



**PUEBLO CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

**PLAN REVIEW PACKET FOR MOBILE UNITS
AND PUSH CARTS**

ESTABLISHMENT INFORMATION

Establishment Name _____
Site Address _____ City _____ State ____ Zip _____
Mailing Address _____ City _____ State ____ Zip _____
Phone Number: (____) _____
Manager/Contact Person _____
State Sales Tax Number: _____ License Plate Number: _____

OWNER INFORMATION

Owner(s) Name _____
Corporation Name (as it appears on Sales Tax License) _____
(If you are a sole proprietor or individual(s) as owner(s) please complete House Bill 1023 paperwork)
Owner Address _____ City _____ State ____ Zip _____
Home Phone No. (____) _____ Work Phone No. (____) _____
Owner Mailing Address _____ City _____ State ____ Zip _____
Driver's License No.: _____

SEND MY LICENSE/RENEWALS TO: (check one)

Establishment Site Address Establishment Mailing Address Owner Mailing Address

When will your mobile unit operate? (circle all that apply)

Year round **or** Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Indicate Hours of Operation

Sun ____ to ____ Mon ____ to ____ Tues ____ to ____ Wed ____ to ____ Thurs ____ to ____ Fri ____ to ____ Sat ____ to ____

Do you know where you are setting up? Yes No
If yes, where?

Type of Mobile Unit

- Push Cart
- Mobile Unit equipped with plumbing and cooking facilities
- Mobile Unit or push cart serving only pre-packaged food from approved sources
- Other (Please describe): _____

Has the Mobile Unit been licensed previously? -Provide pictures if available

- This mobile unit was previously licensed. In what county and state? _____
- This mobile unit has not been licensed and will be built or constructed new.

ANY CHANGES FROM APPROVED PLANS MUST BE SUBMITTED IN WRITING AND APPROVED BY THE PUEBLO CITY-COUNTY HEALTH DEPARTMENT.

THE SIGNER (OWNER/REPRESENTATIVE) AGREES THAT ANY DEFICIENCIES WILL BE CORRECTED.

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Date Received: Fee Paid: Staff Initials: Date Plans Submitted:

I. MENU AND FOOD (Please attach additional sheet, as necessary) (Please attach menu)

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.) Be sure to include items such as toppings and condiments such as lettuce, tomato, cheese, mayonnaise, etc.

Food and Drink Items	Location where obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

What is the name and location of your commissary?

Name:

Address: _____ City: _____ State:

Contact Person and Phone Number:

****Complete required commissary agreement****

II. Preparation at Commissary - No food, utensils, or single service items to be stored or prepared at home.

Check which preparation procedure each menu item requires. (Attach additional sheet, as necessary)

Food	Thaw	Cut/ Assembl e	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

What kind of food thermometers (0-220°F) do you have at the commissary?

- Metal stem probe
 Thermocouple
 Digital

How will frozen foods be thawed at the commissary?

- Refrigeration
 Microwave
 Under cold running water
 As part of the cooking process
 Will not have foods that need to be thawed

How will foods be cooked at the commissary?

- Grill
 Stove/Oven
 Not applicable
 Deep fat fryer
 Microwave
 Other (specify) _____

How will foods be rapidly cooled to 41°F or below at the commissary?

- Shallow pans (less than 4") in refrigerator or cooler
 Ice-bath to cool the food product
 Not applicable
 Ice paddle or wand
 Other (specify) _____

How will foods be re-heated to at least 165°F at the commissary?

- Microwave
 Oven/stove
 Not applicable
 Grill
 Other (specify) _____

How will hot foods be held at greater than 135° F at the commissary?

- Hot holding unit
 Steam table
 Held under heat lamps
 Oven
 Not applicable
 Held on grill
 Other (specify) _____

How will cold foods be held at 41° F or below at the commissary?

- Reach-In Refrigerator
 Reach-In Freezer
 Walk-In Cooler
 Walk-In Freezer
 Not applicable
 Other (specify) _____

III. Food Handling in the Unit (Please attach additional sheets to the back, as necessary.)

List all menu items, including beverages, to be served from the mobile unit or push cart. Check which food handling procedure each menu item requires in the unit.

Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble	Other
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

What kind of food thermometers (0-220°F) do you have in the unit?

- Metal stem probe
 Thermocouple
 Digital

How often will you use a thermometer to check food temperatures?

How will frozen foods be thawed in the unit?

- Refrigeration
 Microwave
 Not applicable
 Under cold running water
 As part of the cooking process

How will foods be cooked in the unit?

- Grill
 Stove/Oven
 Not applicable
 Deep fat fryer
 Microwave
 Other (specify)

How will foods be rapidly cooled to 41°F or below in the unit?

- Shallow pans (less than 4") in refrigerator or cooler
 Using an ice-bath to cool the food product
 Not applicable
 Ice paddle or wand
 Other

(specify) _____

How will foods be re-heated to at least 165°F in the unit?

- Microwave
 Grill
 Not applicable
 Oven/stove
 Other (specify)

How will hot foods be held at greater than 135° F in the unit?

- Hot holding unit
 Steam table
 Held under heat lamps
 Oven
 Not applicable
 Held on grill
 Other (specify)

How will cold foods be held at 41° F or below in the unit?

- Reach-In Refrigerator
 Reach-In Freezer
 Not applicable
 Other (specify) _____

IV. Utensils and Warewashing

How will you prevent bare hand contact with ready to eat foods?

- Tongs/Spatula/Spoon Food-grade disposable gloves Deli tissues
 Other (specify) _____

Where will utensil washing take place?

- Commissary 3 compartment sink Commissary dishwasher
 Mobile unit 3 compartment sink Not applicable

Indicate the size of the 3 compartment sink you will be using including basin and drain board sizes.

3 compartment sink basins:

Length _____ Width: _____
Depth: _____
Length _____ Width: _____
Depth: _____
Length _____ Width: _____
Depth: _____

Drain boards:

Length _____ Width: _____
Length _____ Width: _____

Indicate what will be used as a sanitizer:

In 3 compartment sink or dish machine: _____ In wiping cloth
bucket: _____

Chemical test kits must be available for all sanitizers used and at all locations.

V. Water Systems (must be in compliance with section 9-104 and 9-105 of the Colorado Retail Food Establishment Rules and Regulations)

Please provide a plumbing diagram or schematic showing water heater, plumbing fixtures, potable and waste water tanks, lines and inlets/outlets.

Hot Water:

Water Heater: Make _____ Model _____

Tank size _____ Recovery rate _____ BTU/ KW Rating _____

Passive system/ Heat exchanger (Water is heated as it passes by hot hold area)

Other (Specify) _____

Potable Water:

What size is the tank? _____

Describe how and where potable water will be obtained.

If a hose is used, a food grade hose must be provided.

Waste Water:

What size is the tank? _____ (Minimum: 15% larger than potable water tank capacity)

Describe how and where waste water will be removed from unit and disposed.

How will you ensure there is no cross contamination between the tanks and hoses?

- Potable water inlet above waste water outlet
- Different color or sized removable tanks
- Different color or sized hoses
- Different threads on inlet and outlet
- Other

(specify) _____

Handsink must be a pressurized system with continuously flowing water with soap, paper towels and a trash receptacle supplied. NOTE: Hand sanitizers are NOT an acceptable substitute for the required hand-washing set-up.

VI. Physical Facilities

Provide a floor plan of the unit drawn to scale. Include clear identification of all equipment and fixtures shown on floor plan. Photographs can be provided in addition to floor plan.

Finishes (what materials are used?)- If applicable

Walls: _____
Floors: _____
Ceiling: _____
Counter tops: _____
Cabinets/shelving: _____

Enclosed mobile unit equipped with plumbing and cooking facilities must have outer openings protected from insects and rodents. Please describe how this will be done. Examples include self closing/screened windows and doors, air curtain, etc.

Ventilation:

Stove tops, grills, fryers, broilers, are some examples that require exhaust ventilation. Please describe how this will be done.

Storage on Unit (Food/single service/utensils): Provide additional utensils in case they become soiled from cross contamination.

Type	# of Units	Total Cubic Feet
Reach in refrigeration- under the counter/coffin style		
Reach in refrigeration stand up		
Reach in freezer- under the counter/coffin/chest style		
Reach in freezer stand up		
Dry storage		

Affidavit of Commissary for Mobile Retail Food Establishments or Pushcarts

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

located at _____
(Address of Establishment)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

_____ Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, reheating.	_____ Ware washing
_____ Storage of foods, single service items, and cleaning agents	_____ Filling water tanks
_____ Service and cleaning of the equipment	_____ Dumping waste water
	_____ Other (list below)

Commissary Water Supply? Municipal _____ Well _____

Commissary Sanitary Sewer Service? Municipal _____ Septic _____

Indicate hours facility is open for mobile unit use:

Sun _____ to _____ Mon _____ to _____ Tues _____ to _____ Wed _____ to _____
Thur _____ to _____ Fri _____ to _____ Sat _____ to _____ Sun _____ to _____

Indicate the equipment available at the commissary for the proposed uses:

Hand sink _____ Prep Sink _____ Mop sink _____ Three bay sink _____

Dish machine _____ Refrigeration _____ Cooling equipment _____ Dry Storage _____

Other _____

Owner/Operator _____ Date _____

Phone Number _____

This Commissary Agreement is valid for the calendar year only.

FOR HEALTH DEPARTMENT USE ONLY

Inspector Name: _____

Inspector Signature: _____ Date: _____

PLAN REVIEW CHECKLIST

A minimum of two (2) weeks shall be necessary for review. Plans will not be reviewed until all items are submitted.

Please refer to *Section 11-4 Review of Plans in the Colorado Retail Food Rules & Regulations* available online at www.cdphe.state.co.us/op/regs/Consumerprotectionregs.asp

- Plan Review Application with \$100 Plan Review Fee.
- Plan Review Specification Form
- Worksheet for Calculating Minimum Hot Water Requirements
- Proposed menu, including a list of foods that will require cooling after cooking and the method that will be used to cool these foods.
- Plans, drawn to scale (see Floor Plan Requirements).
- Specification sheets of all equipment, including make and model numbers, and equipment installation guide.
- Shop drawings of all custom fabricated equipment and cabinetry, drawn to scale.
- Water supply and waste water systems.