Plan Review Fee : $150.00
To Lake County
Environmental Health

Montana Department of Public Health & Human Services
Food & Consumer Safety Section

PUBLIC SLEEPING ACCOMMODATION PLAN REVIEW

[Based on ARM Title 37, Chapter 111, Subchapter 1; Document date 20130404]

Note: This checklist applies to hotels, motels, tourist homes (vacation rentals), rooming houses, and boarding houses (hostels). This checklist DOES NOT apply to bed & breakfasts, guest ranches, and outfitting & guide facilities as defined in 50-51-102, MCA.

Please submit this completed checklist and all applicable documents to the local county sanitarian (i.e. environmental health office).

Licensee (Owner) Name_____

Contact Phone 1_____ Phone 2_____ Email_____

Establishment Name_____

Establishment Location Address_____

City_____ Zip_____ County_____

Mailing Address *(If different from above)*_____

City_____ State_____ Zip_____

On-Site Manager (Operator) Name *(If different from Licensee)*_____

Contact Phone 1_____ Phone 2_____ Email_____

Engineer/Architect/Designer Name_____

Business Name_____

Business Mailing Address_____

City_____ State_____ Zip_____

Contact Phone 1_____ Phone 2_____ Email_____

Sanitarian approval of these plans must be obtained before any construction or remodeling begins, or a home or other building is converted into a public sleeping accommodation. Plan review may or may not be waived for a change of ownership, but final approval is needed from the sanitarian.

Inspection and approval to open by the local sanitarian must be obtained before a license can be issued. Submit license fee (payable to DPHHS) to local sanitarian once the license is approved. DO NOT send the fee in with this application. The fee is $40 for 1 to 10 rooms, $80 for 11 to 25 rooms, $160 for 26 or more rooms.

If the establishment qualifies as a public water supply, public wastewater system, or subdivision, plans must be submitted to the Department of Environmental Quality (DEQ) and the local sanitarian in accordance with the subdivision requirements in ARM Title 17, Chapter 36, subchapter 3 and public water supply requirements in ARM Title 17, Chapter 38, subchapter 1, as applicable.

The local sanitarian will make approval or disapproval known to the applicant within 30 business days from when a complete plan is submitted. This deadline may be extended to 120 days or later if an environmental health impact statement is required, as determined by DEQ. Any approval of plans expires in 2 years if construction has not begun.

Please complete all questions on pages 1 through 7. If a question does not apply to your establishment, then place a "NA" (not applicable) next to the item. Note: this checklist does not contain all the requirements of ARM Title 37, Chapter 111, subchapter 1.

REASON FOR REVIEW *Choose 1 of the 4 options.*

- ❑ 1. New License with New Construction
- ❑ 2. New License with Existing Building (Conversion to a Public Sleeping Accommodation)
- ❑ 3. Remodel, Alteration, Enlargement of Licensed Public Sleeping Accommodation
- ❑ 4. Ownership/Licensee Change

➢ If previously licensed, former business name_____

Previous owner/licensee name_____

Previous license number_____ Last calendar year licensed_____

TYPE OF ESTABLISHMENT *Check all that apply. Include numbers proposed and existing if applicable.*

- ❑ 1. Hotel or Motel: Number of bedrooms _____
- ❑ 2. Tourist Home, Vacation Rental: Number of buildings, houses, cabins, and condos _____

  Total number of bedrooms _____
- ❑ 3. Boarding House, Hostel: Number of bedrooms _____

GENERAL PLAN REVIEW REQUIREMENTS *With this application, please submit the following:*

- ❑ Detailed plans showing any laundry facility, laundry room handwashing sink, janitor sink, cleaning supply storage, bedding storage, extra furnishing storage and ice machines (not part of a guest room individual freezer unit). Include the location of swimming pools, spas, and other recreational water features. Scaled plans or measurements are not necessary, but may be used if available.
- ❑ Detailed plans showing all food preparation, storage, dishwashing and service areas, unless already licensed as a retail food service establishment under 50-50-102, MCA. See page X for more information.
- ❑ A flow chart showing the route of laundry through sorting, washing, drying, ironing, folding, and storage. Using a different color for each step is helpful.

WATER SUPPLY *Choose 1 of the following 4 options.*

- ❑ 1. The establishment will be connecting to an existing public water supply, PWSID # _____. Note: Connection plans may need to be reviewed and approved by DEQ.
- ❑ 2. A public water supply will be developed and used. "Public water supply system" means a water supply that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year. Plans must be reviewed and approved by DEQ. Refer to ARM Title 17, Chapter 38, subchapters 1, 2, 3, and 5.

- ❑ 3. A newly constructed nonpublic water supply system will be used. Refer to FCS Circular 1-2012 for construction and maintenance standards.
- ❑ 4. An existing nonpublic water supply system will be used. Note: If the water system is constructed after May 2012, modifications are made, or the local sanitarian determines it is necessary, compliance with FCS Circular 1-2012 is required.

FOR NONPUBLIC WATER SUPPLY ONLY -SAMPLING

- ❑ For nonpublic water supply systems, satisfactory coliform and nitrate tests must be done before the system may be used as a potable water supply.
  - ➢ Coliform test date_____ Result_____
  - ➢ Nitrate test date _____ Result_____
  - ❖ Note: Routine coliform tests are taken twice a year (April through June and again July through September) or as directed by the local sanitarian. Nitrate tests are taken every three years.

FOR NONPOTABLE WATER SOURCES ONLY

- ❑ A nonpotable water source will be used for _____, which does not expose the public to any health risk.
  - ❑ Points of access are marked "not for human consumption".
  - ❑ No possible connection to a potable water supply exists.

WASTEWATER SYSTEM *Choose 1 of the following 4 options:*

- ❑ 1. The establishment will be connecting to an existing public wastewater system, city name or DEQ #_____. Note: Connection plans may need to be reviewed and approved by DEQ. Note: A local wastewater system permit may also be required.
- ❑ 2. A public wastewater system will be developed and used. "Public wastewater system" means a sewage system that has at least 15 service connections or that regularly serves at least 25 persons daily for any 60 or more days in a calendar year. Plans must be reviewed and approved by DEQ.
- ❑ 3. A newly constructed nonpublic wastewater system will be used. The system meets local regulations, permit #_____. Refer to 50-2-116, MCA.
- ❑ 4. An existing nonpublic wastewater system will be used. The system meets local regulations, permit #_____. Refer to 50-2-116, MCA.

SOLID WASTE STORAGE

- ❑ Garbage containers are stable, rodent-proof, and protected from deterioration (if metal).
- ❑ Garbage storage is adequate and prevents any type of hazard.
- ❑ Containers are covered (when not in use) with lids which prevent flies and water from entering.

SOLID WASTE REMOVAL *Choose 1 of the following 2 options:*

- ☐ 1. Garbage is picked up by a contracted service. Company name _____.
- ☐ 2. Garbage is taken directly to a licensed solid waste facility by establishment management. Landfill or transfer station name _____.

Choose 1 of the following 2 options:

- ☐ 1. Garbage is removed at least weekly.
- ☐ 2. A deviation from weekly removal is requested. Describe how the property manager will ensure storage, collection and disposal of solid waste will not create a hazard: _____

_____

_____.

PHYSICAL REQUIREMENTS AND CLEANING DETAILS

- ☐ All furnishings, fixtures, floors, walls, and ceilings are clean and in good repair.
- ☐ Management provides for maintenance as needed.
- ☐ The following smooth, durable, easily cleanable finish materials and ventilation will be provided. *Describe in the boxes below or attach information:*

	Flooring	Walls	Floor-Wall Baseboard	Ceiling	Ventilation
Guest Room Bathrooms					
Public Bathrooms					
Laundry Room					
Janitor Sink Area					Not required

- ☐ Bathtubs and showers are provided with a built-in anti-slip surface.

-or-

- ☐ Bathtubs and showers are provided with removable anti-slip mats.
- ☐ Storage space for extra bedding and furnishings is sufficient.

- ☐ Cleaning compounds and pesticides are stored, used, and disposed according to manufacturer's label instructions.
- ☐ Janitorial storage facilities are adequate and convenient.
- ☐ Janitor sink is available, with the following backflow prevention _____

_____.

- ☐ The facility is a tourist home, and a deviation from having a janitor sink is requested.
  - ➢ Describe how cleaning equipment will be washed without a janitor sink _____

    _____.
  - ➢ Describe how mop water will be disposed without a janitor sink _____

    _____.
- ☐ Mops are air dried between uses.
- ☐ Toilet and urinal cleaning devices are separated from other cleaning supplies and not used for any other purpose.
- ☐ Bathtub and shower cleaning devices are separated from other cleaning supplies and not used for any other purpose.
- ☐ Ozone air purifiers are not used within the establishment. Note: Alternative methods of air cleaning can be used such as elimination of the pollution source, ventilation, or air filtration.
- ☐ All rooms, hallways, stairways, and public access areas are provided with sufficient light.
- ☐ Water provided at laundry room and guest room handsinks, bathtubs, and showers is mixing hot and cold, at least 100°F, but not more than 120°F. Temperature recorded_____

  Location temperature taken _____.
- ☐ Property is maintained to minimize insects, rodents and other vermin. *Describe cleaning schedule and pest control.* _____

  _____.

LAUNDRY FACILITY *Choose one of the following three options:*

- ☐ 1. Laundry is done on-site.
- ☐ 2. Laundry is taken to an off-site facility. Name and location of facility: _____

  _____.
- ☐ 3. Laundry is picked up by a contracted service. Name of service: _____

LAUNDRY PROCESS

- ☐ Bedding, towels, and other laundered items are mechanically washed.
- ☐ Wash cycle is long enough and enough detergent is used to thoroughly remove all visible soil.
- ☐ Laundered items are hot air tumble dried to at least 130°F for at least 10 minutes.

- ❑ Carts or other containers are labeled to separate clean and dirty items.
- ❑ Hands are washed between touching dirty and clean laundry.
- ❑ Laundry area has a handwashing sink with soap, paper towels and trash can.
- ❑ If handwashing sink is used for soaking laundry, explain how it will be available for handwashing when needed:_____

GUEST ROOM CLEANING & MAINTENANCE

- ❑ Guest rooms are cleaned and supplied with freshly laundered sheets, pillow covers, towels and washcloths before each new guest or group of guests arrive.
- ❑ Clean bed sheets, pillow covers, towels and washcloths are provided to each guest at least weekly.
  - ❑ Guests may request more frequent service.
  - ❑ This establishment has a policy more for frequent service than weekly. Describe:

    _____
- ❑ If bathrooms are shared, they are cleaned daily.
- ❑ All bedding, towels, and washcloths provided by management are in good repair.
- ❑ Each mattress is covered with a machine-washable pad.
- ❑ Sheets adequately cover the bed and fold over the blanket at least six inches.
- ❑ All bedding including quilts and comforters are machine-washable or covered with machine-washable linen such as a duvet.
- ❑ Items provided in the guest room and at other locations such as glassware, pitchers, ice buckets, coffee pots and other utensils used for food or drink are washed, rinsed, and sanitized with 50 ppm chlorine solution or . Describe how this is done_____.
- ❑ The following single-service items are provided_____

  _____.
- ❑ All utensils used for food or drink provided for guests are stored, handled, and dispensed in a manner which prevents contamination.

ICE *Choose all that apply:*

- ❑ Ice is made from the establishment's water supply.
- ❑ Ice is obtained from a licensed approved vendor.
- ❑ Ice is made, stored, handled, and transported in a clean manner that prevents contamination.
- ❑ Ice machine drain(s) are air-gapped to wastewater system.
- ❑ Ice is made and stored in an automatic dispenser.
- ❑ Ice is served by the establishment's staff with a clean ice scoop that is kept clean at all times.

FOOD SERVICE

- ❑ Food and beverages are provided to over-night guests and staff only.
  - ➢ Compliance with ARM Title 37, Chapter 110, subchapter 2 applies, but no separate food license is required.
    - ❑ Applicant has a copy of the rules.
    - ❑ Food service plans have been submitted, including the menu, equipment list with manufacturer name and model number, finish surface materials for floors, walls and ceilings, and a diagram showing the location of all the food service equipment, handwashing sink(s), food storage area(s), mop sink, restroom(s), dishwashing sinks and dishwashing machines. Submittal date:_____
- ❑ A retail food service operation is available to the general public, conference attendees or other event participants, who are not overnight guests.
  - ➢ Licensing under ARM Title 37, Chapter 110, subchapter 2 applies.
    - ❑ Food service is currently licensed. License number _____
    - ❑ Food service plans have been submitted, including the menu, equipment list with manufacturer name and model number, finish surface materials for floors, walls and ceilings, and a diagram showing the location of all the food service equipment, handwashing sink(s), food storage area(s), mop sink, restroom(s), dishwashing sinks and dishwashing machines. Submittal date:_____

GUEST REGISTRATION

- ❑ A guest register is kept for at least one year with the name of the guest, contact information, and unit to which the guest was assigned (for communicable disease investigations or other public health reasons).

LICENSE REQUIREMENT AND DISPLAY

- ◈ Notice: Once you receive your license, it must be displayed in a visible location. The license is not transferable. This means if you sell your business to another person, the new owner must apply for a new license. If you move to a new location, you must apply for a new license. If you add any guest rooms, cabins or other structures, you must contact the local health authority for a review and approval of your changes.
- ◈ Approval of these plans and specifications by the local health authority does not relieve the applicant from satisfying applicable requirements from other federal, state, or local agencies. Other requirements may include, but are not limited to the following: business licensing, building code permit and inspection, fire and life safety inspection, retail food licensing, public swimming pool, spa, and other water feature licensing.
- ◈ I hereby certify that the above information is correct. I fully understand that any deviation from the plans as submitted without prior permission from the health authority may nullify any approval from the local health authority and/or the department.

ATTEST

- ➢ Applicant Signature _____ Date _____