



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 *phone*
(719) 578-3188 *fax*
www.elpasocountyhealth.org

ENVIRONMENTAL HEALTH SERVICE REQUEST FORM 2016

Owner Name: _____ **Date:** _____

Owner Address: _____

Establishment/Business Name: _____

Establishment/Business Address: _____ **Phone** _____

Fax: _____ **EmailAddress:** _____

Air Quality			
	Construction Activity Permit (Per Six Months)	\$165.00 per six months	
Body Art			
	Body Art infection Control Training	\$25.00 per attendee	#
	Body Art Plan Review (incl pre-opening inspection)	\$302.00	
	Body Art Establishment License	\$325.00	
	Follow-Up Inspection	\$75.00	
	Body Art Change in Ownership	\$176.00	
	Temporary Event Fee	\$112.00 per vendor	
Retail Food Safety			
	Food Handler Training	\$15.00 per attendee	#
	Review of Potential Retail Food Establishment Site	\$75.00 or actual cost at \$58.00 per hour, whichever is greater	
	Change in Ownership Inspection	\$120.00 (non-refundable)	
	Change in Ownership Inspection (Additional Inspection)	\$65.00 (non-refundable)	
	RFE Plan Review Application	\$100.00 (non-refundable)	
	RFE Plan Review and Pre-Opening Inspection	\$58.00/hour not to exceed \$580.00	To be calculated
	RFE Equipment/Product Review Application	\$100.00 (non-refundable)	
	RFE Equipment/Product Review	\$58.00/hour not to exceed \$280.00	To be calculated
	RFE HACCP Plan Review (Written)	\$58.00/hour not to exceed \$100.00	To be calculated
	RFE HACCP Plan Review (Operational)	\$58.00/hour not to exceed \$200.00	To be calculated
	RFE Other Services Requested	\$58.00 per hour	To be calculated
On-Site Wastewater Treatment System (OWTS)			
	OWTS Installer Exam Tier 1 (2 year license)	\$125.00 per 2-Year License	
	OWTS Installer Exam Tier 2 (2 Year license)	\$150.00 per 2-Year License	
	Certified Inspector	\$150.00 per 2 year (Effective 12/15/2014)	
	Certified O and M Specialist	\$150.00 per 2-year	
	OWTS Return Trip Fee	\$90.00	
	OWTS Variances	\$59.00 per hour (non-refundable)	To be calculated
	Altered/Renewed OWTS Permit	\$85.00 per permit	
	Pumper Truck Inspection (Systems Cleaner)	\$90.00 per truck	
	OWTS Transfer of Title Acceptance Document	\$55.00 (Effective 12/15/2014)	
	OWTS Transfer of Title Acceptance Document Renewal	\$27.00	
	OWTS Permits (New and Repair)	Complete OWTS Application	
Compliance and Enforcement			
	Certificate of Non-Compliance Release	\$100.00	

Administration				
	Copy of State/Local Regulations	\$5.00 per copy		
	File Search	\$50.00		
	Non-Sufficient Funds	\$30.00		
	Other Administrative Requested Services	\$30.00 per hour		

Recreational Water (Commercial Pools/Spas)				
	Plan Review	\$241.00		
	Inspection – Year Around Pool/Spa	\$198.00		
	Inspection – Seasonal Pool/Spa	\$125.00		
	Follow-Up Inspections	\$58.00 per hour		
	Additional Body(s) of Water	\$35.00 per body of water		
	Additional Services Recreational Water Program	\$58.00 per hour		

Child Care Inspection					
	Type of Facility	Routine	Pre-Operational	Follow-Up	Room Change
	Child Care	\$155.00	\$120.00	\$75.00	\$80.00
	School Age (Before and After)	\$117.00	\$120.00	\$75.00	\$80.00
	Preschool	\$119.00	\$120.00	\$75.00	\$80.00
	Group Homes	\$124.00	\$120.00	\$75.00	\$80.00
	Residential Summer Camps	\$220.00	\$120.00	\$75.00	\$80.00
	Large Summer Camps	\$175.00	\$120.00	\$75.00	\$80.00
	Residential/Day Treatment Center	\$140.00	\$120.00	\$75.00	\$80.00
	Child Care Plan Review (including pre-operational inspections)		\$185.00		
TOTAL FEES					\$

Applicant Signature _____ **Date** _____

Environmental Health Specialist _____ **Date** _____



El Paso County Public Health
 1675 W. Garden of the Gods Rd., Suite 2044
 Colorado Springs, CO 80907
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OWNER/CONTRACTOR CONTACT INFORMATION

Today's Date: _____

TYPE OF ESTABLISHMENT: Retail Food Body Art On-Site Wastewater
 Contractor
 Other _____ Systems Cleaner

OWNER INFORMATION:

Type of Ownership: Individual Partnership Corporation

Owner Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

ESTABLISHMENT/BUSINESS INFORMATION:

Establishment/Business Name: _____

Establishment/Business Address: _____

City: _____ Zip: _____

Establishment/Business Phone Number: _____ Fax: _____

Days/Hours Of Operation: _____

Retail Food Only: Total building square footage (if grocery store): _____

Seats (if restaurant): _____

ALTERNATIVE CONTACT INFORMATION (*Two contacts other than owner*):

1. Name: _____ Title: _____
 Phone: _____ Cell Phone: _____
 Fax: _____ Email Address: _____

2. Name: _____ Title: _____
 Phone: _____ Cell Phone: _____
 Fax: _____ Email Address: _____



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Retail Food Establishment License Application Calendar Year 2016

Incomplete applications, or applications without payment (if required), will not be processed.

Ownership type (Corp, Inc, LLC, LLP, General Partnership, Individual):			
Full legal name of owner, corporation, or non-profit:			
Trade name (DBA):		Contact name (on site):	
Email:		CO Sales Tax Acct. No.:	
Physical address of business:		City:	State: Zip:
County where business is located:	Phone number:	Other contact number:	
Mailing address (if different from above):		City:	State: Zip:
Date you started the business:	Seasonal? Mark each month you operate:	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC	
In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given by El Paso County Public Health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.			
Signature:		Title:	Date: Calendar Yr:

	License Type	Code	Fee
<input type="checkbox"/>	No fee license (K-12 schools, non-profits)	1002	\$0.00
<input type="checkbox"/>	Limited food service (convenience, other)	1004	\$235.00
<input type="checkbox"/>	Restaurant (0-100 seats)	1007	\$330.00
<input type="checkbox"/>	Restaurant (101-200 seats)	1012	\$370.00
<input type="checkbox"/>	Restaurant (> 200 seats)	1016	\$405.00
<input type="checkbox"/>	Grocery Store (1-15,000 sq. ft.)	1021	\$170.00
<input type="checkbox"/>	Grocery Store (> 15,000 sq. ft.)	1029	\$305.00
<input type="checkbox"/>	Grocery Store w/ deli (0-15,000 sq. ft.)	1049	\$325.00
<input type="checkbox"/>	Grocery Store w/ deli (> 15,000 sq. ft.)	1059	\$620.00
<input type="checkbox"/>	Mobile unit (prepackaged)	1089	\$235.00
<input type="checkbox"/>	Mobile unit (full food service)	1083	\$330.00
<input type="checkbox"/>	Special Event (full menu)	1086	\$330.00
<input type="checkbox"/>	Special Event (limited menu)	1094	\$235.00
	Total due:		\$

Public Health Approval

Environmental Health Specialist

Make checks payable to EPCPH.

Mail payment and completed application to:
 El Paso County Public Health
 Environmental Health Division
 1675 W Garden of the Gods Rd, Ste 2044
 Colorado Springs, CO 80907
 Questions?

Call: 719-578-3199

Visit: elpasocountyhealth.org

Email: healthinfo@elpasoco.com



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MOBILE UNIT PLAN REVIEW FORM

ESTABLISHMENT INFORMATION

Name of Mobile Unit:		Phone:
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart <input type="checkbox"/> Self-Contained Unit ¹		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website/Facebook Page:		

OWNERSHIP INFORMATION

Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

CONTACT INFORMATION

Name of Primary Contact:		Phone:
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	

LICENSING INFORMATION

Has your mobile unit been previously licensed in Colorado? YES / NO		
If yes, provide the following information	Year:	County license issued in:
Sales Tax Account Number:		

DAYS AND HOURS OF OPERATION

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

CIRCLE ALL MONTHS YOU PLAN TO OPERATE

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	------	-----	-----	-----

PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED PER SHIFT, WHERE APPLICABLE.

Breakfast	Lunch	Dinner
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What is the maximum number of staff working during hours of operation?
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¹ Self-Contained Mobile Unit: A licensed mobile unit that is approved to operate without a commissary. It is not connected to fixed utilities (i.e. water, sewer, and electricity) and it is required to report to an approved servicing location for sewage disposal and water. For a self-contained mobile unit, see additional requirements in Annex 2.

Below is a checklist of required information needed to complete the plan review. Please ensure all information is included.
Lack of complete information will delay review and plan approval.

	Menu		Table 5: Hot Holding
	Table 1: Food Handling Procedures		Table 6: Manual Warewashing
	Floor Plan/Equipment Layout		Table 7: Water Heater
	Table 2: Finish Schedule		Water Supply Location
	Table 3: Ventilation		Wastewater Disposal Location
	Equipment Specifications		Commissary Agreement
	Table 4: Refrigeration and Freezer Capacity		

I. MENU AND FOOD HANDLING PROCEDURES

- A. Submit a complete menu.
- B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

TABLE 1 FOOD HANDLING PROCEDURES				
Procedure	Y	N	<i>If yes, indicate where procedure will take place</i>	
			Commissary	Mobile
Will produce be washed?				
Will frozen foods be thawed?				
Will foods be prepared in advance? <i>(e.g. sliced, chopped, etc.)</i>				
Will food be cooked?				
Will food be rapidly cooled?				
Will food be rapidly reheated?				
Will food be held hot?				
Will food be held cold?				

Preparation of food or storage of any items related to the operation is prohibited in a personal home.

1. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.
 - Utensils
 - Gloves
 - Deli Tissue
 - Other: _____

II. FLOOR PLAN/EQUIPMENT LAYOUT:

A. Submit a floor plan drawn to scale that includes the location and identification of all equipment, plumbing fixtures and storage areas, including but not limited to the items listed below. Check all that apply to the mobile unit. **NOTE:** All equipment related to the operation must be of commercial design that is certified or classified for sanitation by an American National Standards Institute (ANSI) certification program or a design that is approved by the Department.

- | | |
|---|--|
| <input type="checkbox"/> Handsinks | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Food Preparation Sinks | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Warewashing Sinks | <input type="checkbox"/> Water Supply Tank |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Wastewater Tank |
| <input type="checkbox"/> Storage Area | <input type="checkbox"/> Drainage Pipes |
| <input type="checkbox"/> Refrigeration Units | <input type="checkbox"/> Outdoor Cooking Equipment |
| <input type="checkbox"/> Hot Holding Units | <input type="checkbox"/> Spare Tires, Tools, Hoses, etc. |

III. PHYSICAL FACILITIES

A. Complete the finish schedule in *Table 2* below to indicate interior finishes for the mobile unit.

TABLE 2			FINISH SCHEDULE			
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless</i> <i>Example</i>	<i>Smooth</i>	Rubber Cove	FRP	<i>Smooth</i> <i>Example</i>	<i>Stainless</i> <i>Example</i>	<i>Smooth</i> <i>Example</i>

B. **Windows and Doors:** To prevent the entry of pests, outer openings must be protected.

1. Are windows and doors screened? YES / NO

If no, please describe how the unit will be protected from pest entry:

2. Are service windows self-closing? YES / NO

If no, please describe how the unit will be protected from pest entry:

C. **Ventilation:** *If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood is required.*

1. If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer's recommended exhaust listings in cubic feet per minute (CFM)s.

TABLE 3 VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

IV. EQUIPMENT SPECIFICATIONS:

- A. Submit equipment specification sheets, including make and model numbers. All equipment must be of commercial design. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide information on refrigeration/freezer capacities and hot holding units by completing *Table 4* and *Table 5* below.

TABLE 4 REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	TOTAL CUBIC FEET
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

TABLE 5 HOT HOLDING UNITS	
TYPE OF UNIT	# OF UNITS PROVIDED
Steam Tables	
Hot Box	
Cook & Hold Units	
Other hot holding storage:	

V. UTENSILS AND WAREWASHING

- A. Where will utensil washing take place? (Check all that apply)
 - Commissary 3-compartment sink
 - Commissary mechanical dishwasher
 - Mobile unit 3-compartment sink

- B. If utensil/equipment washing will take place on the mobile unit, provide specifications for the 3-compartment sink in *Table 6* below.

TABLE 6		MANUAL WAREWASHING		
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS OF (inches) SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	

****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.****

VI. WATER SYSTEMS:

- A. Please provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan.
- B. Hot Water
- How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)
 - Water Heater
 - Passive System / Heat Exchanger (eg. water is heated as it passes by the heating element)
 - Other (specify): _____
 - If a water heater is installed, complete *Table 7* below.

TABLE 7		WATER HEATER	
Make	Model #	KW/BTU Rating	Tank Capacity

C. Water Supply Information

- Provide location where water will be obtained below.

Business Name Street Address City State/Zip

- Provide water supply tank capacity (in gallons) below.

- Provide the maximum number of hours operating between filling water supply tank below.

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

- 3-compartment sink
- Handsink
- Food preparation sink (Specify dimensions in inches LxWxD: _____)
- Pre-rinse sprayer
- Utensil soak sink
- Mop sink
- Dishmachine

D. Wastewater Tank

1. Provide location where wastewater will be disposed of below.

Business Name	Street Address	City	State/Zip
---------------	----------------	------	-----------

2. Provide wastewater tank capacity (in gallons) below.

NOTE: The wastewater tank must be at least 15% larger than water supply tank.

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- Drinking water inlet above waste outlet
- Different colored or sized hoses
- Different colored or sized removable tanks
- Different threads on inlet and outlet
- Other (specify): _____

COMMISSARY AGREEMENT

_____ Date

I, _____ of _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment, City, State, Zip)

give my permission to _____ of _____
(Mobile Unit Owner/Operator) (Name of Mobile unit)

to use my kitchen facilities to perform the following tasks on their operational days:

- Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Storage of foods, single service items, and cleaning agents
- Service and cleaning of equipment
- Other (specify) _____

A **Commissary Use Log** will be maintained and made available to the department upon request. Indicate how and where the commissary use log will be maintained:

Commissary Water Supply:

- Public Private Public Water System ID Number (PWSID#) _____

Commissary Sanitary Sewer Service:

- Public Private

Signature _____ Date _____
(Commissary Owner/Operator)

Commissary Contact phone number: _____

Commissary Email address: _____

This Commissary Agreement is valid for this calendar year only

Sample Floor Plan

Annex: Mobile Unit General Requirements

NOTE: The following list of requirements has been provided to assist with frequently asked questions specific to mobile unit plan reviews. The list does not represent the entirety of the requirements. Mobile retail food establishments must comply with all the requirements provided in Chapter 9 of the *Colorado Retail Food Establishment Rules and Regulations*.

I. HANDWASHING SINKS

- A. Handwashing sinks must be capable of providing a hands-free, continuous flow of 100°F water delivered under pressure.
- B. Handwashing sinks must be easily accessible at all times and used for no other purpose.

II. VENTILATION

- A. If the mobile unit is enclosed (floors, hard sided walls, ceiling) and grease-cooking is conducted (i.e. cooking meats on a stove top or deep frying), then a Type 1 hood with fire suppression is required.
- B. A single smoker, grill, or oven may be used outside the unit, provided that all foods are prepared, assembled, and served from within the mobile unit and not from the external piece of cooking equipment.

III. WATER SUPPLY

- A. Water must be obtained from an approved source, as described in Section 5-101 of the *Colorado Retail Food Establishment Rules and Regulations*.
- B. For pushcarts, the water supply tank must have a minimum capacity of at least five gallons.
- C. For mobile units equipped with a three-compartment warewashing sink, the water supply must be sized to adequately fill warewashing sinks at least every four hours of operation.
- D. The mobile unit must supply three gallons of water to each handwashing sink for each hour of operation. For example, a mobile unit operating for six hours must have a minimum of 18 gallons of drinking water available just for the hand sink. Water can be provided through additional food grade containers if approved by the Department.
- E. Adequate water pressure must be provided to all fixtures at all times.
- F. Only food-grade hoses can be used to fill or transfer drinking water to or within a mobile unit.

IV. WASTEWATER

- A. All wastewater (except water from clean ice) must be contained in a permanently installed holding tank that is at least 15% larger than the water supply tank.
- B. Wastewater from the holding tank must be disposed in an approved sanitary sewer system (e.g. toilet or plumbed drain) daily. The wastewater holding tank must never be emptied onto the ground or in the storm drainage system.
- C. When using wastewater containers that are not attached to the unit, they must be clearly marked and used for no other purpose.

- D. All connections to the wastewater holding tank must be of a different size or type than the connections to the water supply tank in order to prevent a cross-connection between drinking water and wastewater.
- E. The connections that release or catch wastewater must be located below the connections on the water supply tank in order to prevent contamination of the supply tank.

V. DEFINITIONS

- A. **Mobile Retail Food Establishment:** Means a retail food establishment that is a wheeled vehicle or trailer that is readily moveable and designed for the service of food from the *interior* of the unit that is intended to physically report to and operate from a commissary for servicing, restocking, and maintenance each operating day.
- B. **Push Cart:** Means a retail food establishment that is a non-motorized unit designed so foods are served from the *exterior* of the unit, which is intended to physically report to and operate from a commissary for servicing, restocking and maintenance each operating day. Pushcarts shall be limited to cooking approved menu items and serving commercially prepared or commissary prepared food that will result in simple assembly.
- C. **Self-Contained Mobile Unit:** Means a licensed mobile retail food establishment that is approved to operate without a commissary. It is not connected to fixed utilities (i.e. water, sewer, and electricity) and it is required to report to an approved servicing location for sewage disposal and water.

Additional Requirements for Self-Contained Mobile Retail Food Establishments

Fully equipped, self-contained mobile retail food establishments must use a commissary unless:

- A. A pre-approved facility is provided and used to supply drinking water to the unit and for the disposal of wastewater generated by the unit.
- B. The mobile unit's drinking water system and waste retention system is sufficiently sized, operated properly to serve the needs of the unit, and liquid waste is emptied only at service locations that have been approved by the Department.
- C. Adequate storage areas are provided within the mobile unit for all food, dry goods, single-service articles, and cleaning supplies.
- D. Adequate facilities are provided for food preparation; cleaning and sanitizing of equipment and utensils; storage of additional food, equipment, utensils, and other supplies; and other servicing operations.
- E. Adequate facilities, as required by the menu, are provided, including hand sink, food preparation sink, ware-washing facilities, mop sink, mechanical refrigeration, and any other necessary equipment.
- F. A written operational plan is submitted for the mobile unit demonstrating that its operation as a self-contained unit can be accomplished in compliance with the *Colorado Retail Food Establishment Rules and Regulations*. Review and approval of the operational plan must include the menu and standard operating procedures for the unit. After an operational plan is approved, any additions or changes to the plan must be approved by the Department prior to implementation. The approved operational plan must be available on the mobile unit at all times.