



MOBILE PLAN REVIEW APPLICATION

Establishment Information:

_____ New _____ Change of Ownership

_____ Remodel _____ Menu/Equip Change

_____ HACCP _____ Change of Use

Application Date: _____

| Service | Fee | |
|-------------------------|-------|-------|
| Full/Base Review | \$285 | \$285 |
| Change of Ownership | \$145 | |
| Minor Remodel | \$145 | |
| HACCP/Process Review | \$145 | |
| Add'l Endorsement(s) | \$60 | |
| Resubmittal Fee | \$100 | |
| Non-Public Water Review | \$145 | |
| Wastewater Review | \$60 | |
| Total | -- | |

Name of Establishment: _____

Establishment Address: _____

Establishment Mailing Address: _____

Establishment Phone: _____ Email: _____

Contact Name: _____ Title: _____

Contact Mailing Address: _____

Contact Phone: _____ Email: _____

Below for MCCHD Use: Intake Review

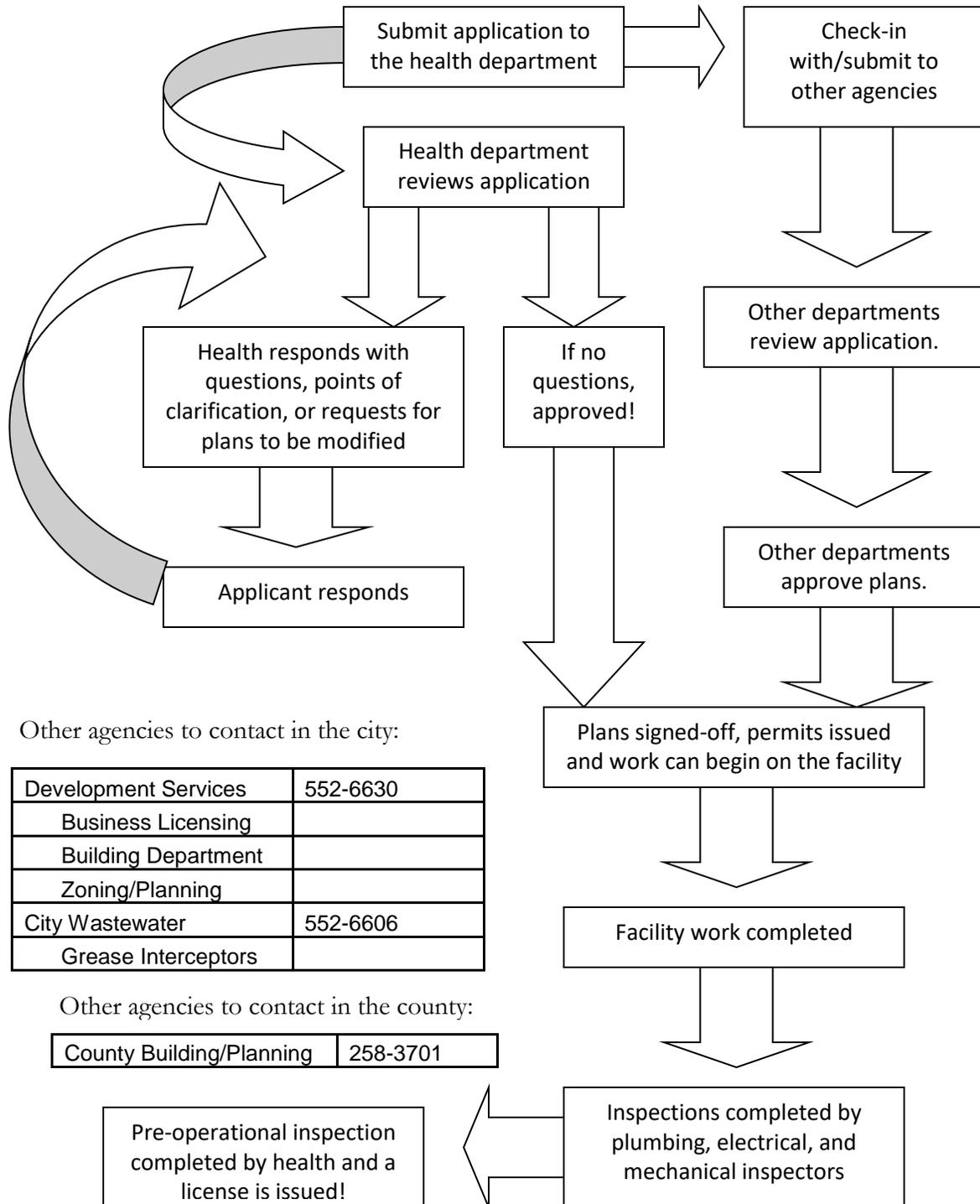
| Included | N/A | |
|----------|-----|---------------------------------------|
| | | Completed and Signed Application Form |
| | | Floor Plan: |
| | | Equipment Layout |
| | | Plumbing Layout w/ Drain Types |
| | | Hoods Labeled w/ Type |
| | | Spec Sheets or Make/Model List |
| | | Commissary Agreement |
| | | Site Plan |
| | | Water/Wastewater Information |
| | | Menu |
| | | Process Authority or HACCP Sheets |

Intake Sanitarian: _____

Date: _____

Sanitarian Comments: _____

Process Overview



Other agencies to contact in the city:

| | |
|----------------------|----------|
| Development Services | 552-6630 |
| Business Licensing | |
| Building Department | |
| Zoning/Planning | |
| City Wastewater | 552-6606 |
| Grease Interceptors | |

Other agencies to contact in the county:

| | |
|--------------------------|----------|
| County Building/Planning | 258-3701 |
|--------------------------|----------|

Guidelines for an Efficient Review Process

While most reviews can be completed in a of couple weeks, they may take between 30-60 days depending on staff resources and the completeness of the application submitted. To make your review process as fast and easy as possible, ensure the following:

- Turn in a complete application that is easy to read.
- Plan ahead so that the project is not delayed.
- Check-in with other agencies during the review process.
- Do not start construction or remodeling prior to getting an approval letter.
- Submit an application that reflects how you intend to operate at the time of licensing.
- Submit the final copies of your menu, floor plan, and equipment list as changes to these items may result in delays or additional fees.
- Respond quickly to questions from the reviewer.
- If something asked in the application does not apply to the operation, don't leave items blank, write N/A.

Items to Submit

- Application form, completed and signed.
- Menu
- Site plan showing parking areas, streets, dumpsters, and the septic system or well if applicable.
- Floor plan of the facility showing all sinks, hoods, and equipment. If the floor plan is not clearly labeled, an equipment schedule is required.
- Specification sheets for all food equipment. If specification sheets cannot be provided, a list of the make and model may be an adequate substitute.
- Plumbing plan showing water to each plumbed fixture as well as how wastewater will be conveyed from sinks and equipment. This plan must show locations of floor sinks, backflow prevention devices, and indicate which fixtures are indirectly connected to waste.
- Ventilation plan showing locations and types of hoods if not shown on the floor plan.
- HACCP or Special Process information, if applicable.

Other Licenses and Regulatory Agencies

- There are many codes that you may need to comply with including those from building, fire, wastewater, zoning, and the department of revenue. While it is not the health department's responsibility to enforce their codes, there may be instances where you cannot be approved to operate until you comply with their regulations.
- A business license is required if you operate in the City of Missoula.

Food Preparation Review

Type of food service (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Sit Down Meals |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Meat Market | <input type="checkbox"/> Delivery/Take Out |
| <input type="checkbox"/> Retail Manufacturing | <input type="checkbox"/> Perishable Food Dealer |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Produce | <input type="checkbox"/> Other: _____ |

Number of seats: _____ Maximum number of employees per shift: _____

Hours of operation (Opening time to closing time each day):

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Estimated number of customers: Breakfast _____ Lunch _____ Dinner _____

Food Supplies:

Note: if sources are not easily recognized as licensed and approved, your reviewer may request additional information.

| | Vendor/Supplier | Delivery Frequency/Week |
|---------------|-----------------|-------------------------|
| Meat | | |
| Seafood | | |
| Dairy | | |
| Produce | | |
| Baked Goods | | |
| Ice | | |
| Eggs | | |
| Spices | | |
| Grains, Beans | | |
| Other: | | |

If you plan to pick-up your supplies, discuss how you will keep foods temperature controlled and protected from contamination during transport.

Food Storage and Protection:

| | Number of Storage or Shelving Units | Cubic Feet in Commissary | Cubic Feet in Mobile |
|----------------------|--|---------------------------------|-----------------------------|
| Dry Storage | | | |
| Refrigerated Storage | | | |
| Frozen Storage | | | |

1. How will you ensure that storage units hold appropriate temperatures?

2. Will you store raw animal foods in the same refrigerators as ready-to-eat foods? _____

3. If yes, to #2, top to bottom, how will you store raw animal products in refrigeration units:

4. How will you keep food and single-service items (e.g. paper cups) off the floor?

5. Where will you store chemicals? _____

6. You must date mark Time-Temperature Controlled for Safety foods (TCS) upon preparation or opening the manufacturer's packaging. Describe your date marking system.

How long will you keep cold, ready-to-eat TCS foods after preparation or opening?

7. How will staff ensure proper rotation of foods and timely discard of expired items?

8. How will you ensure that products are checked upon delivery and received in temperature and in good condition? Please include expected condition of received food and when you will reject products. If more space is needed, please attach a receiving procedure.

Thawing:

Check here if no food will be thawed and proceed to the next section: _____

Indicate how foods will be thawed by writing the food to be thawed next to the intended process. Then, note the equipment or sink that will be used for the chosen method.

| Thawing Method | Food Thawed | Equipment/Sink Used | Location: Commissary or Mobile |
|--|-------------|---------------------|--------------------------------|
| Refrigeration | | | |
| Cool Running Water >70°F | | | |
| Microwave (immediately prior to cooking) | | | |
| Cooked from Frozen | | | |
| Other (describe): _____ | | | |

Cooking Foods and Consumer Advisory:

Check here if no food will be cooked and proceed to the next section: _____

1. Which raw animal proteins will you cook onsite? _____
2. What equipment will you use to cook or heat foods?

3. How will you verify that foods are properly cooked? _____
4. Will any shellfish, seafood, or fish be served undercooked or raw? _____

If so, describe the parasite controls used (i.e. provide freeze-kill documentation, describe the freeze-kill process, discuss shell tags) or attach additional documents. _____

5. List any other raw or undercooked animal products that you intend to serve (e.g. rare steaks, hollandaise, or Caesar with raw eggs)? _____

How will you warn customers of their increased risk of foodborne illness when consuming the above items? _____

6. Will you use a partial cooking process for raw animal products (e.g., food cooked part-way, then cooled, and then completely cooked before service)? _____

If so, attach a written procedure outlining length of initial heat step, how you will cool the partially cooked item, how you will store the partially cooked product (include temperature,

labeling, and location), and what you will heat the product to before service. Be specific with each step and discuss monitoring methods and management oversight.

Hot and Cold Holding; Holding Without Temperature Control:

1. What equipment will you use to maintain hot TCS foods at 135°F or higher? _____

2. What equipment will you use to maintain cold TCS foods at 41°F or lower? _____

3. What TCS foods will you hold without temperature control, aka “time-control” (e.g. hot catered food held in insulated container, cold TCS food held on ice)?

If you will use “time-control” for TCS foods, attach your written procedure. The procedure must contain starting temperatures, length of time that food will sit without mechanical temperature control, description of the time tracking system, and other monitoring methods.

Cooling:

Check here if you will not cool foods, including leftovers, and proceed to the next section: _____

Fill out the table on the next page indicating the types of foods that will be cooled, the anticipated amount of food you will cool at one time (# of gallons, pans, pounds), the cooling method that you will use, and which sinks or equipment you will use in the process.

| Cooling Method | Thick Meats | | Thin Meats | | Thick Soups/ Sauces | | Thick Soups/ Sauces | | Rice/ Noodles | | Assembled foods (e.g., sandwiches) | | Location: Sinks or Equipment Used |
|-----------------|-------------|-----|------------|-----|---------------------|-----|---------------------|-----|---------------|-----|------------------------------------|-----|-----------------------------------|
| | | amt | | amt | | amt | | amt | | amt | | amt | |
| Shallow Pans | | | | | | | | | | | | | |
| Ice Baths | | | | | | | | | | | | | |
| Reduced Size | | | | | | | | | | | | | |
| Ice Wands | | | | | | | | | | | | | |
| Blast Chiller | | | | | | | | | | | | | |
| Other: _____ | | | | | | | | | | | | | |

1. List the cooling parameters you will use: the temperatures that foods must reach and how quickly those temperatures are attained. _____
-

Reheating:

Check here if you will not reheat TCS foods and proceed to the next section: _____

1. What items will you reheat for hot holding? _____
2. What equipment will you use to reheat foods? _____
3. What temperature will you reheat food to prior to hot holding? _____

Thermometers:

Indicate the types of thermometers that you will use and describe their intended use (e.g., monitoring refrigerator temps, taking internal cooking temps).

| Thermometer Type | Used? Y/N | Intended Use |
|---------------------------|-----------|--------------|
| Bimetallic Stemmed (Dial) | | |
| Ambient Thermometer | | |
| Digital/Thermocouple | | |
| Infrared (Laser) | | |

1. How often will you calibrate thermometers? _____
2. Describe the calibration process, including the temperature to which the thermometer will be calibrated.

Food Safety Training:

1. Employees trained in proper food handling techniques are an asset to food service operations. Describe your employee training program (e.g. corporate videos, in-house training, sending employees to ServSafe) _____
2. Well-trained, active managers are also critical to a safe food operation. What food safety training will managers receive?

3. Active Managerial Controls can help prevent foodborne illness. These may include time-temperature logs, HACCP plans, training and oversight, or Standard Operating Procedures. Describe the Active Managerial Controls that you plan to use.

Handling and Hygiene:

1. Employee cleanliness and good hygienic practices are essential to food safety. **Describe** your policies for the following areas of concern or attach a written policy:

| Area of Concern | Policy/Requirement |
|---|--------------------|
| Bathing/General Cleanliness | |
| Hair Restraint | |
| Fingernails—length, false nails, polish | |
| Jewelry on hands and arms | |
| Clothes/Uniform/Aprons | |
| Cuts/Wounds | |

2. Proper exclusion of ill employees is essential in preventing the spread of foodborne illness. List the symptoms and diagnoses for which you will send an employee home. _____

3. When must employees wash hands? _____

4. Food handlers cannot touch ready-to-eat foods with their bare hands. What barriers will you and your staff use when handling ready-to-eat foods? _____

General Preparation:

1. What produce (e.g. fruits, vegetables, herbs) will you wash before use? _____

Where will you wash the above items? _____

Are there any produce items that you do not plan to wash? If so, why? _____

2. Will you prechill components of cold assembled foods (e.g. tuna salad, chicken salad) be pre-chilled prior to assembly? _____

If not, describe how the product will be quickly chilled to 41 °F. _____

3. How will you minimize the amount of time that food spends in the temperature danger zone between 41°F and 135°F? (e.g. only work with small batches, work in cold room, cook to order only, etc.) _____

4. Do you plan to do any of the following processes onsite?

| Process | Yes/No | Foods Processed/Produced |
|--|--------|--------------------------|
| Smoking for preservation | | |
| Curing | | |
| Use Additives (including acidifying sushi rice) | | |
| Vacuum Packaging | | |
| Sous Vide (vac sealing food and cooking in a water bath) | | |
| Cook Chill (sealing cooked product in a bag and ice bathing) | | |
| Juicing | | |
| Seed Sprouting | | |
| Custom Cutting | | |
| Fermentation | | |

Attach a HACCP plan and process authority documentation for each food processed by the above methods.

Cleaning and Sanitizing:

1. Will a three-compartment sink be provided? _____ Is it located in the commissary or on the mobile? _____

Dimensions of each compartment (length, width, depth) _____

Size of your largest dish or piece of equipment _____

Does the sink have drain boards? _____

If not, describe how you will provide enough dish drying space.

2. What sanitizer will you use in the three-compartment sink? In your sanitizer buckets? What concentration and contact time will your chemical need?

| Sanitizer | Concentration | Contact Time | Bucket or 3-Comp |
|------------------------------|---------------|--------------|------------------|
| Chlorine (aka, bleach water) | | | |
| Quat Ammonium Compounds | | | |
| Iodine | | | |

3. How will staff ensure that sanitizer is at the correct concentration? _____
4. Describe the manual dishwashing process you will use. _____

5. Will you use a dish machine? _____
How will the machine sanitize dishware and utensils? _____
6. Prep tables, make line cutting boards, and stationary equipment need cleaned and sanitized in place. Describe the cleaning and sanitizing procedure for these items.

7. How often will you wash, rinse, and sanitize in-use items (e.g. grill line utensils, blenders, meat slicers)? _____
8. Attach a master cleaning schedule for daily, weekly, and monthly cleaning tasks.
9. Attach the “Vomit and Diarrhea Accident Response Plan” that you will use.

Facility Review

_____ **I am applying to use my own licensed kitchen,** _____,
as a commissary.

_____ **I plan to build my own commissary to support this mobile** and have included with this review, an additional facility application and all pertinent information for its review.

_____ **I am applying to be a self-sufficient mobile.** I do not need a commissary kitchen for support because: _____

I understand that I may need to alter my mobile or operational plans in order to meet requirements for the menu that I have proposed. If I cannot make sufficient changes, I may be required to get a commissary.

_____ **I do not have my own kitchen facilities and will be using a commissary kitchen.**

Commissary Name: _____

*Attach a commissary agreement letter signed by the manager or owner of the licensed kitchen that you would like to use.

*Include a current floor plan of the commissary kitchen and equipment schedule. You may use the floor plan on file at the department as long as you have reviewed the plan and included any updates/changes/additions to it since the last review. Add any equipment that you propose to bring into the facility and indicate where your items will be stored as well as the prep space that you will use. Initial and date the plan indicating that you have reviewed it and that it is correct to the best of your knowledge.

*Attach any spec sheets for equipment you are adding to the facility.

*Is this commissary used by others? _____ If so, how will you keep your operation separate from other kitchen users? You must be able to store things separately and have separation by time or space during preparation.

I understand that by submitting this signed application that all preparation and storage must be done in the commissary and that no items may be made or stored in my private residence.

(Applicant Signature and Date)

Facility Review

Answer the questions in this section **with regard to the mobile unit proposed** and not the commissary.

Finish Schedule (Surfaces):

Describe finish materials for the following areas including the color of the surface.

| | Floor | Coving | Walls | Ceiling |
|-----------------------|-------|--------|-------|---------|
| Kitchen | | | | |
| Dry Storage | | | | |
| Walk-in Refrigeration | | | | |
| Dishwashing | | | | |
| Other: _____ | | | | |

Plumbing:

1. Where will the hand sinks be located? _____

2. Describe the components of a properly stocked hand sink: _____

3. Will any hand sinks have metered faucets? _____
4. Will all hand sinks have hot and cold running water under pressure? _____
5. Where will mop water and cleaning water be disposed of? _____

Plumbing Connections and Drain Lines:

Fill out the following table indicating the type of connection that each fixture or piece of equipment has to waste (i.e. indirect via air gap, direct to sewer).

| Fixture/Equipment | Directly to the Tank | Indirectly to the Tank |
|---|----------------------|------------------------|
| Ice Machine | | |
| Ice Bin | | |
| Food Prep Sink | | |
| Three-compartment Sink | | |
| Running Water Dipper Well | | |
| Rinse Sink | | |
| Beverage Systems (soda dispenser, tap beer, espresso machine) | | |
| Steam Table/Bainmarie/Steam Kettle | | |

| | | |
|--|--|--|
| Plumbed Drainboards | | |
| Condensate Drain Lines for Refrigeration | | |

Indicate the where backflow prevention devices (e.g. atmospheric vacuum breaker, double-check valve, hose bib vacuum breaker) are installed.

| | Backflow Device Installed | Equipment/Fixture N/A |
|--|---------------------------|-----------------------|
| Fill Line for Steam Kettle or Bain-marie | | |
| Perforated Pipe to Woks | | |

Insect and Rodent Control:

- Do you plan to prop doors or windows open? _____
If yes, describe how you will prevent pests from entering. _____
- Will you have a pest control provider? _____
If so, who will be your service provider? _____
- Will you provide your own pest control services? _____ If so, describe the pest controls will you use (e.g. mouse traps, pesticides). If pesticides are used, you must include a spec sheet for the chemical you plan to use and describe how you will ensure that food and equipment do not get contaminated through its use. _____

Garbage Storage and Disposal:

- Will garbage or recyclables be stored inside? _____
If so, where? _____
- Will all garbage cans inside have liners? _____ Lids when not in use? _____
- Where will garbage cans be cleaned? _____
- Will a commercial dumpster be provided for outside storage and pickup? _____
- What garbage collection service will be used? _____
- Frequency of garbage pickup will be _____ times per week.
- Where will recycling be stored outside? _____

Employee Dressing Rooms and Personal Storage:

- Where will employees be able to change clothes? _____

2. Where will employees be able to store personal items? _____

Toilet Rooms – Employee and Public:

1. Will employee have access to a bathroom within 200 feet of the prep or service area?

If you plan to operate consistently in one location, include a bathroom use agreement signed by the owner/manager of the building in which bathrooms are located.

Toxic Materials:

1. Where will toxic materials be stored? _____
2. If toxic materials are stored in the same area as food or single-service items, explain how chemical contamination of these items will be prevented. _____

3. Will chemicals be stored in secured areas or under constant supervision? _____

Water Supply:

1. Fresh water must be obtained from a public water supply. Where is the mobile's servicing area (i.e. fill location)?

2. What is the capacity of the fresh water tank? _____
3. Is the tank mounted to the mobile? _____
4. What is the size of the fresh water inlet? _____ Is the inlet located above or below the wastewater connection? _____
5. Where will the fresh water hose be stored between uses? _____
Attach information showing that the hoses and water tank are food grade, or approved for drinking water use (PWS or NSF approved).

Wastewater Disposal:

1. Wastewater must be disposed of in either a municipal sewerage system, an approved 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. Where is your wastewater servicing area (i.e. wastewater dump)? _____
2. What is the capacity of the wastewater tank? _____
3. What is the size of the mobile's wastewater connection? _____
4. Where will you store the wastewater hose between uses? _____

Statement:

I hereby certify that the information included in this application, including the attached floor plans, equipment lists, and the menu are correct. I understand that any deviation from the submitted information may incur additional review fees and may delay approval. In addition, I understand that changes made after an approval letter is issued without prior permission of the health department may nullify the approval for this review.

By submitting this signed application, I acknowledge that the process may take 30 to 60 days and that applications are reviewed in the order that they are received. I further acknowledge that it is my responsibility to contact other regulatory agencies and that an approval letter issued from the health department does not indicate compliance with any other code, law, or regulation that may be required whether federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). I understand that a pre-operational inspection of the establishment to assess functional equipment, sinks, and other fixtures is required to determine compliance with food service establishment regulations, and that before a facility can operate, a food purveyor's license must be issued.

Signature of Responsible Representative: _____

Printed Name of Representative: _____

Date: _____