



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](http://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**\_\_\_\_\_



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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](http://elpasocountyhealth.org)

Email: [healthinfo@elpasoco.com](mailto:healthinfo@elpasoco.com)

## Other Useful Information

You may obtain a copy of the Colorado Retail Food Establishment Regulations at El Paso County Public Health or at the Colorado Department of Public Health and Environment's website:  
[www.cdphe.state.co.us/regulations/consumer/101002retailfood.pdf](http://www.cdphe.state.co.us/regulations/consumer/101002retailfood.pdf)

If you are purchasing or remodeling an existing restaurant, you are required to ensure that the facility is up to date on current codes and regulations. Public Health can help you assess whether the facility meets Colorado Retail Food Establishment regulations. Also check with Public Health to see if your planned interior changes constitute an extensive remodel. Contact us at (719) 578-3199 to discuss review options.

If you have a new septic system or well on the property, you will need to get approval from Public Health. Call (719) 578-3199 for more information. If the property already has an existing septic system, you will need to submit a letter of approval from an environmental engineer to Public Health.

If your establishment is in a city or town other than Colorado Springs, contact the city or town clerk about licensing requirements.



This pamphlet was produced by the  
El Paso County Public Health  
Environmental Health Division  
1675 W. Garden of the Gods Rd., Suite 2044  
Colorado Springs, CO 80907

**(719) 578-3199**

Rev. 03/07/2013

# How to Open a Retail Food Establishment



## El Paso County Public Health

*"Protecting and Promoting Public Health and Environmental Quality  
in the Community  
through People, Prevention and Partnerships"*

**Before building, remodeling or purchasing a Retail Food Establishment (RFE) in El Paso County, please contact Environmental Health at El Paso County Public Health. Call (719) 578-3199 or visit [www.elpasocountyhealth.org](http://www.elpasocountyhealth.org). Current fees are posted on our website under Board of Health Regulations, Chapter 3—Fees.**

## **Applications, Licenses and Fees**

### **Environmental Health Services El Paso County Public Health**

Submit a plan review application to the Health Department. Plan review application is, (non-refundable) and is due when the plan review application is submitted. There is also an hourly plan review fee (total not to exceed \$580). Review includes all aspects of plan review and a pre-opening inspection. The plan review process may take up to four weeks once the application is received.

### **Pikes Peak Regional Building Department (PPRBD)**

If you are building a new facility or planning an extensive remodeling project, you are required to submit plans to:

**Pikes Peak Regional Building Department  
2880 International Circle  
Colorado Springs, CO 80910  
(719) 327-2880**

PPRBD will provide information about regulations for plumbing, electrical systems and ventilation. PPRBD also issues the Certificate of Occupancy.

### **Colorado Department of Revenue State Sales Tax Number**

Obtain this from:

**Colorado Department of Revenue  
2447 N. Union Blvd.  
Colorado Springs, CO 80909  
(719) 594-8706 or (303) 866-3711  
or visit [www.revenue.state.co.us](http://www.revenue.state.co.us)**

You must have your state sales tax number before submitting application for the Colorado Retail Food License at Public Health. Each RFE should have its own sales tax number.

### **City of Colorado Springs Sales Tax Number**

To operate within the Colorado Springs city limits, you need to obtain this from:

**Colorado Springs City Sales Tax Office  
30 S. Nevada Ave. Suite 203  
Colorado Springs, CO 80903  
(719) 385-5903**

### **Colorado Retail Food Establishment License**

A Colorado Retail Food Establishment License, along with the appropriate fee, must be submitted to Public Health. A RFE license must be issued before you are permitted to operate. This license runs from Jan. 1 through Dec. 31 and must be renewed each year. Fees are not prorated and are not transferable. RFE license fees vary based on the type of facility, seating capacity or square footage for grocery stores.

### **City of Colorado Springs Peddler License**

You need this license if you sell food from a cart or mobile unit. This license is obtained from:

**Colorado Springs City Clerk  
30 S. Nevada Ave. Suite 101  
Colorado Springs, CO 80903  
(719) 385-5105**

### **City of Colorado Springs Liquor Licensing**

If your facility operates within the Colorado Springs city limits and you plan to sell alcoholic beverages, you need to obtain a liquor license from:

**Colorado Springs City Clerk  
30 S. Nevada Ave. Suite 101  
Colorado Springs, CO 80903**

If your establishment name starts with letters A through M: **(719) 385-5106**

If your establishment name starts with letters N through Z: **(719) 385-5107**

**Note:** This process may take 60 days to complete.

### **El Paso County Liquor Licensing**

If your facility is in unincorporated El Paso County, and you plan to serve alcoholic beverages, you must obtain your liquor license from:

**Clerk to the BOCC  
1675 West Garden of the Gods Suite 2201  
Colorado Springs, CO 80907  
(719) 520-6430**

**Note:** This process may take 60 days to complete.

### **Colorado Springs Utilities (CSU)**

Within Colorado Springs, check with Colorado Springs Utilities for grease trap/interceptor requirements at **(719) 668-4506**. The Fat, Oil and Grease (FOG) Policies and Procedures Manual and related information is posted at the CSU Website, [www.csu.org/business/services](http://www.csu.org/business/services).

### **Fire Protection**

For regulations or fire codes within the city limits of Colorado Springs, call **(719) 385-5982**. For regulations in unincorporated El Paso County, contact El Paso County's deputy fire marshal, **(719) 575-8400**.



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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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Application Date: \_\_\_\_\_

Plan Review Form	
<b>Establishment Information</b>	
Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	
<b>Business/Ownership Information</b>	
Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Contact Information</b>	
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:

Date construction is to start: \_\_\_\_\_ Date of planned opening: \_\_\_\_\_

**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.\*\****

Facility Floor Plan/Equipment Layout	Site Plan
Equipment Specifications	Chemical and Personal Storage
Plumbing Plans and Schedules	Fixtures Requiring Hot Water ( <i>See Annex 1</i> )
Mechanical Plans and Schedules	Menu and Food Handling Procedures ( <i>See Annex 2</i> )
Electrical Plans and Schedules	Employee Hygiene Guidance ( <i>See Annex 3</i> )

Have plans for this establishment been submitted to the local building department? ☐ YES ☐ NO

If yes, name of local building department: \_\_\_\_\_

Have plans for this operation been previously submitted or do you intend to submit plans to other counties in the state of Colorado? ☐ YES ☐ NO

If yes, which counties: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Choose one or the other: ☐ Newly Constructed ☐ Extensively Remodeled

**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:

**Indicate number of seats in each area:**

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

<b>Square Footage and Area Location</b> <i>*If the establishment is in a multi-story structure, indicate on which floor each area is located.</i>		
Please indicate square footage in each area	Square Feet (ft <sup>2</sup> )	*Floor
Total Square Feet of the Establishment		
Total Square Feet of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Area		
Square Feet of Food/Beverage Storage Areas		
Square Feet of Retail Sales Area (Markets)		

<b>Days and Hours of Operation</b> Insert hours below in the following format: 8am to 8pm If there is a break in the hours you are open, use the second line to insert additional hours.							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	to	to	to	to	to	to	to
Hours	to	to	to	to	to	to	to
<b>For seasonal operations, check all that apply.</b>							
<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"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec				
Add additional information (if necessary):							
<b>Projected daily maximum number of meals to be served per shift, where applicable.</b>							
Breakfast		Lunch		Dinner			
<b>Maximum number of kitchen staff per shift, where applicable.</b>							
Breakfast		Lunch		Dinner			

**I. FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:**

- A. Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to the items listed in Table 1 below. Check all that apply to your facility.

**Table 1**

Floor Plan/Equipment Layout			
<input type="checkbox"/>	Handsinks	<input type="checkbox"/>	Dry Storage Areas
<input type="checkbox"/>	Food Preparation Sinks	<input type="checkbox"/>	Ice Bins/Ice Machines
<input type="checkbox"/>	Utility Mop sinks	<input type="checkbox"/>	Wait Stations
<input type="checkbox"/>	Dump Sinks	<input type="checkbox"/>	Bar Service Areas
<input type="checkbox"/>	Warewashing Sinks	<input type="checkbox"/>	Water Heater Locations
<input type="checkbox"/>	Dishmachines	<input type="checkbox"/>	Indoor/Outdoor Seating
<input type="checkbox"/>	Toilet Facilities	<input type="checkbox"/>	Outdoor Cooking/Bar/Patio
<input type="checkbox"/>	Floor Sinks/Floor Drains	<input type="checkbox"/>	Buffet Lines
<input type="checkbox"/>		<input type="checkbox"/>	Ventilation Hoods
<input type="checkbox"/>		<input type="checkbox"/>	Chemical Dispensing Units
<input type="checkbox"/>		<input type="checkbox"/>	Chemical Storage Areas
<input type="checkbox"/>		<input type="checkbox"/>	Personal Storage Areas
<input type="checkbox"/>		<input type="checkbox"/>	Garbage/Recyclables Storage
<input type="checkbox"/>		<input type="checkbox"/>	Dipper Wells
<input type="checkbox"/>		<input type="checkbox"/>	Grease Interceptor/Grease Trap
<input type="checkbox"/>		<input type="checkbox"/>	Laundry Facility Locations

- B. Provide or use the finish schedule in Table 2 below to indicate interior finishes for each area within the establishment.

## Table 2

[illegible]

**II. EQUIPMENT SPECIFICATIONS:**

- A. Submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide number of hot holding and refrigeration units. Also provide capacities for refrigeration units in Table 3 and Table 4 below.

**Table 3**

Refrigeration Capacities		
TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Sandwich Prep Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Other:		

**Table 4**

Hot Holding Units	
TYPE OF UNIT	# OF UNITS
Steam Tables	
Hot Box	
Cook & Hold Units	
Other:	

C. Bulk and self service food:

1. Will food items such as candy, trail mix, etc. be sold in bulk to the public?

☐ **YES** ☐ **NO** If yes, please submit equipment specifications for bulk food bins.

2. Will self service foods (i.e., buffets and salad bars) be provided?

☐ **YES** ☐ **NO** If yes, please submit equipment specifications for food shields and/or sneeze guards.

- D. Complete Table 5 to indicate method of equipment installation or attach an equipment schedule, including display units.

**Note:** Under "Installation Method", check all that apply.

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### III. PLUMBING PLANS AND SCHEDULES:

- A. Submit a plumbing plan that indicates location and specifications of the following:
1. Floor sinks and floor drains
  2. Restrooms, toilets, urinals and hand washing sinks
  3. Grease trap, grease interceptor, or solids interceptor, if required by the local building, water or sanitation authority
  4. Hose bibs and hose reels, if applicable
  5. Laundry facilities, if applicable
  6. Showers, if applicable
- B. Complete Table 6 below for all food service related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

**Table 6**

ID # on Plan	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Facilities		
	Dish Machines		
	Garbage Disposals		
	Handsinks		
	Food Preparation Sinks		
	Refrigeration Units		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		

**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. 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. Indirect drainage is required for warewashing, food preparation sinks, ice bins/machines and beverage machines.

- C. Is a dedicated food preparation sink provided? ☐ YES ☐ NO  
 Is more than one food preparation sink provided? ☐ YES ☐ NO

Attach a specification sheet for the food preparation sinks and complete Table 7.

**Table 7**

Food Preparation Sink Information		
ID # on Plans	Length (inches) of Drainboard	Dimensions (inches) of Sink Compartments (LxWxD)
		x x
		x x
		x x

- D. Is a garbage disposal provided? ☐ YES ☐ NO

If yes, provide location: \_\_\_\_\_

- E. Food will be primarily served on: ☐ Multi-use tableware ☐ Single-Service Tableware ☐ Both

- F. Provide the locations of drink dump sink installed in areas where soiled drinking glasses are emptied and staged for warewashing: \_\_\_\_\_

- G. Complete Table 8 and Table 9 for warewashing.

Will alternate equipment or methods be used in place of traditional drainboards? ☐ YES ☐ NO

If yes, indicate the methods that will be used and provide specification sheets:

1. **Manual** - 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.

**Table 8**

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.

2. **Mechanical** - 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).

**Table 9**

Mechanical Warewashing Information						
Make	Model #	Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (inches) (LxWxD)	Water Usage (GPH)
					X X	
					X X	

- a. Is a separate booster heater provided? ☐ YES ☐ NO If yes, complete Table 10.

**Table 10**

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

- H. Provide the following water heater information in Table 11, Table 12 or Table 13, where applicable. Attach specification sheets.

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

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**Table 11**

Standard Tank Type Heater		
Make	Model #	kW/BTU Rating

**Table 12**

Heat Reclaim System		
Make	Model #	kW/BTU Rating

**Table 13**

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

**Note:** For instantaneous/tankless systems when a dishmachine is used, a properly sized storage tank (minimum 20 gallons), recirculation line, and an aqua stat (water thermostat) must be installed. For facilities with high temperature dishwashing machines, use 100°F rise. For all other facilities, use 80°F rise. If flow rate in GPM is not provided, contact the manufacturer to obtain the information.

#### **IV. MECHANICAL VENTILATION PLANS AND SCHEDULES:**

- A. Provide plans and schedules that indicate the location and specifications of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all kitchen hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building.
- B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in Table 14. Provide the size (length x width) of each hood and include the manufacturer's recommended exhaust listings in CFMs.

**Table 14**

<b>Ventilation Information</b>					
<b>ID # on Plans</b>	<b>Hood Type</b>	<b>Dimensions (inches) of hood (LxW)</b>	<b>Exhaust CFMs</b>	<b>Total Supply Air CFMs</b>	<b>*Outside Air CFMs</b>
		<b>x</b>			
		<b>x</b>			
		<b>x</b>			

**\*Note:** Volume of make-up air supplied into building must be greater than or equal to exhaust from building.

#### **V. ELECTRICAL PLANS AND SCHEDULES:**

- A. Provide plans and schedules that indicate the locations and specifications of all lights.  
**Note:** All lights in kitchen areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open foods are held or displayed must be equipped with shatter proof bulbs or shields that will protect open food, utensils and single use items from broken glass if a bulb is broken.

**VI. SITE PLAN:**

- A. Submit a site plan which includes the following:
1. Dumpster enclosures and trash compactors
  2. Outside walk-in coolers/freezers
  3. Outside food storage areas
  4. Location of well heads and well water supply lines servicing the building, if applicable
  5. On-site waste water treatment systems and associated lines servicing the building, if applicable
  6. Grease interceptors/grease traps, if applicable

- B. **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 - Provide the information requested in section "a" below and complete Table 15.

- 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.

**Table 15**

Private Drinking Water Supply Information		
	Well	Spring
Depth (feet)		N/A
Method of Disinfection		
Filtration (if applicable)		

- C. **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.

**VII. CHEMICAL AND PERSONAL STORAGE:**

- A. Include the proposed locations of chemical and employee personal items storage areas on the floor plan.
1. Describe how food, equipment, utensils, linens, and single-service articles will be protected from contamination by chemicals and personal items.

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### **Annex 1: Number of Plumbing Fixtures Requiring Hot Water**

Provide the number of plumbing fixtures requiring hot water in Table 16 below. This information will be used to determine the hot water demand within the facility and sizing criteria for the water heater.

**Table 16**

<b>Plumbing Fixtures Requiring Hot Water</b>	<b>Number of Fixtures throughout facility</b>
3-compartment sinks	
Warewashing machines	
Pre-rinse sprayers	
Utensil soak sinks	
Handsinks include restrooms	
Mop sinks/Utility sinks	
Garbage can washer	
Showers	
Hose bibs used for cleaning	

### **Annex 2: Menu and Food Handling Procedures**

- A. Submit menus, such as breakfast, lunch and dinner menus.
- B. If Standard Operating Procedures or Food Handling Procedure Manuals that describe food preparation procedures are available, submit with plans and verify that questions C through H below are addressed. Or you may provide responses in the corresponding sections.
- C. Will vacuum packaging/reduced oxygen packaging or specialized processes as defined in Section 3-606 and 3-607 of the *Colorado Retail Food Establishment Rules and Regulations* be conducted? ☐ **YES** ☐ **NO**  
If yes, provide specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner. (Reference 3-606 and 3-607, *Specialized Processing Methods, Reduced Oxygen Packaging, Colorado Retail Food Establishment Rules and Regulations*)
- D. Describe how the temperature of foods will be monitored. Provide the frequency of temperature checks and what foods and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies.

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- E. Will cooked foods be cooled? ☐ YES ☐ NO

What methods will be used to rapidly cool cooked foods to 41°F (5°C) or below? Check all that apply. (Reference 3-603 *Cooling* and 3-604 *Cooling Methods* in the *Colorado Retail Food Establishment Rules and Regulations*.)

- ☐ Under refrigeration      ☐ Ice water bath      ☐ Adding ice as an ingredient  
☐ Rapid cooling equipment      ☐ Shallow pans      ☐ Separating food into smaller portions  
☐ Other: \_\_\_\_\_

1. List the foods that will require rapid cooling. Include foods that are made from scratch such as soups, sauces, potato salad, pastas, chili, noodles, roasts, casseroles, sausages, yogurts, etc.:
- \_\_\_\_\_

- F. Will foods be reheated and then held hot before being served? ☐ YES ☐ NO

If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours. (Reference 3-504 *Reheating*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

\_\_\_\_\_

\_\_\_\_\_

1. List the equipment that will be used for reheating:
- \_\_\_\_\_

- G. Describe how frozen foods will be thawed. (Reference 3-601 *Thawing*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

- ☐ Under refrigeration      ☐ Under running water      ☐ In a microwave  
☐ As part of the cooking process      ☐ Other: \_\_\_\_\_

- H. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerators and freezers with cooked and/or ready-to-eat foods? ☐ YES ☐ NO

- I. Will catering be conducted? ☐ YES ☐ NO

- J. Will food be transported or delivered to another location? ☐ YES ☐ NO If yes, please list the equipment that will be used to maintain food at proper temperatures during transport.
- \_\_\_\_\_

- K. Will foods be prepared tableside in dining areas? ☐ YES ☐ NO  
If yes, please list the foods that are intended for tableside preparation.
- \_\_\_\_\_

- L. Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar or customer self service areas be operated? ☐ YES ☐ NO

If yes, describe: \_\_\_\_\_

- M. Will produce be washed? ☐ **YES** ☐ **NO** ☐ **N/A**  
If not, will produce be received pre-washed? ☐ **YES** ☐ **NO**  
If yes, provide additional documentation.

- N. Will the establishment prepare foods that will be sold to other retail food establishments?  
☐ **YES** ☐ **NO**  
If yes, please visit [www.colorado.gov/cdphe/dehs/](http://www.colorado.gov/cdphe/dehs/), then click "Food safety", then click  
"Wholesale food" to obtain information on registering as a wholesaler.

- O. How will bare hand contact with ready-to-eat foods be minimized during preparation? (Reference  
3-401 *Preventing Contamination from Hands*, in the *Colorado Retail Food Establishment Rules and Regulations*.)  
☐ Utensils ☐ Gloves ☐ Deli Tissue  
☐ Other: \_\_\_\_\_

### **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.

