CCHD CITY-COUNTY HEALTH DEPARTMENT

For Office Use Only
Date Application Received: _____ By (Initial):_____
Date Payment Received:_____ By (Initial):_____

Mobile Retail Food Plan Review Application

MOBILE ESTABLISHMENT INFORMATON

Applying for *(check all that apply)*: ☐ New Construction ☐ Remodel of Existing Mobile ☐ Ownership Change

Mobile Unit Type: ☐ Motor Vehicle ☐ Trailer ☐ Pushcart ☐ Other *(Describe)*:

Will the establishment have a COMMISSARY? ☐ YES ***(Must attach Commissary Agreement)*** ☐ NO ☐ UNSURE

***NOTE: Checking "NO" does not guarantee approval for the mobile to operate without a commissary.** Certain menus and/or mobile establishment set-ups may require a commissary for operation. **Using a home kitchen for any mobile operations (including food storage) is NOT ALLOWED.** Any mobile establishment reviewed and approved to operate without a commissary will have a specific "Condition" statement to indicate the limitations.*

Has the mobile been PREVIOUSLY LICENSED? ☐ NO ☐ YES **If YES, Fill out next two lines**

Previous Name of Mobile Establishment:

Previous Location of License (Name of City, County, State):

Establishment Name:

Establishment Address (Mobile Storage Location):

City:	**State:** MT	**ZIP Code:**	**County:** Cascade
Business Phone:		**Business E-mail:**	

OWNER INFORMATION

Owner Name:

Company/LLC:

Mailing Address:		**Suite/Unit:**
City:	**State:**	**ZIP Code:**
Owner Phone:	**Owner E-mail:**	
For Plan Review Feedback or Questions, contact the:	☐ Owner Listed Above ☐ Person Listed Below ☐ Both	

Primary Contact Name:	**Position/Role:**
Phone:	**E-mail:**

ACKNOWLEDGEMENT

Administrative Rule of Montana (ARM) 37.110.2 (§8-201.11) requires permit applicants to submit properly prepared plans and specifications for review and approval at least 30 days prior to the start of any construction, remodeling, or conversion.

Applications submitted less than 30 days prior to intended opening date will be charged an "Expedited Review Fee" as provided in the Retail Food Establishment Fee Schedule. All plan review fees must be paid before staff will begin the review. Incomplete applications will not be accepted (see "Submission Checklist" for all required materials).

Construction Start Date: _____ **Intended Opening Date:** _____

I acknowledge all information provided in this application is true, complete, accurate and correct to the best of my knowledge. I understand any deviation from the application information without prior permission from the Cascade City-County Health Department may nullify final approval.

Applicant Signature:	**Title:**
Print Name:	**Date:**

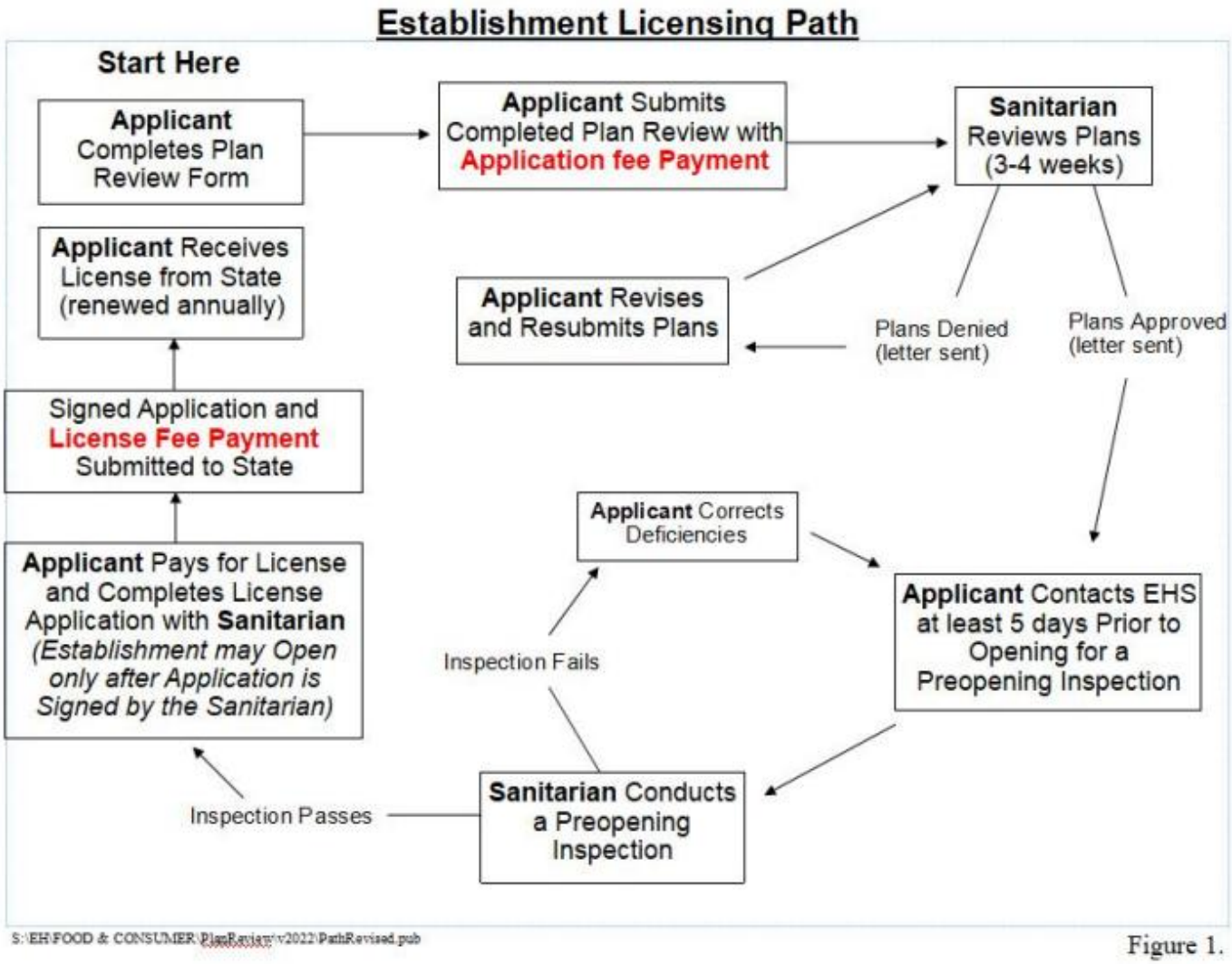


Figure 1.

Guidelines for an Efficient Review Process

Plan review applications are reviewed in the order which they are received (including payment). Due to the time-intensive process of plan review, the assigned Sanitarian may take up to 30 calendar days for the initial review depending upon the current staffing, number of plan reviews submitted, and/or other Sanitarian responsibilities. To help avoid any delays, here are a few guidelines for applicants:

- Complete the application entirely – do not leave any question blank. If a section is not applicable, check the "N/A" box
- Ensure answers are legible (neat and large enough writing to read)
- Submit the application as early as possible
    - An "Expedited Fee" of $240 will be added to the submission fee for any application received less than 30 days prior to the intended opening date (pending Sanitarian availability for review)
- Respond to reviewer questions and feedback as soon as possible
- Contact all other agencies which may require additional permits *(see Appendix B1 for more information)*
- Read the Annexes at the end of application and Frequently Asked Questions available at:

https://www.cascadecountymt.gov/Faq.aspx?TID=20

- Include all required information and documents listed on the checklist at the end of this application

MOBILE RETAIL ESTABLISHMENT FEE SCHEDULE

(As of 2/10/2026)

Plan Review for New Food Establishments

Fees for Plan Review are determined by the Risk Category of the Proposed Food Service Operation. As Risk Category increases, more time is needed for review due to the increased complexity of the establishment equipment, requirements, etc.

"Base time" is determined by dividing the base fee by $60. Any excessively complex plan reviews requiring time beyond the pre-calculated base time will require an additional $60 per hour fee to be paid at the pre-opening inspection.

TIP: A plan reviewer's efficiency is highly dependent upon the completeness and thoroughness of the plan review application. To avoid multiple denials and possible additional fees for excess time, be sure to use the submission checklist and submit all necessary materials during the initial application submission.

RISK CATEGORY	OPERATION DESCRIPTION	BASE FEE* *Base Time*
1	• Pre-packaged, non-time/temperature control for safety (TCS) foods • Prepare only non-TCS foods • Heat only commercially processed TCS foods for hot holding • No cooling of TCS foods *Examples: Most convenience stores, hot dog carts, coffee shops*	**$180** *3 hrs*
2	• Quick service operations, limited menu • Most products are prepared/cooked and served immediately • May involve hot and cold holding of TCS foods after preparation or cooking • Complex preparation of TCS foods requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS foods *Examples: Most fast-food restaurants, sandwich shops*	**$270** *4.5 hrs*
3	• Extensive menu and handling of raw ingredients • Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods • Variety of processes require hot and cold holding of TCS food *Examples: Full-Service Restaurant*	**$360** *6 hrs*
4	• Establishments serving a highly susceptible population (preschools, hospitals, nursing homes) • Specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life. *Examples: Restaurants/manufacturers conducting processing at retail and/or require HACCP plan, preschools, hospitals, nursing homes*	**$450** *7.5 hrs*
Additional Endorsements		$60 each
Hourly Rate (if review exceeds base fee time)		$60/ hour

***BASE FEE includes:** One onsite walk-through (upon request), pre-opening inspection, one endorsement, and base fee time. See "Other Retail Food Fees" for additional add-on fees.

****DOES NOT INCLUDE LICENSE FEE****

A license fee of $150 or $225 (depending on number of employees) will be collected at the pre-opening inspection after the plan review is approved and construction is complete. License fee must be a CHECK OR CASH ORDER made out to **DPHHS.** Cash or card payment cannot be accepted for license fee.

Other Retail Food Fees

FEE DESCRIPTION	FEE
Expedited Review Fee *Required for all plan reviews submitted less than 30 days prior to intended open date*	$240
Additional Walk-Thru/Pre-Opening Inspection	$120 (each)
HACCP Plan Reviews	$120 (per recipe); $360 minimum
Variance Request *for Special Food Processes*	$120
Variance Request *for Equipment*	$60
Menu Review** *Can be used when licensing from a commissary/community/ghost kitchen or when existing facility has major menu change*	$150
Addition of Catering or Other Endorsement**	$150
Extensive Remodel**	$120
Change of Ownership**	$120
1st Follow-Up Inspection	$0
2nd Follow-Up Inspection	$120
3rd Follow-Up Inspection	$180
4th Follow-Up Inspection	$240

****Existing Licensed Establishments ONLY:** Must have current license AND have full, recent plan review (no earlier than 2015). Establishments with older or no prior plan reviews *may* require full plan review to ensure current code compliance before licensing.

OPERATION DETAILS AND REQUIREMENTS

Plans/applications have been submitted to the following authorities/departments** (check all that apply)**:**

☐ City of Great Falls – Home Occupation Application ☐ Mobile Vending – For mobiles operating in Great Falls City Parks
☐ Cascade County – Home Occupation Application ☐ Other (describe):

***See "Department Contacts/Information" in Appendix B*

NOTE: Approval by Cascade City-County Health Department does not indicate approval from other agencies

Where/how will potable water tank be filled? WATER SUPPLY SOURCE	
Where/how will wastewater tank be dumped? WASTEWATER DISPOSAL	

Size of POTABLE WATER (Freshwater) TANK: *In Gallons*		**Size of WASTEWATER TANK**:** *In Gallons*	

***Note: Wastewater Tank required to be at least 15% greater in size than potable water tank*

Hours and Service

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Hours							
Estimated # of Meals							

If SEASONAL, mobile plans to operate during: *(Check all that apply)*
☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN
☐ JUL ☐ AUG ☐ SEPT ☐ OCT ☐ NOV ☐ DEC

Total Number of Staff:		**Maximum Staff Per Shift:**	

Does the establishment have: *(check all that apply)*
☐ **Alcohol service?**
☐ **Outdoor grill/smoker?**
☐ **Pre-packaged "Grab and Go"?**
☐ **Wholesale?** *(sell to other retail establishments)*

FOOD SERVICE & SAFETY TRAINING/PROTOCOLS

Is at least one staff member with ANSI-approved* Certified Food Protection Manager (CFPM) certificate? **See Annex C1 for ANSI-approved courses*	☐ YES, certificate attached ☐ NO, certificate will be provided at opening inspection ☐ NO, CFPM Exempt (*Risk Category 1 ONLY; Must fill out Waiver Agreement in Appendix C2)*
Is there an employee sickness policy and/or protocol to report and reduce/exclude staff with foodborne illness symptoms?	☐ YES, written policy/protocol attached ☐ NO *(sample policy/protocol can be requested)*
Is there a written procedure for employees to follow when responding to vomit/diarrhea accidents in the mobile?	☐ YES, written procedure attached ☐ YES, clean-up kits with instructions used ☐ NO *(sample policy/protocol can be provided)*
What do staff use to prevent bare hand contact with ready-to-eat (RTE) foods?	☐ Utensils ☐ Single-use Gloves ☐ Deli Tissue ☐ Other: _____
How are employees trained about food safety, sanitation, and illness policies? Briefly explain. *Attach any additional applicable training materials/forms*	

MENU

Attach sample menu, including beverages, to application – **REQUIRED**

Sample menu provided for review may be written list of planned menu items.
Recommend submitting "proof" copy of final menu for health department approval prior to final printing.

A. TYPES OF FOOD *Check box if:*

☐ Only beverages/drinks sold – *Skip to Section G*

☐ All foods purchased pre-packaged/pre-manufactured AND sold in same packaging *(no opening, repacking, processing, etc) – Skip to Section G*

List all approved sources/companies to be used for purchasing food:	
Check all categories of Time/Temperature Control for Safety (TCS) foods to be handled, prepared, and served:	☐ Thin meats, poultry, fish, eggs *(hamburger, sliced meats, fillets, etc.)* ☐ Thick meats, whole poultry *(roast beef, turkey, chicken, ham, etc.)* ☐ Cold processed foods *(salads, sandwiches, vegetables, etc.)* ☐ Hot processed foods *(soups, stews, rice/noodles, gravy, chowders, casseroles, cooked vegetables, etc.)* ☐ Bakery goods *(pies, custards, cream fillings, etc.)* ☐ Other (describe):
Which ANIMAL PROTEIN FOODS will be served?	☐ Beef ☐ Chicken ☐ Pork ☐ Eggs ☐ None ☐ Wild Game ☐ Stuffed Meats ☐ Seafood ☐ Other:
Will any ANIMAL PROTEIN FOODS be cooked on-site (in mobile)?	☐ YES → **List which ones:** ☐ NO
Will any of the following foods be offered/served RAW OR UNDERCOOKED? *Include any used as ingredients*	☐ Fish (sushi, lox, ceviche, etc.) → **Where will (fish) parasite destruction be done?** ☐ Beef (steaks, burgers, etc.) ☐ Eggs ☐ Other: ☐ All foods fully cooked ☐ On-site – *Must attach written procedure* ☐ Supplier – *Must attach written agreement or statement from supplier*
Will SHELLSTOCK be available at the establishment? *(raw, in-shell molluscan shellfish)*	☐ YES → **Describe process/protocol for records/tags of shellfish:** ☐ NO

B. SPECIAL PROCESSES *Check box and skip section if:* ☐ No special processes

Will any SPECIALIZED PROCESSING METHODS be conducted at facility? *See Appendix D for further explanation on Specialized Processing Methods*	☐ SMOKING foods for food preservation ☐ CURING food ☐ Using FOOD ADDITIVES (i.e. vinegar) for food preservation ☐ REDUCED OXYGEN PACKAGING, such as vacuum packaging (i.e. canning or jarring), modified atmosphere packaging, controlled atmosphere packaging, cook-chill, sous vide ☐ Operating a MOLLUSCAN SHELLFISH life-support system DISPLAY TANK ☐ SPROUTING seeds or beans ☐ Other:	
Does facility have HACCP plan submitted for specialized food process?	☐ YES ☐ NO	***Note:*** *HACCP plan requires separate review. Plan review approval for establishment does not mean submitted HACCP plan is automatically approved.*

FOOD & BEVERAGE PREPARATION AND EQUIPMENT USAGE				
C. COOKING and REHEATING *Check box and skip section if:* ☐ No cooking AND no reheating				
Where will foods be COOKED?	☐ Mobile ☐ Commissary Kitchen ☐ Both Mobile and Commissary ☐ N/A			
Where will foods be REHEATED?	☐ Mobile ☐ Commissary Kitchen ☐ Both Mobile and Commissary ☐ N/A			
List all COOKING and REHEATING Indicate whether equipment is located in MOBILE or COMMISSARY *Common name acceptable for equipment type (i.e. range, cooktop griddle, grill, fryer, oven, microwave, smoker, etc)*	**Equipment Type**	**New (N)? Used (U)?**	**NSF Certified**?**	**Location: Mobile (M) or Commissary (C)**
***Or equivalent; See "Commercial Equipment Information" in Appendix E for equivalent certifications*				

D. COOLING *Check box and skip section if:* ☐ No cooling done							
Where will foods be COOLED?	☐ Mobile ☐ Commissary Kitchen ☐ Both Mobile and Commissary ☐ N/A						
Describe how COOLING process of COOKED TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS will be monitored: *If cooling log used, attach copy*							
Check boxes to indicate types of foods cooled and list specific location of cooling process *(i.e. commissary walk-in cooler)*							
Cooling Method	**Thick Meats**	**Thin Meats**	**Thin Soups or Gravy**	**Thick Soups or Gravy**	**Rice or Noodles**	**Other:**	**Location of Cooling Process** (On truck/in commissary)
Shallow Pans							
Ice Baths							
Adding Ice as Ingredient							
Ice Paddle							
Reduce Volume/Size *(Smaller Portions)*							
Rapid Chill *(Using blast chiller)*							
Other:							

E. THAWING *Check box and skip section if:* ☐ No frozen foods thawed

	Thawing Method	Location(s)
What method(s) will be used to THAW frozen foods? *Check all that apply* *List specific location(s) where the method of thawing will occur (i.e. commissary walk-in cooler)*	☐ Under Refrigeration	
	☐ Under Running Water less than 70°F	
	☐ Microwave (as part of cooking process)	
	☐ Cooked from frozen	
	☐ Other:	

F. HOT HOLDING *Check box and skip section if:* ☐ No hot holding

Describe how HOT HOLD temperatures will be monitored: *If log used, attach copy*				
List all HOT HOLDING Indicate whether equipment is located in MOBILE or COMMISSARY *Common name acceptable for equipment type (i.e. steam table, hot box, etc)*	**Equipment Type**	**New (N)? Used (U)?**	**NSF Certified**?**	**Location: Mobile (M) or Commissary (C)**

***See "Commercial Equipment Information" in Appendix E for equivalent certifications*

G. COLD HOLDING

Describe how COLD HOLD temperatures will be monitored: *If log used, attach copy*		
Will STORAGE ON ICE be used for COLD HOLDING?	☐ YES → ☐ NO	**List food items held on ice and how ice levels will be maintained:**
Will RAW ANIMAL FOODS be stored in the SAME refrigeration unit(s) as READY-TO-EAT foods?	☐ YES → ☐ NO	**Explain how cross-contamination will be avoided:**

List all COLD HOLDING Indicate whether equipment is located in MOBILE or COMMISSARY *Common name acceptable for equipment type (i.e. walk-in cooler, prep cooler, reach-in cooler, etc)*	**Equipment Type**	**New (N)? Used (U)?**	**NSF Certified**?**	**Location: Mobile (M) or Commissary (C)**

***See "Commercial Equipment Information" in Appendix E for equivalent certifications*

H. TIME AS A PUBLIC HEALTH CONTROL (TAPHC)** *Check box and skip section if:* ☐ TAPHC is not used	
List food(s) to use TAPHC instead of cold holding or hot holding:	
Does establishment have written procedure for TAPHC food(s)?	☐ YES: **Must attach written procedure** ☐ NO: **Must fill out WORKSHEET A at end of application**
*** See "Time as a Public Health Control Information" in Appendix F for additional information*	

I. WHOLESALE, CATERING, MANUFACTURING, AND PRE-PACKAGING		
Will the establishment prepare foods that will be SOLD TO OTHER RETAIL FOOD ESTABLISHMENTS? *(i.e. restaurants, convenience stores, grocery stores, bars/casinos, etc)*	☐ YES ☐ NO	***Note:** If "YES", establishment will be required to apply for WHOLESALE LICENSE (separate from Retail License)* *See "Wholesale Food" section on DPHHS website for more information on requirements to become a wholesaler* *https://dphhs.mt.gov/publichealth/fcss/wholesalefoodestablishments*
Will any food items (including ice) **be PACKAGED** ON-SITE FOR OFF-SITE CONSUMPTION?**	☐ YES ☐ NO ***If "NO", move to next page***	***"Packaged" means bottled, canned, cartooned, bagged, or wrapped. Examples: "Grab and Go" sandwiches/salads, bottled sauces/salsas/etc* ***Does NOT include** foods wrapped or placed in carry-out container to protect food during service or delivery (i.e. food prepared to order)*
List all food items to be PACKAGED ON-SITE FOR OFF-SITE CONSUMPTION:		
Will any REDUCED OXYGEN PACKAGING for any food items listed above?	☐ YES ☐ NO	***Note:** If "YES" was checked, SECTION B on pg. 7 must be complete.* *Reduced Oxygen Packaging Examples* *Canning, jarring, vacuum sealing, etc.* *Item(s) listed above cannot be processed using sous-vide or cook-chill methods*
Do all food items listed above have LABELS with all required information?	☐ YES ☐ NO	***Note:** If "YES", attach a sample label for each food item listed above* *See "Labeling Requirements" in Appendix G for additional information*

MOBILE AND EQUIPMENT SET-UP INFORMATION

Attach Mobile Floor Plan and Plumbing Plan to application – **REQUIRED****

Facility Floor Plans/Plumbing Plan should show location of:

- ☐ Equipment (sinks, refrigeration, ovens, hot hold equipment, etc.)
  - *** Include ID numbers (or other identifying information) which match up to Equipment Schedule*
- ☐ Storage Areas
- ☐ Mechanical ventilation (hoods)
- ☐ Entrances/Exits
- ☐ Floor drains/Floor sinks
- ☐ Water supply lines
- ☐ Hot water generating equipment with capacity and recovery rate
- ☐ Freshwater Storage Tank
- ☐ Wastewater Storage Tank

Note: *Recommend separating Facility Floor Plans and Plumbing Plans; may be combined onto one layout if neat and legible*

**Plans may be hand drawn, but must be to scale (minimum scale of ¼ inch = 1 foot)
Digital PDF plans are recommended and may be submitted via USB drive or by e-mail to rknudsen@cascadecountymt.gov

Attach Equipment Schedule, Equipment Specification Sheets, and Finish Schedule to application – **REQUIRED****

Equipment Schedule should include following information for every piece of equipment in MOBILE ONLY (do not include commissary equipment):

- ☐ Item/ID number
  - *Should match Item/ID number on Floor Plan to identify location(s) of equipment in facility*
- ☐ Quantity
- ☐ Equipment Name/Category
- ☐ Manufacturer or Make
- ☐ Model Number
- ☐ Other information (if applicable)

Specification sheets for all NEW equipment should be submitted

Finish Schedule should include information on: finish for floors, base, walls, ceilings, and other surfaces in every area of establishment

**Equipment and Finish Schedules from architectural plans preferred, but not required.
If architectural plans are unavailable, recommend using templates at end of application.
Equipment Schedule template: Worksheet 2
Finish Schedule template: Worksheet 3

Attach Current Floor Plan and Equipment Schedule for Commissary Kitchen

Provide a floor plan for the commissary kitchen which indicates where your items will be stored as well as the prep space you will use. If the department has a floor plan and equipment schedule on file for the licensed kitchen, you may request to review and use a copy of the plan if you verify the information is current and accurate to the best of your knowledge.

Any new equipment you plan to bring into the facility must be shown on the floor plan and added to the equipment schedule. Attach specification sheets for any equipment you are adding to the facility.

PLUMBING DETAILS

J. HANDWASHING SINK(S) **REQUIRED**

Is there a handwashing sink available for convenient use in the FOOD PREPARATION, FOOD SERVICE, and WAREWASHING areas?	☐ YES ☐ NO	***Note:*** A reasonable distance for "convenient use" is within 15 feet of a hand sink AND have an unobstructed path to the handwashing sink.
Do all handwashing sinks have a MIXING VALVE or COMBINATION FAUCET?	☐ YES ☐ NO ☐ UNSURE	
Do SELF-CLOSING METERING (Automatic) FAUCETS provide a FLOW OF WATER for AT LEAST 15 SECONDS without the need to reactivate the faucet?	☐ YES ☐ UNSURE ☐ NO ☐ NOT APPLICABLE	
Is HOT AND COLD RUNNING WATER UNDER PRESSURE available at each handwashing sink?	☐ YES ☐ NO ☐ UNSURE	
Will HANDSOAP DISPENSERS be available at all handwashing sinks?	☐ YES ☐ NO ☐ UNSURE	
Will PAPER TOWEL DISPENSERS be available at all handwashing sinks? *If "OTHER" drying device used, list type.*	☐ YES ☐ UNSURE ☐ NO ☐ OTHER:	
Will HANDWASHING SIGNAGE be posted at all handwashing sinks (including restroom handwashing sinks)?	☐ YES ☐ NO ☐ UNSURE	

K. DUMP SINKS

Are DUMP SINKS installed at all drink stations and/or bar areas for emptying drinks?	☐ YES ☐ NO ☐ UNSURE

Note: *Current code does not allow for warewashing sinks (i.e. 3-compartment sinks) or handwashing sinks to be used as dump sinks. For further explanation, see "Dump Sink Requirement" in Annex H.*

L. PREP SINKS

Will the establishment THAW FOODS and/or WASH PRODUCE in a sink?	☐ YES ☐ NO ☐ UNSURE
Does the establishment have a PREP SINK in the food prep area?	☐ YES ☐ NO ☐ UNSURE

Note: *Montana ARM 4-301.12 (F) requires a food prep sink if food will be placed into a sink for cleaning or thawing purposes. Warewashing sinks (i.e. 3-compartment sinks) or handwashing sinks cannot be used as a prep sink.*

M. WAREWASHING AREA *3-Compartment Sink*		
Describe the LARGEST ITEM(s) which will be cleaned using the warewashing area *(give dimensions if available):*		
Does the 3-compartment sink FIT THE LARGEST ITEM needing cleaning?	☐ YES ☐ NO ☐ UNSURE	
Does the 3-compartment sink have DRAIN BOARDS on both ends of the sink?	☐ YES ☐ NO ☐ UNSURE	
Will ALTERNATIVE EQUIPMENT OR METHODS be used in place of drain boards for stacking soiled items and/or air drying cleaned items?	☐ YES → ☐ NO ☐ UNSURE	**Explain alternative(s) used:**
What TYPE OF SANITIZER will be used in 3-compartment sink?	☐ QUATERNARY AMMONIUM ☐ CHLORINE (*i.e. Bleach)*	☐ HOT WATER (Temp:_____) ☐ OTHER: _____
Describe when/how staff will check sanitizer levels *(i.e. when/how test strips used)*: *If log used, attach copy*		

N. ICE MACHINE		
Will the mobile have an ICE MACHINE?	☐ YES ☐ NO → ☐ UNSURE	**Where will ice be purchased/obtained?**
Describe when/how ice machine will be maintained: *(How often will bin be emptied and cleaned, frequency of sanitization cycle through ice maker, etc.)*		

O. HOT WATER HEATER AND HOT WATER DEMAND

Worksheet 4 and/or Worksheet 5 are available to assist with determining the GPH/GPM hot water demand. It is recommended applicants use the worksheet(s) to check if the proposed hot water heater system will be sufficient.

What TYPE of water heater is located on the mobile?	☐ STORAGE TANK ☐ TANKLESS (*"On-Demand"*)	☐ GAS ☐ ELECTRIC	**What is the INPUT kW** *(electric)* **OR INPUT BTU** *(gas)***?**	
For STORAGE TANK water heater(s):	***Total Tank Capacity (gallons)***			
	Recovery Rate (GPH) @ 100°F Rise*			
For TANKLESS ("On-Demand") water heater(s):	***Flow Rate (GPM) @ 100°F Rise****			
	Storage Tank Capacity (gallons) *If applicable*			

***Recovery/Flow Rate may be found on specification sheet for hot water heater; if rate is not listed for appropriate temperature rise, contact manufacturer to obtain information*

Note: *The hot water supply provided by hot water heater(s) must meet or exceed peak hot water demand. Food trucks/trailers with a storage tank water heater should have a minimum of 10-gallon hot water storage tank.*

Any equipment smaller than the minimums outlined above will require a sizing estimate from the hot water heater manufacturer's technical assistance team before approval.

P. BACKFLOW PREVENTION

Mark all applicable boxes for listed equipment
Check "N/A" box on left side if facility does not have listed equipment type
Fill in any additional plumbing fixtures/equipment not listed

N/A	Type of Plumbing Fixture/Equipment	Sewage Disposal		Water Supply	
		Air Gap	Direct Connection	Air Gap	Other (List Type)
REQ.	Warewashing Sink	☐	☐	☐	
REQ.	Handwashing Sink	☐	☐	☐	
☐	Prep Sink	☐	☐	☐	
☐	Refrigeration (Condensate) Drain Line	☐	☐	☐	
☐	Ice Machines/Ice Bins	☐	☐	☐	
☐	Beverage Dispenser with Carbonator	☐	☐	☐	
☐	Chemical Dispensing Unit	☐	☐	☐	
☐		☐	☐	☐	
☐		☐	☐	☐	

***See "Types of Backflow Prevention" in Appendix I for additional details/explanation*

OTHER MOBILE INFORMATION

Q. FOOD/EQUIPMENT STORAGE

Describe how food will be STORED OFF THE GROUND in food storage areas:	
Will the establishment have FOOD GRADE FOOD STORAGE CONTAINERS?	☐ YES ☐ NO ☐ UNSURE
Will all LIGHT FIXTURES in mobile have LIGHT SHIELDS or SHATTER-RESISTANT BULBS?	☐ YES ☐ NO ☐ UNSURE

R. GENERAL SANITATION, CLEANING, AND CHEMICALS

What TYPE OF SANITIZER(S) will be used on cooking equipment, cutting boards, counters, and other food contact surfaces?	☐ CHLORINE *(Bleach)* ☐ LACTIC ACID ☐ IODINE	☐ QUATERNARY AMMONIUM *(Quat)* ☐ OTHER:
Where/how are CHEMICALS and TOXIC SUBSTANCES stored to prevent potential chemical contamination of foods and food service equipment? *Describe chemical storage.*		
Where are EMPLOYEE PERSONAL ITEMS stored during work shifts?	☐ CLOSET ☐ LOCKERS	☐ COAT RACK/HANGERS ☐ OTHER:

S. GARBAGE & REFUSE

Are LEAK-TIGHT, DURABLE, CLEANABLE, NONABSORBENT WASTE CONTAINERS available INSIDE where REFUSE *(garbage)* is generated?	☐ YES ☐ NO ☐ UNKNOWN
How/where will SOLID WASTE *(garbage)* be DISPOSED?	

T. VENTILATION HOODS *Check box and skip section if:* ☐ No ventilation hood in mobile

	Location of Ventilation Hood	**Type 1 or Type 2?**
List the LOCATION and TYPE of all hoods in the facility: ***Note:*** *All hoods must meet uniform mechanical and fire codes.*		
How often will hoods be professionally cleaned and serviced?	☐ EVERY MONTH ☐ EVERY 6 MONTHS ☐ EVERY 3 MONTHS ☐ OTHER:	

***See "Hood Types Information" in Appendix J for additional details*

DOCUMENTATION CHECKLIST

The following is a list of all documentation which should be submitted for Plan Review.

Be sure to check all documents are included to avoid delays. Page numbers are provided for reference to application.

Applications missing any documents from the REQUIRED list will be considered INCOMPLETE and will not be reviewed until all required documents are submitted.

Submitted	REQUIRED DOCUMENTS for ALL APPLICANTS
☐	Completed Plan Review Application (including signature on front page) AND payment complete
☐	Employee Sickness Policy/Protocol *(p.5)* ☐ *Check here if requesting use of CCHD sample policy/protocol*
☐	Vomit/Diarrhea Clean-Up Procedure *(p.5)* ☐ *Check here if requesting use of CCHD sample policy/protocol*
☐	Full Menu (including beverages) *(p.6)*
☐	Mobile Floor Plan *(p.10)*
☐	Plumbing Plan *(p.10)*
☐	Equipment Schedule *(p.10) – Submit Worksheet 2 if Equipment Schedule not provided with architectural plans* *****INCLUDE SPECIFICATION SHEETS FOR EQUIPMENT LISTED IN SCHEDULE*****
☐	Finish Schedule *(p.10) – Submit Worksheet 3 if Finish Schedule not provided with architectural plans*

Submitted	N/A	OTHER DOCUMENTS
☐	☐	Commissary Agreement *(p.1 and Worksheet 6)*
☐	☐	CFPM Exemption Form *(p.5 and Annex C2)*
☐	☐	Employee Food Service and Safety Training Materials/Forms *(p.5)*
☐	☐	Fish Parasite Destruction Protocol *(p.6)*
☐	☐	Food Temperature Logs or Written Procedures (i.e. Cooling, Hot Holding, Cold Holding) *(p.7-8)*
☐	☐	Time As Public Health Control (TAPHC) Procedure *(p.9, Worksheet 1A/1B)*
☐	☐	Wholesale Label Approval Letter *(p.9)*
☐	☐	Packaging Labels (On-Site Retail Only) *(p.9)*
☐	☐	Commissary Floor Plan and Equipment Schedule *(p.10)*
☐	☐	Sanitizer Logs or Written Procedure *(p.12)*
☐	☐	Hot Water Demand *(p.13, Worksheet 4 and 5)*

Suggestion and Feedback Sheet
Plan Review Application

- Did you have difficulty understanding a specific section of the application?
- Think there were area(s) which needed further explanation?
- Any sections seem unnecessary or repetitive?
- Have any ideas on making the application more "user friendly"?

The plan review application is meant to be a tool for both the plan reviewer AND the applicant. Our department periodically reviews and revises documents to improve the use for everyone involved.

If you have any ideas or suggestions about any section in the plan review application, we welcome feedback from any users (food service operators, architects, engineers, regulators, etc.). We appreciate if you are willing to provide contact information, but anonymous feedback will also be accepted and considered. Thank you for your time.

Name:			
Position/Role:			
Phone:	**E-mail:**		
Mailing Address:			**Suite/Unit:**
City:	**State:**	**ZIP Code:**	

Feedback submissions may be attached to the application or submitted individually by mailing/dropping off in-person to:

City-County Health Department
c/o Environmental Health Division – Plan Review
115 4th St S
Great Falls, MT 59401

Or e-mailed to: rknudsen@cascadecountymt.gov

For suggested changes, please indicate the specific location(s) in application. You may list your suggestions below and/or attach separate sheets. Please be specific and clear.

APPENDIX A: ENDORSEMENTS

ENDORSEMENT DESCRIPTIONS *(As defined on DPHHS Retail Food License Application)* ***NOTE*** Licensed establishments are either fixed ("brick and mortar") **OR** mobile; even if operating under the same management/ownership, a fixed location and a mobile require separate licenses	
Food Service Establishment	Includes restaurants, cafeterias, catering kitchens, pizzerias, catering, etc. or other similar place where food or drink is prepared, served, or provided to the public with or without charge. **Does not include mobile operation.**
Tavern or Bar	Includes alcoholic beverage services. Does not include onsite food preparation. Alcohol service is prohibited without licensing from DOR.
Meat Market (Onsite Retail Only)	Includes only the processing, packaging, and labeling of meat and meat products for on-site sales at that location. Processing meat for wholesale distribution is prohibited without licensing from DOL.
Bakery (Onsite Retail Only)	Includes only the processing, packaging, and labeling of bakery products for on-site sales
Schools	Cafeteria
Food Manufacturing (Onsite Retail – Take-Out)	Includes processing a food product, putting it in a package, and selling at that location. Also includes retail water vending units and the packaging and sale of ice on-site at a retail store.
Mobile	Includes pushcarts, vehicle-mounted food service designed to be readily mobile or limited food operations which are moveable but not wheel mounted
Water Hauler	Person engaged in the business of transporting water to be used for human consumption that is not regulated as a public water supply and does not transport water for individual family households, family farms, and ranches
Perishable Food Dealer (Retail Only)	Includes the buying and selling of packaged perishable products. Examples – grocery stores, convenience stores, mobile food distributor
Food Service/Catering (Retail)	Includes food preparation and service at locations other than the licensed facility
Food Service/Delicatessen (Onsite Retail)	Includes the preparation and service of multiple ingredient foods for take-out purposes. Includes the processing, packaging, and labeling requirements for on-site retail sales of that product.
Produce (Onsite Retail)	Includes vegetable or fruit processing, washing, cutting, or preparing for sale

ENDORSEMENT FAQs

Q: If I own a licensed kitchen and want to start a mobile food truck/trailer/pushcart, can I have the licensed kitchen and the mobile on the same license?

A: No. A mobile retail food establishment must be reviewed and licensed separately from any permanent/fixed retail food establishment. However, the licensed kitchen may be used as a commissary location for the mobile (if space allows).

Q: I have a mobile retail food establishment and want to sell from the store/restaurant where my commissary is located. Is this allowed?

A: No. A mobile retail food establishment must "serve or sell food from a motor vehicle, nonmotorized cart, boat, or other movable vehicle". Mobile establishments selling from any location outside of the mobile would be required to go through plan review and licensing for the permanent/fixed location.

Q: Can I use my mobile to "cater" a special event or party?

A: If you serve the same menu approved for your mobile AND serve directly from your mobile at the event, you may offer food service at the event using your mobile. Due to the limitations of a licensed mobile establishment, a catering endorsement cannot be added to a mobile.

Q: What is "catering"?

A: To be considered catering, the food must be prepared and served by the caterer for a specific event at a location other than the licensed food service establishment. The catered event must be on a contractual, prearranged basis for a specific group (i.e. wedding guests at a reception or participants in an organized group/activity).

Q: If I do special delivery for large orders to an office or other group, am I "catering" and need an endorsement?

A: If the food is for delivery only (no food prep/service upon delivery), the order is **not** considered catering. Food delivery does not require a separate endorsement.

Q: I still have questions about what endorsement(s) my establishment will need. Who can I talk to about this?

A: If you are unsure whether you need a certain endorsement or not, your Plan Reviewer can help you determine what you'll need to operate. The first endorsement is included with the Plan Review fee. Additional endorsements may be reviewed and added for a fee.

APPENDIX B: DEPARTMENT CONTACTS

CITY OF GREAT FALLS			
Department	**Phone Number**	**E-mail**	**Website**
Business Licensing and Home Occupations *(Home Occupation Certificate)*	406-455-8430	permit@greatfallsmt.net	https://greatfallsmt.net/planning/licensing
Parks and Recreation *(Mobile Vending in City Parks)*	406-771-1265	-	https://greatfallsmt.net/recreation/mobile-vending

CASCADE COUNTY			
Department	**Phone Number**	**E-mail**	**Website**
Planning Department *(Home Occupation Permit)*	406-454-6919	planningcomments@cascadecountymt.gov	https://www.cascadecountymt.gov/262/Forms-Permit-Applications (Click on "Application Package" under Home Occupation)

APPENDIX C1: ANSI ORGANIZATIONS

Montana Food Code 2-102.12 (A) requires "at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM".

The American National Standards Institute (ANSI) maintains a directory of ANSI-Certified Food Protection (CFP) Accredited Programs. One of the more commonly recognized programs is ServSafe.

A current list can be located by visiting https://anab.ansi.org/credentialing/food-protection-manager and clicking on "Accreditation Directory", then "Accredited Certification Bodies". Below is a screenshot of the list (as of February 16, 2023).

If you are unsure whether the program offered is an ACCREDITED PROGRAM, it is recommended to visit the ANSI website and check the current list to confirm the program meets the ANSI standards.

ANSI-CFP Accreditation Program (Accredited)

#	Organization
1	1 AAA Food Safety (AAA Food Safety, LLC) Certified Food Protection Manager
2	American Safety Council StateFoodSafety Certified Food Protection Manager (CFPM) Exam
3	Learn2Serve Learn2Serve® Food Protection Manager Certification Program
4	National Registry of Food Safety Professionals Food Protection Manager Certification Program International Certified Food Safety Manager
5	National Restaurant Association Solutions ServSafe® Food Protection Manager Certification Program
6	Responsible Training / Safeway Certifications, LLC Food Protection Manager Certification
7	The Always Food Safe Company, LLC Food Protection Manager Certification

APPENDIX C2: CFPM WAIVER

Montana Food Code 2-102.12 (B) states a food establishment does not require a Certified Food Protection Manager if the establishment is "deemed by the regulatory authority to pose minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of food preparation".

Having a CFPM-certified manager is extremely beneficial for providing supervisory staff with current information about food safety issues, which is helpful when training other staff members on proper food safety.

Due to the minimal risk of foodborne illness at establishments with little to no food processing, Risk Level 1 establishments may be exempt from the requirement of having a CFPM. Examples of such establishments include bars with beverage service only, bars with a limited menu, and stores selling only pre-packaged, pre-manufactured goods.

Any change in menu which moves the establishment into a Risk Category 2 or greater will void the CFPM waiver. The waiver is non-transferrable upon change of ownership.

Though establishments may be granted a waiver, the health department reserves the right to require staff to take a basic food safety class if the facility shows a lack of active managerial control through numerous and/or repetitive risk factor violations observed during inspection(s).

If your establishment is a Risk Category 1 and meets the requirements outlined above, you may request a CFPM waiver by filling out the following:

CFPM Waiver Request Form

Establishment Name: _____

Address: _____

City: _____ State: __Montana___ ZIP Code: _____

Establishment Phone: _____

Establishment E-mail: _____

I understand the information outlined above for a CFPM waiver and agree to the training requirements if the health department determines staff require additional food safety training. Furthermore, I will report any menu changes to the health department for determining whether the waiver is still applicable for my establishment.

_____ _____

Owner of Establishment Date

I have reviewed the information in the plan review application and certify that this Risk Category 1 establishment is eligible for a CFPM waiver due to the minimal risk of causing, or contributing to, foodborne illness based on the nature of the operation and extent of food preparation outlined in the proposed plans.

_____ _____

Registered Sanitarian Date

APPENDIX D: SPECIALIZED PROCESSES

Specialized Process	Description	HACCP not required when:
SMOKING *Hot Smoke*	Slowly cooking food indirectly over a fire. Can be done using a "smoker" which is a cooker specifically designed for the purpose	**ALL the following conditions are met:** - No curing agent used - No reduced oxygen packaging - Product stored at 41°F or less - Shelf life of 7 days or less
SMOKING *Cold Smoke*	Application of cool smoke to a food for culinary effect	N/A
CURING *Salt, Sugar, Spice, etc.*	Meat and poultry are cured by the addition of salt alone or in combination with one or more ingredients such as, sodium nitrate, sugar, curing accelerators, and spices. These are for partial preservation, flavoring, color enhancement, tenderizing and improving yield of meat. Process may include dry curing, immersion curing, direct addition or injection of the curing ingredients	N/A
FOOD ADDITIVES *Preservatives, Vinegar, etc.*	The process of preserving or flavoring fish, meat or vegetable using liquid, usually prepared with salt of vinegar	**ALL the following conditions are met:** - Brining process done at 41°F or less - No reduced oxygen packaging - Product stored at 41°F or less - Shelf life of 7 days or less
REDUCED OXYGEN PACKAGING (ROP) *Vacuum packaging, modified atmosphere packaging, controlled atmosphere packaging, cook chill packaging, sous vide packaging*	The reduction of the amount of oxygen in a package by removing oxygen, displacing oxygen and replacing it with another gas or combination of gases, or otherwise controlling the oxygen content to a level below that normally found in the atmosphere (approximately 21%)	**Food is non-TCS <u>OR</u>** **ALL the following conditions are met for TCS foods:** - Package labeled with production time and date - Product stored at 41°F or less - Product removed from ROP within 48 hours of packaging
MOLLUSCAN SHELLFISH DISPLAY TANK	Live molluscan shellfish tank used as life support system for mollusk until they are prepared for human consumption	N/A
SPROUTING	Any seed that has been sprouted for human consumption, including seeds grown in soil	N/A

APPENDIX E: COMMERCIAL EQUIPMENT INFORMATION

Having commercially classified/certified food service equipment is important not only for food safety, but also to ensure your equipment will hold up to long-term usage in a commercial setting.

Equipment intended for residential use (i.e. homestyle refrigerators, crock pots, etc.) are not allowed for storing Time/Temperature Control for Safety (TCS) foods at licensed kitchens. Additionally, all mechanical equipment in licensed establishments must be "maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2" (Montana Food Code 4-501.11).

Residential equipment is not meant to withstand the large quantity and frequency of use in a retail food/commercial setting, which usually leads to more frequent repairs and failure of the equipment and increased risk of storing TCS foods at unsafe temperatures. Therefore, all proposed equipment must be acceptable for commercial use.

One of the simplest ways to check if equipment will be acceptable for commercial use is to confirm the equipment is "certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program". Below is a list of Food Equipment Standards categories from the National Sanitation Foundation (NSF), one of the more widely recognized certification organizations which certifies equipment for commercial use:

American National Standards for Food Equipment Categories	
NSF/ANSI 2	Food equipment
NSF/ANSI 3	Commercial Warewashing equipment
NSF/ANSI 4	Commercial cooking, rethermalization, and powered hot food holding and transport equipment
NSF/ANSI 5	Water heaters, hot water supply boilers, and heat recovery equipment
NSF/ANSI 6	Dispensing freezers
NSF/ANSI 7	Commercial refrigerators and freezers
NSF/ANSI 8	Commercial powered food preparation equipment
NSF/ANSI 12	Automatic ice making equipment
NSF/ANSI 13	Refuse processors and processing systems
NSF/ANSI 18	Manual food and beverage dispensing equipment
NSF/ANSI 20	Commercial bulk milk dispensing equipment
NSF/ANSI 21	Thermoplastic refuse containers
NSF/ANSI 25	Vending machines for food and beverages
NSF/ANSI 29	Detergent and chemical feeders for commercial spray-type dishwashing machines
NSF/ANSI 35	High pressure decorative laminates (HPDL) for surfacing food service equipment
NSF/ANSI 36	Dinnerware
NSF/ANSI 37	Air curtains for entranceways in food and food service establishments
NSF/ANSI 51	Food equipment materials
NSF/ANSI 52	Supplemental flooring
NSF/ANSI 59	Mobile food carts
NSF/ANSI 169	Special purpose food equipment and devices
ANSI/UL 2333	Infrared Thermometers

Specification sheets which note equipment as meeting one of the standards above is considered to be acceptable for commercial use.

APPENDIX F: TIME AS A PUBLIC HEALTH CONTROL (TAPHC)

In general, most establishments use temperature control to keep Time/Temperature Control for Safety (TCS) foods safe for consumption. Using temperature is an easy way to ensure bacteria does not grow to a harmful amount.

But for some scenarios, using time is preferred to help make food prep and/or food service easier and more efficient. For example, pancake/breading batter being kept near cooking equipment for easy prep could use time as a control for safety.

Since using time as a control means the food is allowed to stay in the "danger zone" temperature range, the protocols and procedures for TAPHC must be closely followed and monitored to prevent serving food(s) which have a harmful amount of bacteria. In addition, **"written procedures shall be prepared in advance, maintained in the food establishment, and made available to the regulatory authority upon request"** which explain the methods of compliance for using TAPHC (ARM 3-501.19).

In order to use TAPHC, the written procedures must meet the following requirements from ARM 3-501.19 (B-D):

If held out of temperature control for up to 4 hours, the TCS food must:

a) Have an initial temperature of 41°F or less **OR** initial temperature of 135°F or greater
b) Be marked or otherwise identified to indicate the time that is four hours past the time when food was removed from temperature control
c) Be served or discarded within four hours
d) Be discarded if food container is unmarked or marked past the four hour time period

If held out of temperature control for up to 6 hours, the TCS food must:

a) Have an initial temperature of 41°F or less
b) Be monitored to ensure the temperature does not exceed 70°F
c) Be marked or otherwise identified to indicate the time that is six hours past the time when food was removed from temperature control
d) Be served or discarded within six hours
e) Be discarded if food container is unmarked or marked past the six hour time period

***Note:** TAPHC **CANNOT** be used for raw eggs at a food service establishment which serves a highly susceptible population (i.e. nursing home, child care center, etc.)*

Establishments planning to use time as a control must submit their own TAPHC written procedure explaining how all requirements outlined above will be followed.

For establishments without a written TAPHC procedure, two templates are available for use in the worksheets section:

- For 4-hour: Worksheet 1A (p. 33)
- For 6-hour: Worksheet 1B (p. 34)

APPENDIX G: LABELING REQUIREMENTS

All packaged food items available on display for consumers to purchase without ordering from the establishment must have appropriate labeling. Examples of such products include "Grab n' go" sandwiches, packaged bakery items, etc.

If the food was packaged on-site, the food establishment is responsible for properly labeling the packaged food.

The following labeling requirements guide is based on Montana Food Code 3-201.11 (F and G) and 3-602.11. Additional information can be found on the U.S. Food and Drug Administration website at https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-food-labeling-guide

Basic Labeling Requirements

All required labeling information shall be printed prominently and conspicuously in English. Print size should be no smaller than 1/16 of an inch based on the lower case letter "o" and include:

1) *STATEMENT OF IDENTITY*

The common name of the food. If no common name exists for the food, an adequately descriptive identity statement.

2) *INGREDIENT LIST*

If made from two or more ingredients, label must have a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial color or flavor and chemical preservatives.



Becky's Bakery

128 Chocolate Way, Sugarville, MT 59409 4

1 **Chocolate Chip Cookie with Walnuts**

2 Ingredients: Semisweet Chocolate Chips (sugar, unsweetened chocolate, cocoa butter, soy lecithin, milk), All Purpose Flour (bleached wheat flour, malted barley flour, niacin, iron, thiamin mononitrate (vitamin B_1), riboflavin (vitamin B_2), folic acid (α B vitamins)), Dark Brown Sugar (sugar, molasses), Chopped Walnuts, Eggs, Unsalted Butter (cream, natural flavor), Vegetable Oil (soybean oil), Salt, Vanilla Extract (vanilla bean, alcohol, water), Baking Soda

5 **Contains: Wheat, Soy, Milk, Walnuts, Eggs**

3 QTY: 12 (Dozen)

3) *NET QUANTITY OF CONTENTS*

- Net Weight in ounces, pounds, or grams **OR**
- Net Content in fluid ounces, pints or liters or number of pieces

4) *MANUFACTURER, PACKER, OR DISTRIBUTOR INFORMATION*

Must include name and place of business (street address may be excluded if business can be found in local phone directory)

5) *"CONTAINS" STATEMENT FOR ALLERGENS*

If any of the ingredients contain one of the following common food allergens, then the label must declare the allergen in a "Contains" statement. These food allergens include:

- Milk
- Wheat
- Eggs
- Peanuts
- Tree Nuts
- Soybeans or Soy
- Fish
- Shellfish

6) *ADDITIONAL REQUIREMENTS*

a. **Datemarking** for Any Ready-To-Eat (RTE) Time/Temperature Control for Safety (TCS) food placed into refrigeration **OR** pulled from freezer to thaw must have a 7-day "Use By" date

b. Required **Precautionary Statements** such as "Keep Refrigerated", "Safe Handling Instructions", or other warning statements as specified by United States Department of Agriculture

c. **Nutritional labeling** is required on some food such as infant formula

APPENDIX H: DUMP SINK REQUIREMENTS

After the 2013 Food Code was adopted into Montana Food Code, CCHD-Environmental Health does not allow for new licensed establishments (including existing establishments with a change of ownership) to use warewashing sinks or handwashing sinks as dump sinks.

To meet current code requirements, a separate sink for dumping is required at any drink stations where waitstaff, bartenders, baristas, or other food service staff frequently empty drinks and/or stage glasses for warewashing.

Establishments approved prior to 2015 (when Food code was adopted) were allowed a variance to use the warewashing sink as a dump sink, but the variance is non-transferrable and voided when a remodel occurs.

****Note: Upon remodel or change of ownership, establishments without dump sinks in drink station areas must install a dump sink to come into compliance with current code requirements.**

APPENDIX I: TYPES OF BACKFLOW PREVENTION

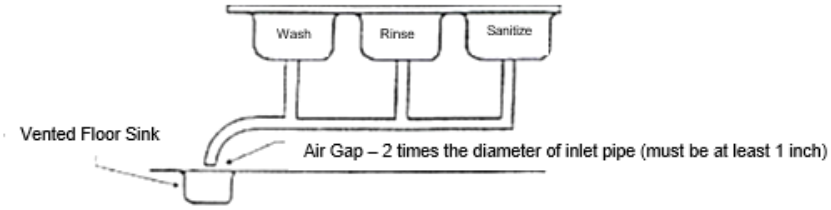
Montana Food Code (5-402.11) states "a direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed."

The most common type of backflow prevention is an **air gap**. Areas requiring an air gap include (but not limited to) drains for the following areas:

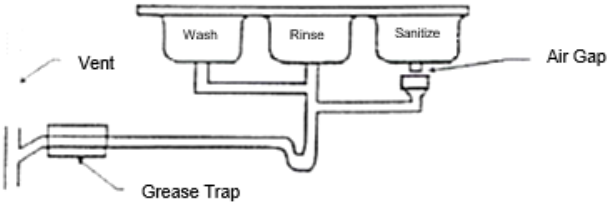
- Warewashing Sink
- Dishmachine
- Prep Sink
- Condensation Line
- Ice Machine
- Ice Bin

The Uniform Plumbing Code (used by both City of Great Falls AND Cascade County) requires at least one inch between the lowest point of the waste piping and the flood rim of the drain. Here are several examples of air gaps:

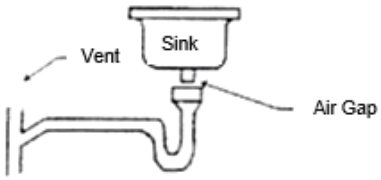
- Three-compartment Sink without Grease Trap



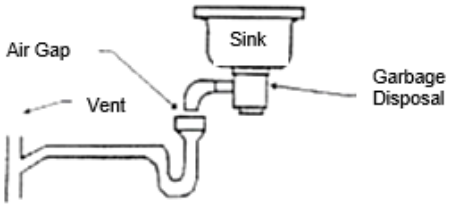
- Three-compartment Sink with a Grease Trap



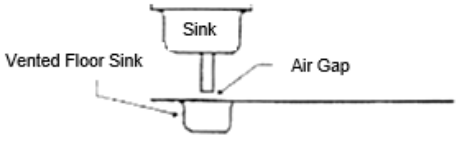
- Prep Sink without a Garbage Disposal



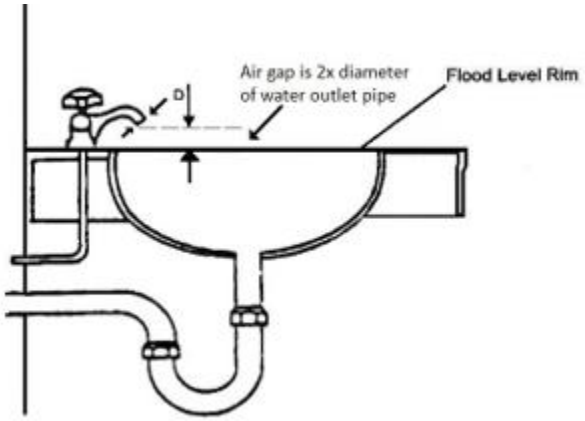
- Prep Sink with a Garbage Disposal

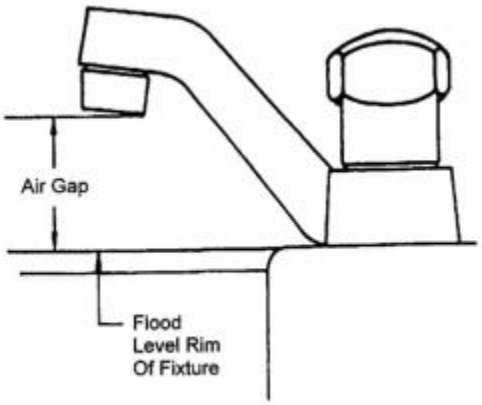


- Prep Sink



Montana Food Code (5-202.13) requires protection of the water supply system through installation of a backflow or backsiphonage prevention device on all water supply inlets (i.e. faucets, hoses, etc). An **air gap** is the cheapest and easiest way to prevent cross-connections between potable water and wastewater.





In areas where an air gap is not possible, the water source must be protected by a mechanical backflow device which meets American Society of Sanitary Engineers (ASSE) standards. Examples include:

- Hose Bib Vacuum Breaker
- Atmospheric Vacuum Breaker
- Pressure Vacuum Breaker
- Double Check Valves with Intermediate Atmospheric Vent
- Reduced Pressure Zone Backflow Prevention Assembly

APPENDIX J: TYPES OF HOODS

There are two primary types of hoods:

Type 1 Hoods

Covers grease producing cooking equipment

Required for equipment such as:

- Grills
- Fryers
- Stoves

Type 2 Hoods

Are for condensation and heat only

Required for equipment such as:

- Large Ovens
- High Temperature Dishwashers

All hoods must meet specifications and requirements of the Fire Code and the Building/Mechanical Code. The health department staff can help applicants determine whether the establishment will need a Type 1 or Type 2 hood based upon the menu.

However, final approval of hood systems is dependent on the Fire and/or Building department. If applicants have any specific questions or concerns about the hood systems, it is recommended the applicant contact the Fire/Building contact within the appropriate jurisdiction (see Appendix B1 on p. 23)

Worksheet 1A

TIME AS A PUBLIC HEALTH CONTROL PROCEDURES (4 Hour)

Establishment Name: _____

Requirements of using Time as a Public Health Control:

1. Food shall have an initial temperature of 41ºF or less when removed from cold holding, or 135°F or greater when removed from hot holding.
2. Food shall be marked or otherwise identified to indicate the time that is 4 hours after the time it is removed from temperature control.
3. Food shall be served or discarded within the 4 hours of being removed from temperature control. **Once the food is removed from temperature control, the food cannot be returned to using temperature as control.**
4. Food in unmarked containers/packages or marked to exceed a 4-hour limit shall be discarded.

List all food(s) will be held using Time as a Control:

How will the discard time for food(s) be marked?
☐ Sticker with time ☐ Handwritten mark on package ☐ Timer ☐ Time log ☐ Other (describe):
What does the time mark indicate?
☐ Time when food was removed from temperature control ☐ Time by when food needs to be served or discarded

I understand these requirements for using Time as a Public Health Control. The facility will follow the requirements listed above and will use the marking procedure as noted.

A copy of the TAPHC written procedure will be kept at the facility and will be made available for review upon request. The health department will be notified of any additions or alterations to the TAPHC procedures.

_____ _____ _____

Owner/Operator (Print Name) Signature Date

Worksheet 1B

TIME AS A PUBLIC HEALTH CONTROL PROCEDURES (6 Hour)

Establishment Name: _____

Requirements of using Time as a Public Health Control:

1. Food shall have an initial temperature of 41ºF or less when removed from cold holding.
2. Food shall be monitored to ensure warmest portion of food does not exceed 70°F OR kept in ambient air temperature not to exceed 70°F.
3. Food shall be marked or otherwise identified to indicate the time that is 6 hours after the time it is removed from temperature control.
4. Food shall be served or discarded within the 6 hours of being removed from temperature control. **Once the food is removed from temperature control, the food cannot be returned to using temperature as control.**
5. Food in unmarked containers/packages or marked to exceed a 6-hour limit shall be discarded.

List all food(s) will be held using Time as a Control:

How will the maximum food temperature be monitored?
☐ Kept in ambient air temperature of 70°F or less ☐ Other (describe):
How will the discard time for food(s) be marked?
☐ Sticker with time ☐ Handwritten mark on package ☐ Timer ☐ Time log ☐ Other (describe):
What does the time mark indicate?
☐ Time when food was removed from temperature control ☐ Time by when food needs to be served or discarded

I understand these requirements for using Time as a Public Health Control. The facility will follow the requirements listed above and will use the marking procedure as noted.

A copy of the TAPHC written procedure will be kept at the facility and will be made available for review upon request. The health department will be notified of any additions or alterations to the TAPHC procedures.

_____ _____ _____

Owner/Operator (Print Name) Signature Date

EQUIPMENT SCHEDULE SHEET					
Item (ID) Number	**Quantity**	**Equipment Type** *(General Description)*	**Manufacturer or Make**	**Model Number**	**Other Information**

Worksheet 3

FINISH SCHEDULE									
Room Name	FLOORS			WALL FINISHES				CEILING	
	Material	Finish	Type of Coving (Base)	North	East	South	West	Material	Finish

Worksheet 4
Peak Hot Water Demand Guidelines
Storage Tank Heater

Appropriately sizing your hot water heater is important to ensure all equipment requiring hot water will have an adequate supply at all times, especially peak hours. Use the following tool to determine the estimated maximum hot water demand for the establishment with a **storage tank water heater.**

For storage tank water heaters, the estimated gallons per hour (GPH) for the facility should be less than or equal to the water heater's recovery rate **(@ 100° F temperature rise)**, which can be found on the specification sheet for your hot water heater or by contacting the manufacturer.

Warewashing Sinks *(75% of sink capacity)*	**Number of Compartments**	**Dimensions (single compartment, inches)**			*For 75% Capacity: Multiply (# comp) x (cubic inches, LxWxD) x 0.003255*	**GPH**
		Length	**Width**	**Depth**		
					0.003255	
					0.003255	
					Total	
Prep Sinks *(5 GPH per compartment)*	**Number of Compartments**					**GPH**
					X 5	
					X 5	
					Total	
						GPH
Handwashing Sinks *(5 GPH per sink)*	**Number of Handwashing Sinks**				X 5	
Mop/Utility Sinks *(5 GPH per sink)*	**Number of Mop/Utility Sinks**				X 5	
Hose Reel *(5 GPH per reel)*	**Number of Hose Reels**				X 5	
Pre-Rinse Sprayer *(45 GPH per sprayer)*	**Number of Pre-Wash Sprayers**				X 45	
Note: Only calculate pre-rinse sprayer if connected to hot water						
Dish Machine *(70% final rinse usage)*	**Make**	**Model**		**Final Rinse Usage**		**GPH**
					X 0.7	
Note: Find "Final Rinse Usage" on Equipment spec sheet						
Clothes Washer	**Make**	**Model**		**Water Usage**		**GPH**
Note: Find "Water Useage" on Equipment spec sheet						

For any other equipment type requiring hot water, see equipment spec sheet or consult manufacturer to find GPH

Overall Facility GPH Demand	

Worksheet 5
Peak Hot Water Demand Guidelines
On-Demand/ "Tankless" Heater

Appropriately sizing your hot water heater is important to ensure all equipment requiring hot water will have an adequate supply at all times, especially peak hours. Use the following tool to determine the estimated maximum hot water demand for the establishment with a **on-demand/tankless water heater.**

Because the efficiency of on-demand/tankless water heaters are dependant upon the temperature of the incoming water supply, these systems may not be ideal for the cold weather winters in Montana. The total gallons per minute (GPM) for the facility should be less than or equal to the water heater's GPM **@ 100° F temperature rise**, which can be found on the equipment spec sheet (flow rate graph) or by contacting the manufacturer.

Equipment	Quantity (Total Faucets)	Estimated Usage	GPM
Handwashing Sink		X 0.5 GPM	
Warewashing Sink		X 2 GPM	
Prep Sink		X 1 GPM	
Service Sink		X 1 GPM	
Pre-rinse Sprayer		X 2 GPM	
		Total	

If facility uses low-flow fixtures less than the estimated usage, use the GPM found on the spec sheet for the fixture.

For any other equipment type requiring hot water, see equipment spec sheet or consult manufacturer to find GPM. List Make, Model, and GPM in chart below.

Equipment Type	Make	Model	GPM
		Total	
		Overall Facility GPM Demand	

CCHD CITY-COUNTY HEALTH DEPARTMENT

COMMISSARY AGREEMENT

COMMISSARY (SHARED KITCHEN) USER INFORMATION

Type of Food Establishment: ☐ Mobile ☐ Temporary Food Service ☐ Other:_____

Business/Establishment Name:	
Owner/LLC Name:	
Phone:	**E-mail:**

ACKNOWLEDGEMENT

I, the undersigned, agree and acknowledge the statements outlined below:

This commissary agreement is non-transferrable. Any change of commissary location will require submission of a new agreement to the health department. A new commissary floor plan and commissary equipment schedule may be requested.

All preparation and storage must occur either at the licensed commissary kitchen or in the licensed mobile. Nothing may be made or stored at a private residence.

The City-County Health Department - Environmental Health Services must be notified before making any changes to the menu and/or operation. Extensive changes may require a new plan review.

Applicant Signature:	**Title:**
Print Name:	**Date:**

COMMISSARY (SHARED KITCHEN) OWNER INFORMATION

Business/Establishment Name:		
Owner/LLC Name:		
Establishment Address:		**Suite/Unit:**
City:	**State: MT**	**ZIP Code:**
Owner Phone:	**Owner E-mail:**	
If health department needs to communicate with commissary, contact the:	☐ Owner Listed Above ☐ Person Listed Below ☐ Both	

Primary Contact Name:	**Position/Role:**
Phone:	**E-mail:**

This business agrees to provide the following services for the commissary user listed above *(check all that apply)*:

☐ Approved Potable Water Source Supply
☐ Wastewater Disposal
☐ Overnight Storage of Mobile Truck/Trailer
☐ Warewashing Facilities
☐ Equipment/Utensil Storage Area
☐ Chemical Storage
☐ Food Storage Area
☐ Dry Food ☐ Cold Holding ☐ Hot Holding
☐ Food Preparation Area
☐ Cooking Area
☐ Solid Waste Disposal
☐ Other: _____

Is the commissary kitchen area used by more than one establishment/business (including yours)?	☐ YES → ☐ NO	If YES, attach a description of how kitchen users will be separated (i.e. assigned areas, assigned/limited time, etc.)

ACKNOWLEDGEMENT

I acknowledge the information above is correct and agree to notify the City-County Health Department – Environmental Health Services if the commissary user listed on the agreement discontinues use of my licensed kitchen and/or if the agreement is terminated or changed in any manner.

Applicant Signature:	**Title:**
Print Name:	**Date:**