



Environmental Health Services

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Administration
 751-8101 FAX 751-8101
 Community Health Services
 751-8110 FAX 751-8111
 Reproductive Health Services
 751-8150 FAX 751-8151
 WIC Services
 751-8170 FAX 751-8171
 Home Health
 751-6800 FAX 751-6807

Public Accommodation- Tourist Home/Vacation Rental Plan Review

Please complete the entire plan review, attach required documents, and submit to the Flathead City-County Health Department. Our office will notify you when your plan has been reviewed. If you have any questions regarding the plan review please contact our office.

Required Documents:

1. Water test results (if not public)
2. Septic permit (if not public sewer)
3. Site and Floor Plans Including:
 - Label all areas in the home (bedrooms, bathrooms, laundry, storage, entrances, exits, etc.)
 - Label the locations of equipment (refrigerators, dishwashers, sinks, etc.)

I. Owner Information	
Owner's Name	
Current Mailing Address (Street)	(Apt./Unit)
(City)	(State) (Zip)
Phone Number	Email

II. Property Information	
Tourist Home Address (Street)	(Apt./Unit)
(City)	(State) (Zip)
(Number of Bedrooms)	(Maximum Occupancy)

III. Water Supply		
<i>Office Use Only</i>		Check one
	Public (City or Public Water Supply Name/#) _____	
	Private (well) *Please attach water test results (required). Testing must include Coliform and Nitrate.	

IV. Wastewater		
<i>Office Use Only</i>		Check one
	Public (City or Public Sewer) _____	
	Private (septic system) *Please attach a copy of your septic permit (required).	

V. Guest Log Requirement			
<i>Office Use Only</i>		Yes	No
	A guest log must be maintained and kept for 1 year with the following information: Name, home address, and phone number of each guest. Do you understand and intend to comply with this requirement?		

VI. Amenities Provided			
<i>Office Use Only</i>		Yes	No
	Will food or beverage be provided to guests? *If yes, please explain what food items will be offered. _____		
	Will a pool or spa be provided for guest use? *If yes, the pool/spa must be emptied between guests. If the pool/spa will not be emptied between guests a pool/spa plan review must be completed with Montana Department of Public Health and Human Services. Contact Erik Leigh at 406-444-5306		

VII. Ice			
<i>Office Use Only</i>		Yes	No
	Ice must be made from the establishment's approved water supply or obtained from a licensed supplier. How will ice be made and served to guests? *Please check one. <ul style="list-style-type: none"> <input type="checkbox"/> By a freezer's automatic dispenser <input type="checkbox"/> Manually by ice trays <input type="checkbox"/> Bought by a commercial supplier <input type="checkbox"/> No ice will be made or served 		
	Will ice be made, stored, handled, served and/or transported in a manner that prevents contamination? This includes sanitizing ice trays/bins and scoops.		

viii. Solid Waste			
<i>Office Use Only</i>		Yes	No
	Will solid waste be collected, stored and disposed of in a manner that does not create a sanitary nuisance?		
	Will all solid waste be stored in containers that are sufficiently covered, watertight, rodent-proof, and tip-resistant?		
	Will solid waste be removed from the premises at least weekly to a licensed disposal facility?		

ix. Physical Requirements			
<i>Office Use Only</i>		Yes	No
	Will all furnishings, fixtures, floors, walls, and ceilings be maintained clean and in good repair?		
	Is sufficient storage space provided for extra bedding and furnishings?		
	Are all rooms provided with adequate light?		
	Are rooms that are subject to large amounts of moisture, such as bathrooms and laundry rooms, have smooth and non-absorbent floors and walls?		
	Will floor and wall-mounted furnishings be easily moveable to allow for cleaning or mounted in such a manner to allow for cleaning around and under such furnishings?		
	Will the establishment be maintained to minimize the presence of insects, rodents, and other vermin? This may include screens on windows and/or doors.		
	Do all plumbing drains have a trap such as a "P" trap designed to prevent sewer gas entry into the establishment?		

x. Laundry Facilities			
<i>Office Use Only</i>		Yes	No
	Will the establishment have a laundry room with a mechanical washer and hot air dryer? If no, where will laundry be done? _____		
	Will all bedding, towels, and other laundered items be mechanically washed and hot air dried?		
	Will a hand washing sink, such as a bathroom, be conveniently located near the laundry room?		
	Is there sufficient space for sorting, folding, and storing clean laundry to prevent contamination from soiled laundry?		
	Will separately, labeled laundry baskets be used for transporting clean laundry and soiled laundry to prevent contamination?		

xi. Bathrooms			
<i>Office Use Only</i>		Yes	No
	Will hand washing sinks and bathing facilities be provided with water at a temperature between 100F and 120F?		
	Will bathing facilities be provided with anti-slip surfaces or mats?		
	Will adequate ventilation be provided to prevent excess moisture and odors?		

I. Housekeeping & Maintenance			
<i>Office Use Only</i>		Yes	No
	Will guest rooms be cleaned and supplied with freshly laundered sheets, pillow covers, towels, and washcloths before each new guest?		
	Will clean sheets, pillow covers, towels, and washcloths be provided to each guest at least weekly?		
	Will all bedding, including quilts and comforters, be machine washable or covered with a machine-washable linen (duvet)?		
	Will all mattresses be covered with a machine washable pad?		
	Will mops, brooms, or other cleaning devices be cleaned in an appropriate location such as, a utility sink or outside?		
	Will mop heads be air dried between uses?		
	Will toilet cleaning devices be kept separate from other cleaning supplies and not used for any other purpose?		
	Will cleaning compounds and pesticides be stored, used, and disposed of in accordance with the manufacturer's instructions?		
	Will ozone air purifiers be used in the establishment?		
	How will utensils for food or drink be sanitized? * Please check one. <input type="checkbox"/> By an NSF approved dishwasher <input type="checkbox"/> By hand in a 2 or 3 compartment sink, using a bleach or quat sanitizer. <input type="checkbox"/> Will only use disposable food or drink items and/or utensils.		

Approval of these plans and obtaining a Public Accommodation license through Flathead City-County Health Department does not indicate compliance with any other code, law, or regulation that may be required—Federal, state, or local.

Further, it does not relieve the applicant from satisfying other applicable plan review, licensing, and inspection requirements. Please contact your respective planning office for information regarding their approval process.

Kalispell: 406-758-7940

Whitefish: 406-863-2410

Columbia Falls: 406-892-4391

County: 406-751-8200

A pre-opening inspection of the establishment with equipment will be necessary to determine compliance with the local and state laws governing public accommodations.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s): _____

Date: _____

Owner(s)