



# Park County

## Department of Environmental Health

PO Box 846, Fairplay, CO 80440

825 Clark ST, Fairplay, CO 80440

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

## Plan Review Form

### Establishment Information

Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	

### Business/Ownership Information

Individual or Corporate Name	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

### Contact Information

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
	Mechanical Plans and Schedules		Menu and Food Handling Procedures
	Electrical Plans and Schedules		Employee Hygiene Guidance ( <i>See Annex</i> )

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

If yes, name of the 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: \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

### Square Footage and Area Location

*\*\*If the establishment is in a multi-story structure, indicate on which floor area is located\*\**

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 or Dishwashing Area		
Square Feet of Food/Beverage Storage Areas		
Square Feet of Retail Sales Area (Markets)		

### Days and Hours of Operation

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

#### For seasonal operations, check all that apply

JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

add additional information (if necessary):

#### Projected daily maximum number of meals to be served per shift, where applicable

Breakfast		Lunch		Dinner	
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#### Maximum number of kitchen staff per shift, where applicable

Breakfast		Lunch		Dinner	
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### 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 the table below. Check all that apply to your facility.

#### Floor Plan/ Equipment Layout

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



## Equipment Specifications

**\*\*BE ADVISED THAT THE COMPLETION OF THE EQUIPMENT SPECIFICATIONS SECTION OF THE PLAN REVIEW IS IMPERATIVE TO COMPLETING THE PLAN REVIEW PROCESS\*\***

**\*\*EQUIPMENT SPECIFICATION SHEETS MUST BE SUBMITTED TO THE DEPARTMENT SHOWING THE MAKE AND MODEL NUMBER OF EACH PIECE OF EQUIPMENT THAT WILL BE USED FOOD PREPARATION OR FOOD STORAGE IN THE FACILITY\*\***

**\*\*EACH PIECE OF EQUIPMENT USED IN THE FACILITY MUST BE OF COMMERCIAL GRADE AND MUST BE CERTIFIED THROUGH AN ANSI ACCREDITED CERTIFICATION PROGRAM\*\***

**\*\*PICTURES OF EQUIPMENT SHOWING A SEAL OF ANSI CERTIFICATION ARE ALSO ACCEPTABLE\*\***



Certified to  
NSF/ANSI 61



ANSI Accredited Program  
PRODUCT CERTIFICATION  
#1105

**II. Equipment Specifications:**

- A. **Submit equipment specifications 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 used.
- B. Provide number of hot holding and refrigeration units. Also provide capacities for refrigeration units in the tables below.

Refrigeration Capacities			Hot Holding Units	
Type of Unit	# of Units	Total Cubic Feet	Type of Unit	# of Units
Walk-in Cooler			Steam Tables	
Walk-in Freezer				
Reach-in Cooler			Hot Box	
Sandwich Prep Cooler			Cook & Hold Units	
Reach-in Freezer			Other:	
Blast Chiller				
Retail Display				
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 the table on the next page to indicate method of equipment installation or attach an equipment schedule, including display units.



## PLUMBING PLANS AND SCHEDULE

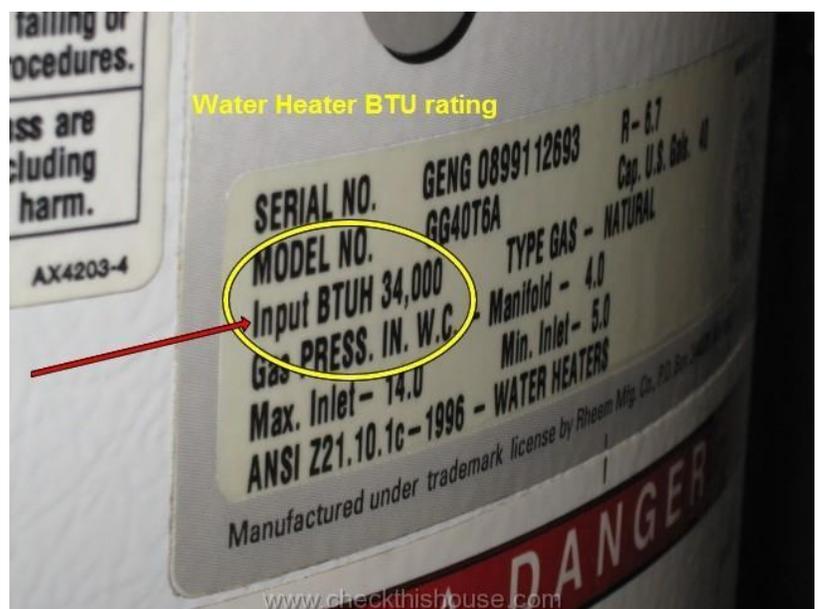
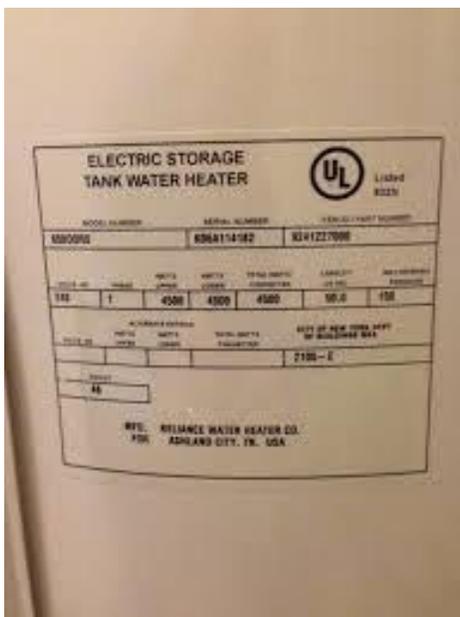
**\*\*BE ADVISED THAT THE FACILITY PLUMBING SCHEDULE, WATER HEATER INFORMATION, AND WATER FIXTURES REQUIRING HOT WATER TABLE MUST BE COMPLETED FOR THE PLAN REVIEW TO PROCEED\*\***

**\*\*PICTURES OF THE HOT WATER HEATER(S) **LEGIBLY** SHOWING THE MAKE, MODEL #, AND BTUs ARE ACCEPTABLE\*\***

**\*\*INFORMATION IN THE WATER HEATER INFORMATION AND WATER FIXTURES REQUIRING HOT WATER TABLE IS USED TO DETERMINE IF YOUR FACILITY IS ABLE TO PROVIDE ENOUGH HOT WATER DURING TIMES OF PEAK DEMAND, AND IS IMPERATIVE FOR THE PLAN REVIEW TO PROCEED\*\***

**\*\*INCOMPLETE OR INADEQUATE PLUMBING SCHEDULES MAY DELAY THE PLAN REVIEW PROCESS\*\***

**\*\*IF THE FACILITY WILL BE OPERATING FROM A NON-MUNICIPAL WATER SOURCE, THE FACILITY MUST SUBMIT A PUBLIC WATER SYSTEM ID # AND A COPY OF CURRENT BACTERIAL WATER SAMPLING RESULTS, SHOWING AN ABSENCE OF E. COLI AND COLIFORM BACTERIA\*\***



**III. Plumbing Plans and Schedules**

- A. **Submit 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 Park County Building Department
  4. Hose bibs and hose reels, if applicable
  5. Laundry facilities, if applicable
  6. Showers, if applicable
- B. **Provide the following water heater information** on the tables below, where applicable. **Attach specification sheets.**
1. If more than one water heater is to be installed, please indicate which plumbing fixtures each heating system will service.

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Standard Tank Type Heater		
Make	Model #	kW/BTU Rating

Heat Reclaim System		
Make	Model #	kW/BTU Rating

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

**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.

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

Plumbing Fixtures Requiring Hot Water	Number of Fixtures Throughout Facility
3 Compartment Sinks	
Warewashing Machines	
Pre-rinse Sprayers	
Utensil Soak Sinks	
Handsinks Including Restrooms	
Mop Sinks/Utility Sinks	
Garbage Can Washer	
Showers	
Hose Bibs Used for Cleaning	

- D. **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 the table below.

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

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

- E. **Sewage Disposal** – Select the type of sewage water 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



- G. 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 the table below.

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

- H. Is a garbage disposal Provided?  YES  NO

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

- I. Food will primarily be served on:  Multiuse Tableware  Single-Service Tableware  Both

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

- K. Complete the tables below for warewashing. Leaving these tables blank will delay the plan review process

Will alternate equipment or methods be used in place of traditional drainboards?  YES  NO  
 If yes, indicate the methods what will be used and provide specification sheets.

**1. Manual Warewashing** – 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		

**2. Mechanical Warewashing** – 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 #	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.

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

**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. **Absent, Incomplete, or Grossly Inadequate ventilation schedules will result in an incomplete plan review and will delay the review process.**
  
- B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in the table below. Provide the size (length x width) of each hood and include the manufacturer’s recommended exhaust listings in CFMs. **Incomplete or grossly inadequate information will delay the plan review process.**

Ventilation Information						
ID # On Plans	Hood Type	Dimensions (inches) of Hood (LxW)		Exhaust CFMs	Total Supply Air CFMs	*Outside Air CFMs
		X	X			
		X	X			
		X	X			

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

**V. Electrical Plans and Schedule**

- A. Provide plans and schedules that indicate the location and specifications of all lights. Any absent, incomplete or grossly inadequate electrical schedules will cause the plan review process to be delayed.

**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 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

Any absent, incomplete, or grossly inadequate site plans will cause the plan review process to be delayed.

**VII. Chemical and Personal Storage**

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



**VIII. Menu and Food Handling Procedures**

A. **Submit all 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 O below are addressed. Or you may provide responses in the corresponding sections.

C. Will vacuum packaging / reduced oxygen packaging or specialized cooking processes be conducted at the establishment? If yes, provide specification 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.

D. Describe how 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.

E. Will cooked foods be cooled? If yes, how will they be cooled to 41°F or below within 6 hours?

1. List the foods that will be rapidly cooled after cooking. Include foods that will be made from scratch such as soups, sauces, potato salad, pasta, chili, noodles, roasts, casseroles, sausages, yogurts, etc.

- F. Will foods be reheated and then held hot before being served? If yes, please explain how they will be rapidly reheated to 1650F or above within 2 hours.

1. List the equipment that will be used for reheating

G. How will frozen foods be thawed?

H. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerators and freezers with cooked and/or ready to eat foods? If yes, how they will be stored together?

I. Will catering be conducted? Will food be transported or delivered to another location? If yes, please list the equipment that will be used to maintain food at proper temperatures during transport or serving.

J. Will foods be prepared tableside in dining areas? If yes, please list the foods that are intended for tableside preparation.

K. Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar, or customer self service areas be operated? If yes, describe how the operation will be conducted.

L. Will produce be washed? If yes, please where produce will be washed. If produce is received pre-washed, please provide additional documentation depicting the source and packaging of pre-washed produce.

M. 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.

N. How will bare hand contact with ready to eat foods be minimized during preparation and serving of food?



O. What kinds and how many probe food thermometers will be present at the facility?



## **Annex: 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 foodborne illness:

1. Norovirus
2. Hepatitis A virus
3. *Salmonella typhi*
4. *Shigella spp.*
5. *Escherichia coli* (E. coli) 0157: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, employee can return to work if they have been free of the symptoms listed above for 24 hours or longer.**

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>

#### **Colorado Retail Food Establishment Rules and Regulations**

[https://www.colorado.gov/pacific/sites/default/files/Reg\\_BOH\\_RetailFoodRegulations.pdf](https://www.colorado.gov/pacific/sites/default/files/Reg_BOH_RetailFoodRegulations.pdf)

**\*\*PLEASE BE ADVISED THAT ANY INFORMATION REQUIRED IN THIS PLAN REVIEW PACKET THAT IS LEFT BLANK, INCOMPLETE, MARKED AS N/A WITHOUT EXPLANATION, OR GROSSLY INADEQUATE WILL RESULT IN THE PLAN REVIEW PROCESS BEING DELAYED SIGNIFICANTLY\*\***



# Park County

## Public Health Agency

825 Clark ST. PO Box 846, Fairplay, CO 80440 P (719) 836-4161 F (719) 836-3433

County Use Only

# Retail Food Establishment License Application

## Calendar Year 2016

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

Ownership type:			
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 me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of 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)	1000	\$0.00
<input type="checkbox"/>	Limited food service (convenience, other)	2000	\$235.00
<input type="checkbox"/>	Restaurant (0-100 seats)	3000	\$330.00
<input type="checkbox"/>	Restaurant (101-200 seats)	3100	\$370.00
<input type="checkbox"/>	Restaurant (> 200 seats)	3200	\$405.00
<input type="checkbox"/>	Grocery Store (1-15,000 sq. ft.)	4000	\$170.00
<input type="checkbox"/>	Grocery Store (> 15,000 sq. ft.)	4150	\$305.00
<input type="checkbox"/>	Grocery Store w/ deli (0-15,000 sq. ft.)	5000	\$325.00
<input type="checkbox"/>	Grocery Store w/ deli (> 15,000 sq. ft.)	5150	\$620.00
<input type="checkbox"/>	Mobile unit (prepackaged)	6200	\$235.00
<input type="checkbox"/>	Mobile unit (full food service)	6300	\$330.00
<input type="checkbox"/>	Oil & Gas Temporary	7000	\$740.00
<input type="checkbox"/>	Special Event	8000	Set locally
	Total due:		\$

