

# ENVIRONMENTAL HEALTH DEPARTMENT

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## CHANGE OF OWNERSHIP PLAN REVIEW APPLICATION

Name of Establishment _____
Location Address of Establishment _____
City _____ State _____ Zip _____
Telephone Number of Establishment _____

Name of Owner _____
Mailing Address _____
City _____ State _____ Zip _____
Applicant's Name _____
Contact Number _____ E-Mail Address _____

Category	Check Box
Restaurant	<input type="checkbox"/>
Institution	<input type="checkbox"/>
Retail Market	<input type="checkbox"/>
Food Manufacturer	<input type="checkbox"/>
Other	<input type="checkbox"/>

Details	Provide information
Number of Seats	<input type="text"/>
Number of Outside Seats	<input type="text"/>
Number of Staff (maximum per shift)	<input type="text"/>
Total Square Feet of Facility	<input type="text"/>
Number of floors on which operations will be conducted	<input type="text"/>

Will your establishment be seasonal? **Y / N**

If yes, provide the dates of operation. \_\_\_\_\_

<b>Type of Service (check all that apply):</b>	
Sit Down Meals	
Take Out	
Mobile Vendor	
Caterer	
Delivery Service	
Push-Cart	
Semi-Permanent	
Pre-Package Vendor	

		<b>Maximum Meals/Customers to be Served (approximate)</b>		
	<b>Hours of Operation</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

### A. Food Preparation

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served.

<b>CATEGORY</b>	<b>YES</b>	<b>NO</b>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) etc.		
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) etc.		
3. Cold processed foods (salads, sandwiches, vegetables) etc.		
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles, cooked vegetables,) etc.		
5. Bakery goods (pies, custards, cream fillings & toppings) etc.		
6. Other _____ _____		

### B. Food Supplies

1. Are all food supplies from inspected and approved sources? **Y / N**

2. What are the projected frequencies of deliveries?

Frozen foods \_\_\_\_\_

Refrigerated foods \_\_\_\_\_

Dry goods \_\_\_\_\_

3. Provide information on the amount of space (in cubic feet) allocated for dry storage.

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4. How will dry goods be stored off the floor? \_\_\_\_\_

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**C. Cold Storage**

1. Is adequate and approved freezer and refrigeration available to store frozen and refrigerated foods at 41°F (5°C) / 45°F (7°C) OR below? **Y / N**

List the number and size of refrigeration units \_\_\_\_\_

List the number and size of freezer units \_\_\_\_\_

3. Provide the method used to calculate cold storage requirements. \_\_\_\_\_

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4. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? **Y / N**

If yes, how will cross-contamination are prevented? \_\_\_\_\_

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4. Does each refrigerator/freezer have a thermometer?

**Y / N**

**Locate each thermometer in the warmest part of the unit.**

5. Describe the **date marking system**\* that will be used for refrigerated, ready-to-eat, PHF's?

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**\*Refrigerated, ready-to-eat, potentially hazardous food prepared and held for more than 24 hours in a food establishment must be clearly marked at the time of preparation to indicate the “sell by” date, “best if used by” date, or the date by which the food must be consumed which is, including the date of preparation:**

### D. Thawing Frozen Potentially Hazardous Food

Please indicate by checking the appropriate boxes how frozen PHF's in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

THAWING METHOD	*THICK FROZEN FOODS	*THIN FROZEN FOODS	Location of Thawing
Refrigeration			
Running Water Less than 70°F (21°C)			
Microwave (as part of cooking process)			
Cooked from frozen state			
Other (describe).			

\*Frozen foods: thin = one inch or less, and thick = more than an inch

### E. Cooking

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? **Y / N**

What type of temperature measuring device: \_\_\_\_\_

2. List types of cooking equipment. \_\_\_\_\_

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## F. Hot/Cold Holding

1. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service?

Indicate type, size, and number of hot holding units. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service?

Indicate type, size, and number of cold holding units. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups/ Gravy	Thick Soups/ Gravy	Rice/ Noodles	Location of Cooling Process
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Rapid Chill						
Other (describe)						

## G. Reheating

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F (74°C) for 15 seconds and within 2 hours?

\_\_\_\_\_

\_\_\_\_\_

Indicate type, size, and number of units used for reheating foods. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## H. Preparation

1. Please list categories of foods prepared more than 12 hours in advance of service. \_\_\_\_\_  
\_\_\_\_\_

2. How will food employees be trained in good food sanitation practices?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods? **Y / N**

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **Y / N**

Please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_ Concentration: \_\_\_\_\_

Chemical test strips/kit provided: **Y / N**

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? **Y/N**

If not, how will ready-to-eat foods be cooled rapidly to 41°F? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I. Water Supply**

1. Type of water supply:

- \_\_\_\_\_ Municipal (City)
- \_\_\_\_\_ Private Has water source been approved by *who*? YES / NO / PENDING
- \_\_\_\_\_ Public DEQ\* Provide PWSID Number \_\_\_\_\_ Please attach copy of written approval for the public water system from DEQ.

\*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (MDEQ), serving 25 or more people 60 days out of the year. MDEQ may be reached at (406) 444-2406.

	YES	NO	NA
<b>Ice</b>			
Is ice made on premises? (provide ice machine specifications)			
Is ice purchased commercially?			
Will ice be packaged for retail sale? If yes, provide location if icemaker or bagging operation. _____ _____			
Approval for the labeling of ice will be required by the Food Processing & Labeling Section, Food and Consumer Safety Section, (406) 444-2408.			
How will the ice machine be cleaned? _____ _____			
Describe provision for ice scoop storage. _____ _____			
<b>Hot Water Tank</b>			
The hot water generator must be sufficient for the needs of the establishment? What is the capacity of the hot water generator? (provide specifications) _____			
<b>Water Treatment Device</b>			
Is there a water treatment device? If yes, how will the device be inspected and serviced? _____ _____			

## J. Sewage Disposal

Sewage generated in a food service establishment must be disposed of in either a municipal sewage collection system, a public wastewater treatment system or a system constructed and operated in accordance with Title 75, chapter 6, Montana Code Annotated and Title 16, chapter 20, subchapter 4, Administrative Rules of Montana. Please indicate which type of system will be serving the establishment.

1. Type of wastewater treatment system:

- Municipal (City) Location \_\_\_\_\_  
 Private Local wastewater treatment permit # \_\_\_\_\_  
 Public\*DEQ Please attach copy of written approval (state and/or local permits).

\*Public water and wastewater treatment systems are non-municipal systems, which have been reviewed and approved by the Montana Department of Environmental Quality (MDEQ), serving 25 or more people 60 days out of the year. MDEQ may be reached at (406) 444-2406.

2. Is a grease trap provided? **Required by state and city-county codes** Y / N

If yes, where? \_\_\_\_\_  
 \_\_\_\_\_

3. Provide a schedule for cleaning & maintenance of the grease trap. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## K. Insect and Rodent Control

	YES	NO	NA
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all openable windows have a minimum of #16 mesh screening?			
Are insect control devices identified on the plan? If yes, provide details. _____ _____			
Will all pipes & electrical conduit chases be sealed and ventilation systems exhaust and intakes protected?			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			



Will air curtains be used? If yes, where? _____ _____			
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## L. Garbage and Refuse

	YES	NO	NA
<b>Inside</b>			
Do all containers have lids? If yes, where? _____ _____			
Will refuse be stored inside? If yes, where? _____ _____			
Is there an area designated for garbage can or floor mat cleaning? If yes, where? _____ _____			
<b>Outside</b>			
Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Will a compactor be used? Number _____ Size _____ Frequency of pickup _____ Contractor _____ Location _____			
Describe the location of grease storage receptacle. _____ _____			
<b>Recycling Areas</b>			
Is there an area to store recycled containers? If yes, please describe location? _____ _____			
Indicate what materials are to be recycled: Glass _____ Metal _____ Plastic _____ Paper _____ Cardboard _____			
<b>Damaged Food Product Storage</b>			
Is there an area designated for the storage of damaged food items? If yes, provide the location of the storage area for damaged goods.			

## M. General

	YES	NO	NA
<b>Dressing Rooms</b>			
Are dressing rooms provided?			
Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____			
<b>Toxic Chemicals</b>			
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?			
<b>All insecticides/rodenticides must be approved for food service</b>			
Describe the location of the storage area. _____			
Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?			
Are all toxics containers including sanitizing spray bottles clearly labeled?			
<b>Linens</b>			
Will linens be laundered on site? If yes, which linens will be laundered and where will they be laundered? _____ If no, how will linens be cleaned? _____			
Is a laundry dryer available?			
Location of clean linen storage. _____			
Location of dirty linen storage. _____			
<b>Food Containers</b>			
Are all bulk containers used for storage of bulk food products approved for food service?			
Indicate the type of storage units used. _____			
<b>Lighting</b>	YES	NO	NA
Are all lights shielded in all food prep areas, utensil & equipment dishwashing, & storage areas? (Provide a lighting schedule with protectors, (shields) on the site plan.			

**N. Small Equipment List**

Please specify the number, location, and types of each of the following:	Number	Location
Meat and other slicers		
Cutting boards		
Can openers		
Mixers		
Floor mats		

**I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Local Health Department may nullify final approval.**

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
 owner(s) or responsible representative(s)



**Approval of these plans and specifications by Big Horn County 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 in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**