbox"/> Hydrogen Peroxide (must have manufacturer concentration information on-site)</p> <p><input type="checkbox"/> *Other (list): _____</p> <p>*Must provide research showing safety and effectiveness of sanitizer</p> <p>Minimum concentration (parts per million) to be used? _____ (ppm)</p> <p>Maximum concentration (parts per million) to be used? _____ (ppm)</p>			
	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"/>	

Q) Restrooms

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) Pest Management

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 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"/>	

S) Garbage & Refuse

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"/>

Required Documentation Checklist (NOTE: Incomplete applications may not be reviewed)

Yes	NA	
<input type="checkbox"/>		I have included a floor plan showing the location of kitchen equipment (refrigerators, freezers, stoves, fryers, steam tables, prep tables, dish machines, deli slicers, blenders, etc.), sinks (triple-sinks, hand sinks, mop sinks, prep sinks, etc.), food storage shelving, chemical storage areas, toilets and laundry machines. *This can be a hand sketch, <u>if neatly completed</u>
<input type="checkbox"/>		I have included a menu of the food or beverages I will be offering
<input type="checkbox"/>		I have included the application fee for this application <u>OR</u> will submit the fee at a later date (I understand that the application will not be logged in or reviewed until the fee is received)
<input type="checkbox"/>		I have signed the application below
<input type="checkbox"/>	<input type="checkbox"/>	I have included a commissary agreement for each servicing location I will be using.
<input type="checkbox"/>	<input type="checkbox"/>	I have included a copy of my septic system permit (if not connected to municipal sewer)
<input type="checkbox"/>	<input type="checkbox"/>	I have included a copy of my water test results (if not connected to municipal water)
<input type="checkbox"/>	<input type="checkbox"/>	I have included current ANSI accredited food safety manager certificates (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	I have included example labels to be used on packaged food to be sold for off-site consumption (if selling food that is packaged for grab and go service)
<input type="checkbox"/>	<input type="checkbox"/>	I have included the catering addendum for serving food off-site to consumers (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	I have included a waiver application for special process or other requested deviations from the regulation (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	I have included a HACCP plan for special processes such as reduced oxygen packaging (vacuum sealing, canning, etc.), fermentation, sous vide, acidification, smoking (to extend shelf-life), curing, etc. (if applicable)

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 before a license may be issued or validated by the health officer.

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

Signature: _____ **Date:** _____

For Office Use Only

Sanitarian Sign-Off: _____

Letter _____ **Phone** _____ **Date of Approval** _____

Denial Dates: _____

