



Environmental Health Department

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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

Bed & Breakfast 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:

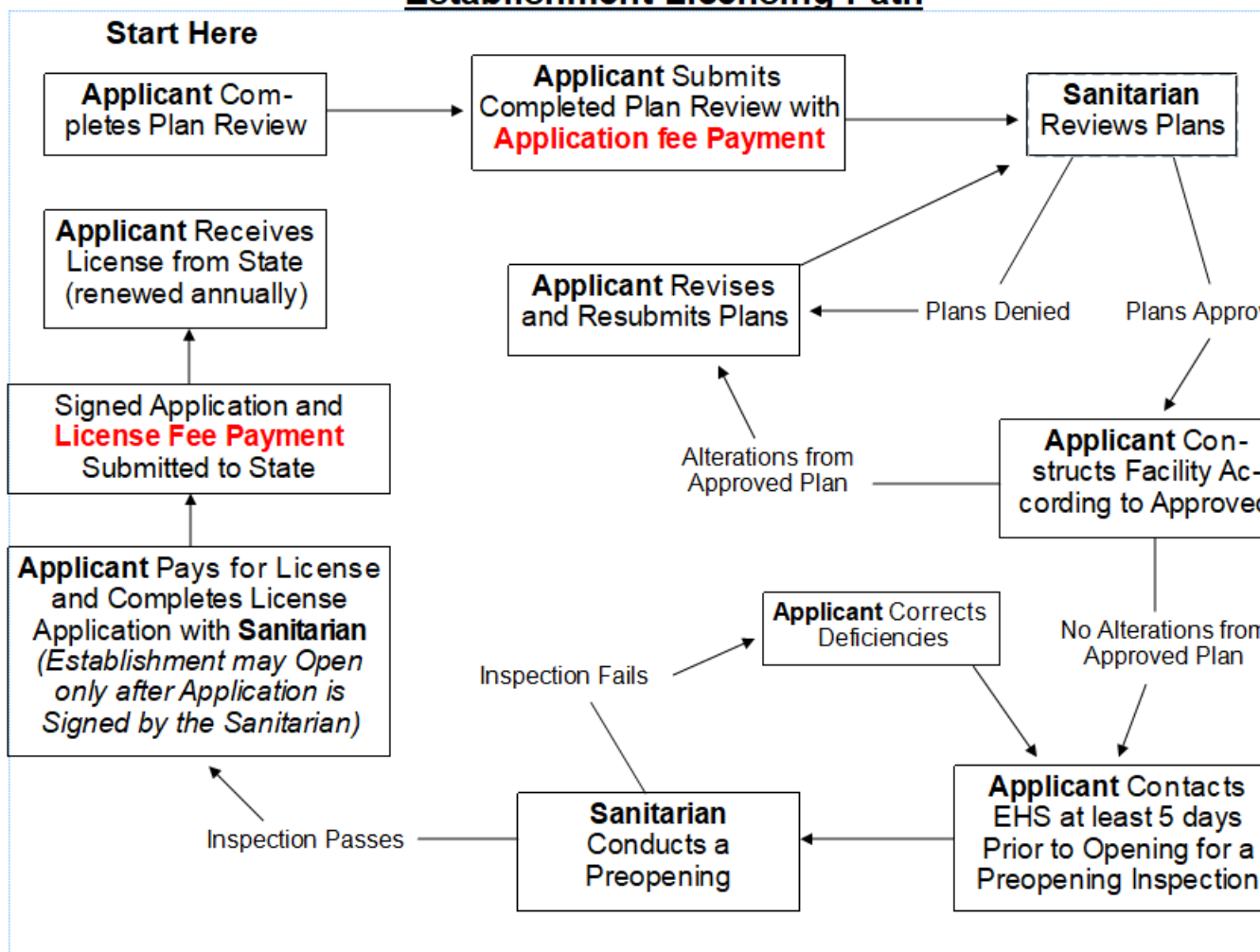
Providing quality public health services to ensure the conditions for a healthy community.

Fee Schedule

Base Fee Descriptions	Fee Amt.	Qty. (enter #)	Total (multiply across)
Base Plan Review Application Fee	\$280.00		
Additional Fee Descriptions	--	--	--
Non-municipal Services (Well / Septic) Review	\$100.00		
MT DPHHS Annual License Fee (permit fee paid after the review)	\$40.00	**	**
Total:	\$40.00	--	

***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



H:\Users\EH\FOOD & CONSUMER\Plan Review\FoodPath2.pub

Figure

Public Accommodation Bed & Breakfast 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>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,
	4	Menu of food to be served



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).	<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) Pool or Spa (Hot Tub) Provided

Office Use Only		Yes	No
	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"/>

F) 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?		

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) Bathrooms

Office Use Only		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?		

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?		



J) Housekeeping & Maintenance

Office Use Only		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. <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.		

K) 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.		

L) Food

Select One:

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

i. Food Handlers

Verified? Office use only	#	Item (explain in detail)	Y	N	NA
	1	Will food be handled by anyone that exhibits signs of illness, including vomiting, diarrhea, fever, or acute respiratory illness? Please describe or attach any written illness policy: _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	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): _____			
	3	Will smoking, applying makeup/hair spray, eating, drinking from an open top container, etc., be permitted in food preparation and storage areas during food preparation times?	<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"/>
	13	People working with food are expected to minimize bare hand contact 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"/>

ii. Purchasing and Receiving

<i>Verified?</i> <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, including pasteurized milk and whole hell eggs that are Grade B or better? NOTE: Ungraded farm fresh eggs may be used if guests are advised of this prior to their use. How will this standard be ensured? _____	<input type="checkbox"/>	<input type="checkbox"/>	
	2	Fresh foods such as produce that is received must be free of spoilage. Frozen food must be kept frozen until thawed for use. Refrigerated foods such as milk and eggs must be transported and received at 41°F or lower. Packaged foods must remain unadulterated with the packaging uncompromised until used. Will all food be inspected upon delivery? If inspected upon delivery, what will you look for to identify food spoilage or otherwise adulterated food? _____	<input type="checkbox"/>	<input type="checkbox"/>	
	3	Will spoiled or otherwise adulterated food be used for food service? What will be done with it?	<input type="checkbox"/>	<input type="checkbox"/>	
	4	Will potentially hazardous foods (meats, fish, poultry, eggs, baked potatoes, milk, custards/creams, cooked vegetables, cut leafy greens, sliced tomatoes, etc.) be used? List all potentially hazardous foods or ingredients: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	

iii. Thawing & Preparation

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

iv. Cooking & Holding

<i>Verified?</i> <i>Office use only</i>	#	<i>Item (explain in detail)</i>	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 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"/>	
	4	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"/>

v. Cooling & Reheating

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

vi. Storage

<i>Verified?</i> <i>Office use only</i>	#	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"/>	

vii. Dishes & Utensils

<i>Verified?</i> <i>Office use only</i>	#	Item (explain in detail)	Y	N	NA
	1	How will dishes be washed, rinsed and sanitized? <input type="checkbox"/> With a commercial dish machine. <input type="checkbox"/> With residential dish machine that has an NSF approval rating. <input type="checkbox"/> By hand in a double or triple compartment sink.			
	2	If a high temperature dishwasher is used, is it vented to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Do the largest pots and pans fit into the dishwasher and/or sink compartments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Is there space for drain boards in the dishwashing area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

viii. Cleaning & Sanitizing

<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 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"/>	

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

