SUMMIT COUNTY
Public Health

37 Peak One Dr. / PO Box 5660, Frisco CO 80443
(970) 668-4070

Plan Review Checklist

The following are REQUIRED
to complete your review:

- ☐ A. $100 application fee
- ☐ B. A brief written description of the scope of work and what changes/construction will occur.
- ☐ C. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus).
- ☐ D. Drawings/schedules (please note that not all may be required based on scope of work):
  - ☐ 1. Site plan: showing location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).
  - ☐ 2. Floor plan: show location of equipment, plumbing, and location of *hood and make-up air returns and ducts, *if applicable. (Minimum 1/4 inch scale for architectural renderings). Please identify any garage doors and outer openings.
  - ☐ 3. Plumbing plan: show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, grease/solids interceptor (if required by the local building, water, or sanitation authority) hose bibs and hose reels, laundry facilities etc.
  - ☐ 4. Electrical Plan: show locations and specifications of lights.
- ☐ E. Equipment Specifications: Sheets must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- ☐ F. Food Protection Manager Certification: Provide manager certification documentation (if applicable).
- ☐ G. Vomiting & Diarrheal Event Clean-Up Procedures. Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment.
- ☐ H. Employee Illness policy. Written procedures are not required. Information regarding exclusions and restrictions can be provided.
- ☐ I. Completed Plan Review Packet (Attached)

Application Date:

Date construction is to start: Date of planned opening:
date.

Indicate number of seats in
each area: Indoor: Outdoor:

Choose one:

☐ Newly Constructed ☐ Extensively Remodeled (currently licensed) ☐ Conversion of an existing structure

Plan Review Form

Establishment Information	
Name of Establishment:	Phone:
Street Address:	Fax:
City/State/Zip:	Website:
Mailing Address	Email:
Mailing City/State/Zip	
Business/Ownership Information (proprietary rights per C.R.S. 25-1605)	
Individual or Corporate Name:	Phone:
Mailing Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information- During Plan Review Process	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Send License/Renewals to:

☐ Business Owner Mailing Address ☐ Establishment Site Address ☐ Establishment Mailing Address

Type of Retail Food Establishment (Check all that apply)

☐	Full Service Restaurant	☐	Bar
☐	Fast Food	☐	Coffee Shop
☐	Market (Grocery)	☐	School Food Program
☐	Deli	☐	Catering Operation
☐	Fish Market	☐	Concession
☐	Meat Market	☐	Manufacturer with Retail Sales
☐	Convenience Store	☐	Other:

Days and Hours of Operation Insert hours in the following format: 8am to 8pm
Days:
Hours:
Seasonal: ☐ Yes ☐ No Months of operations:
Projected maximum number of meals to be served.
Number of meals per week:

Have plans for this establishment been submitted to the local building department? ☐ Yes ☐ No

If yes, name of local building department:

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4" plastic coved molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR WALL Junctures	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				
Identify the finishes of cabinets, countertops, and shelving:				

Equipment Installation Table

Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.).

If equipment schedule is contained within architectural plans submitted please indicate which page the equipment schedule can be found·

Equipment Installation Table **Used Equipment may require visual inspection for pre-approval**			
ID# on Plans/ Drawings	Equipment	Make/Model	Check box if utilizing previously used equipment
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID # on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment warewashing sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Other:	
	Other:	
	Other:	

Note:

- Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100 mesh screen and may require a drain.
- Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher rinsers.
- Indirect drainage is required for all warewashing (3-cornpartment and dish machines) food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.
- Items may not drain into buckets.

Plumbing - Sink Sizes

Manual Warewashing Information: The minimum requirement for warewashing in a food establishment is a three-compartment sink. A mechanical warewashing machine may be installed in addition to the three-compartment sink.

Include the size of each compartment *(length x width x depth)* of the warewashing sinks, soiled and clean drainboard lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

Manual Warewashing Information				
ID# on Plans	Length (inches) of soiled drainboard	Dimensions (inches) of Sink Compartments **(LxWxD)**	Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No
		x x		
		x x		
		x x		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Mechanical Warewashing Information, if a machine is provided:
Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

Mechanical Warewashing Information						
Make	Model#	Select one: Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-rinse Yes/No	Utensil Soak Sink Dimensions (inches) **(LxWxD)**	Water Usage **(GPH)**
NA					x x	
					x x	

If heat sanitizing on a dish machine, is a separate booster heater provided? ☐ **YES** ☐ **NO**
If yes, complete Table 3 on next page.

Water Heater Information

Provide the following water heater information in Tables 1, 2, and 3 as applicable. Attach specification sheets.

Note: If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

Table 1

Standard Tank Type Heater		
Make	Model#	kW/BTU Rating

Table 2

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	Model#	BTU Rating	Flow Rate (GPM) at 80°F or 100°F rise	Storage Tank Capacity (Gallons), if applicable

NOTE: Alternative information may be needed. For instantaneous/tankless systems approval of system may require further review.

Table 3 (if applicable)

Booster Heater Information- Dish Machine			
Make	Model#	kW/BTU Rating	Distance from Machine (feet)

Water Supply and Sewage

Water Supply

Select the type of water supply system that services the establishment

☐ Community/Public- Name of district:

☐ Non-Community- Public Water System ID Number (PWSID):

☐ Private - ** If the retail food establishment does not meet the definition of a public water system in accordance with the *Colorado Primary Drinking Water Regulations* additional monitoring and sampling is required. For more information about the *Colorado Primary Drinking Water Regulations* please visit:

https://www.colorado.gov/pacific/cdphe/water-quality-control-commission-regulations

a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Private Drinking Water Supply Information

Private System Type: ☐ Well ☐ Surface water influence

Depth (feet)	
Method of Disinfection	
Filtration (if applicable)	

Sewage Disposal

Select the type of sewage disposal system that services the establishment.

☐ Municipal/Public - Name of district:

☐ On-site Waste Water Treatment System - Indicate location on site plan and attach a copy of the permits for the system.

Food Handling Procedures

If Standard Operating Procedures (SOP's) are available please submit with plans.

Procedures	Yes	No
Will foods be held cold?	☐	☐
Will foods be held hot?	☐	☐
Will produce be washed?	☐	☐
Will foods be cooled after cooking?	☐	☐
Will foods be reheated after cooling?	☐	☐
Will frozen foods be thawed?	☐	☐
Will foods (raw meats, for example) be cooked?	☐	☐
Will raw or undercooked animal foods be served? (sushi, breafast eggs, or cooked-to-order meat, for example)	☐	☐
Will foods be sold to other retail food establishments?	☐	☐
Will catering be conducted?	☐	☐
Will you have a salad bar or buffet?	☐	☐
Will bulk food items (candy, trail mix, etc.) be sold to the public?	☐	☐

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

_____
_____
_____
_____
_____

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient

☐ Rapid cooling equipment ☐ Shallow pans ☐ Separating food into smaller portions

☐ Other

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

_____
_____
_____

List the equipment that will be used for reheating: ☐ Under refrigeration ☐ As part of cooking process

☐ Stove ☐ Microwave ☐ Other:

C. Describe how frozen foods will be thawed.

☐ Under refrigeration ☐ Under running water ☐ In a microwave

☐ As part of a cooking process ☐ Other:

D. Describe where personal items will be stored.

_____
_____
_____

E. Describe where chemicals used for operation will be stored.

_____
_____
_____

F. How will bare hand contact with ready-to-eat foods be prevented during preparation?

☐ Gloves ☐ Utensils ☐ Deli Tissue ☐ Other:

G. Food will primarily be served on:

☐ Multi-use Tableware ☐ Single-service Tableware ☐ Both

Variance Requirement

If your operation includes any of the following specialized processing methods you must obtain a variance from the Colorado Department of Public Health & Environment:
(Check all boxes that apply to your operation)

A. ☐ Smoking food as a method of preservation rather than as a method of flavor enhancement

B. ☐ Curing food

C. ☐ Using food additives or adding components such as vinegar:

   a. As a method of food preservation rather than as a method of flavor enhancement, or

   b. To render the food so that it is not time/temperature control of safety food

D. ☐ Packaging TCS Food using a reduced oxygen environment

E. ☐ Operating a molluscan shellfish life support system display tank

F. ☐ Custom processing of animals that are for personal use as food

G. ☐ Sprouting seeds or beans

HACCP Requirement

If your operation includes any of the following procedures you will need a HACCP Plan that meets the requirements of 3·502.12 and a designated work area accessible only to responsible trained personnel.

(Check all boxes that apply to your operation)

H. ☐ Vacuum Packaging

I. ☐ Sous Vide

J. ☐ Cook·Chill

Annex 3: Employee Hygiene Guidance and Requirements

The purpose of this guidance document is to encourage employee practices and behaviors that can help prevent food handlers from spreading viruses and bacteria to food that cause foodborne illness outbreaks. Below is a list of highly infective pathogens that are transmissible through food and cause severe illness:

1. Norovirus
2. Hepatitis A virus
3. *Salmonella Typhi*
4. *Shigella spp.*
5. *Escherichia coli* (*E. coli*) *O157:H7* (or other Enterohemorrhagic or Shiga toxin-producing *E. coli*)
6. Other enteric bacterial pathogen such as Salmonella or Campylobacter

If an employee has been diagnosed by a health practitioner to have any of these pathogens, prior to returning to work, they must be cleared by their health practitioner and the Health Department. In lieu of a diagnosis of any of these pathogens, employees can return to work if they have been free of the symptoms listed above for 24 hours or more.

Section 2-201 of the *Colorado Retail Food Establishment Rules and Regulations* states that management has the responsibility to inform and monitor conditional employees or food employees to ensure that they have good hygienic practices and know when they should not come to work because of illness.

Should employees exhibit the following symptoms, refer to section 2-202 of the *Colorado Retail Food Establishment Rules and Regulations* to determine when a food handler should be excluded or restricted from food handling duties:

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Infected cuts and burns with pus on hands and wrists

Additional Resources

Employee Health and Personal Hygiene Handbook:

http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm

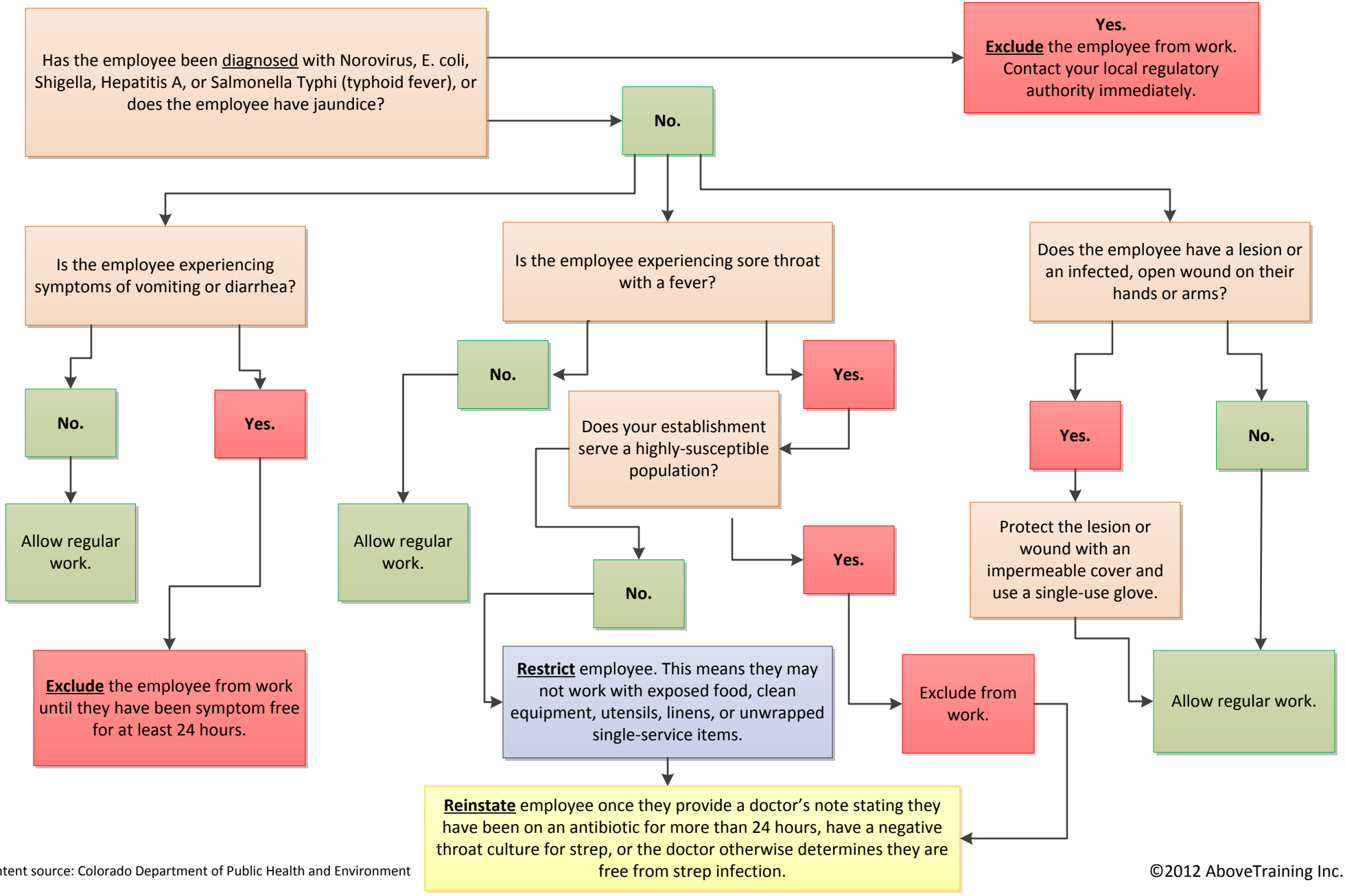
Communicable Disease Manual:

https://www.colorado.gov/pacific/cdphe/communicable-disease-manual

Employee Illness Flow Chart: When to exclude and restrict employees from working.

Employee Illness: The Flowchart

Use this diagram to help you determine whether an employee should be restricted or excluded from food handling at your facility.



Content source: Colorado Department of Public Health and Environment

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Please review this document carefully. Failure to submit all completed documents as described below will delay the renewal of your license.

Subject: Implementation of C.R.S., 24-76.5-101, et. seq., "Restrictions on Public Benefits" (HB 1023)

To Whom It May Concern:

You will find an affidavit included with your renewal registration/application. All licenses, certifications, and registrations issued to individual owners or sole proprietors by the Colorado Department of Public Health and Environment must be accompanied by verification of citizenship. This requirement does not apply to you if you are not an individual owner or sole proprietor. Verification includes completing the enclosed affidavit and providing a notarized copy of an approved identification. Approved identification includes:

- A valid Colorado driver's license or a Colorado identification card;
- A United States military card or a military dependent's identification card;
- A United States Coast Guard Merchant Mariner card;
- A Native American Tribal Document

You may access a notary in your area by conducting a search through directory assistance for "public notaries." C.R.S., 24-76.5-101, "Restrictions on Public Benefits" became effective August 1, 2006, and requires "each agency or political subdivision of the state" to verify the lawful presence in the United States of every applicant for public benefits. The law requires the verification of citizenship in order for persons eighteen years of age or older to receive certain benefits or obtain a license or certification from the department.

If the recipient of the benefit is under eighteen years of age, the law does not apply.

If you need assistance in complying with this law or if there is additional information you feel we need to be aware of, please do not hesitate to contact us at 303-692-3645.

Sincerely,

Division of Environmental Health & Sustainability

COLORADO
Department of Public Health & Environment

AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- ☐ I am a United States citizen, or
- ☐ I am a Permanent Resident of the United States, or
- ☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Doing Business As:_____

Address:_____
Street Unit City Zip

_____ _____
Signature Date

RETURN THIS FORM WITH NOTARIZED COPY OF ID ATTACHED

As a Notary Public in and for the state of _____, I do certify that I carefully compared with the original the attached and that it is a complete, full, true and exact copy of the document they have purported to reproduce.

_____
(Notary's official signature)

_____
(My commission expires)

COLORADO
Division of Environmental Health & Sustainability
Department of Public Health & Environment

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH, Executive Director & Chief Medical Officer

4300 Cherry Creek Drive South, Denver, CO 80246
P (303) 692-3645 | F (303) 753-6809 | www.colorado.gov/cdphe

RETAIL FOOD ESTABLISHMENT REVIEW APPLICATION

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

Colorado Department of Public Health and Environment Division of Environmental Health & Sustainability ATTN: Plan Review Section
4300 Cherry Creek Dr. South
Denver, CO 80246-1530
Ph: (303) 692-3645

Date: _____

Record # _____

Firm ID # _____

Do Not Write in This Space
For Office Use Only

Name of Establishment:			
Location Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	
Name of Owner/Manager:			Phone: ( )
DBA:			Email:

Type of Ownership (**As indicated on your Colorado Business/State Sales Tax Registration**)

☐ Individual (***If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification***) ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership
☐ Limited Liability Limited Partnership ☐ Corporation ☐ "S" Corporation ☐ Association ☐ Estate ☐ Government
☐ Joint Venture ☐ Trust ☐ Non-profit 501(c)(3) (please enclose copy of IRS letter of exemption) ☐ Other Non-profit

NOTICE TO APPLICANT: The type of review requested and associated application fee required is indicated in Section A below. If an application fee is required, please make check payable to the Colorado Department of Public Health & Environment and mail the completed application and check to the address above. Fees for the actual review are explained on the next page.

Name & Title of Applicant (Please Print): _____

Signature of Applicant _____

SECTION A – THIS SECTION TO BE COMPLETED BY INSPECTOR

REVIEW TYPE	APPLICATION FEE	REVIEW FEE (NOT TO EXCEED)
☐ Plan Review (PR)	$100.00	$580.00
☐ Equipment Product Review (ER)	$100.00	$500.00
☐ HACCP Plan Review/Written (HW)	Not Required	$100.00
☐ HACCP Plan Review/Operational (HO)	Not required	$400.00
☐ Services Requested – Real Estate Review (RE)	$75.00	Cost of Actual Time Spent
☐ Special Event (SE)	Not Required	Not Required
☐ Special Service (SS) _____	Not Required	Not Required
☐ Fee Exempt (EX) _____	Not Required	Not Required

Comments:

Plan Review (PR):
The fee for filing an application for a plan review is $100.00, and must accompany the application (when required). The application filing fee does not include the cost of plan review activities. An invoice for the actual time spent on review activities will be sent to you at a later date and will not exceed $580.00.00 [(CRS 25-4-1607(2)]. There will be a delay in reviewing your plan review if either the application fee or the application form are not submitted with the plans.

Equipment Product Review (ER):
The fee for filing an application for an equipment or product review is $100.00. This fee must accompany the application. The application filing fee does not include the cost of the review activities. An invoice for the actual time spent on the review activities will be sent to you at a later date and will not exceed $500.00 [(CRS 25-4-1607(3)].

HACCP (Written) (HW):
An application filing fee is not required for this review process. Upon completion of the written review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed $100.00. [(CRS 25-4-1607(4)].

HACCP (Operational) (HO):
An application filing fee is not required for this review process. Upon completion of the operational review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed $400.00. [(CRS 25-4-1607(4)].

Note: If an HACCP plan undergoes significant changes from the original approved plan, the second review may be billed as a new plan. A facility may be required to have separate HACCP plans for food preparation methods that deviate from more than one section of the regulation. An HACCP plan is not considered part of the plan review process. Separate charges can be applied to an HACCP plan that were included with a facility's plan submittal.

Real Estate (RE):
A $75 pre-paid fee is required with this application, but shall be applied to the actual cost of the services. Additional fees will be added upon completion of the review. An invoice for actual time spent on the review activities will be sent to you [(CRS 25-4-1607(5)].

Special Events (SE):
No application filing fee is required. Actual cost of services associated with the oversight of a special event will be billed when services are completed [(CRS 15-4-1607(6)].

Special Services (SS):
The fee for any other requested service that involves review activities and that are not specifically listed above are chargeable based on the actual cost of such service [(CRS 25-4-1607(7)].

Fee Exempt (EX):
Parochial, public and private schools, penal institutions, and charitable organizations (benevolent, nonprofit retail food establishments) are exempt from the fees associated with plan review activities.