PUEBLO CITY-COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
101 W. 9TH STREET
PUEBLO, CO 81003
(719) 583-4323 fax: (719) 583-4322
www.pueblohealthdept.org

Retail Food Establishment Plan Review Application

I. INSTRUCTIONS

A. Fill out this form completely and accurately.

- Lack of complete information may delay the review and plan approval.
- Please be prepared with all necessary paperwork when scheduling a plan review appointment.
- Any changes from approved plans must be submitted in writing and approved by the Pueblo City-County Health Department.
- As stated in the Colorado Retail Food Rules & Regulations a minimum of **two (2) weeks** shall be necessary for review of both detailed plans and specifications of a proposed newly constructed retail food establishment and/or any proposed remodeled establishment.
- Plans will not be reviewed until all items are submitted, which includes application, completed plan review packet and fee.
-

B. Please call Environmental Health Division at 719-583-4323 with any questions or to schedule an appointment.

C. Pay the following plan review fees:

- A non-refundable plan review application fee of $100 is due when application is submitted.
- Plan reviews, pre-opening inspections and related activities are billed at $35/hour.

The Retail Food Establishment Plan Review Application is valid for a period of one (1) year from the date of plan review.

FOR OFFICE USE ONLY:
Date Received:_____ Fee Paid: _____ Staff Initials: _____

PLAN REVIEW CHECKLIST

Please refer to *Section 11-4 Review of Plans in the Colorado Retail Food Rules & Regulations* available online at http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%226+CCR+1010-2+Retail+Food+Regulations.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251854856816&ssbinary=true

- ☐ 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
- ☐ Blueprint plans, drawn to scale (see Floor Plan Requirements)
- ☐ Site plan showing the location of the business in the building, location of the building on-site, including alleys, streets and the location of any outside facility (trash dumpsters, walk-in refrigeration units, grease interceptors, etc.)
- ☐ 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
- ☐ New facilities must submit two sets of plans to the Pueblo Regional Building Department, 830 N Main St # 100 Pueblo, CO 81003, 719-543-0002. A Certificate of Occupancy is required on remodeled or newly built facilities and final approval from the Fire and Zoning Departments must be completed before a license for opening is issued. Remodels at an existing restaurant, you will be required to meet current codes. Check with Pueblo Regional Building Department, Zoning, and the Fire Department for additional regulations and fire codes.
- ☐ You must obtain a sales tax number from the Colorado Department of Revenue, 827 W. 4th St. Pueblo, 719-542-2920. <u>You must have the sales tax number at the time of your pre-opening</u> inspection.
- ☐ You must also obtain a Restaurant License and City Sales Tax License/Permit from the City of Pueblo at the City Business Licensing office, 301 W. B St., 719-553-2659. The Health Department opening inspection approval is needed in order to receive this license. Food vendors, peddlers and mobile vehicle licenses may be applicable.
- ☐ A City of Pueblo Liquor License can be obtained from the City Clerk's Office, 200 S. Main St. Courtroom 2, 719-553-2669. This license is needed only if you will be serving liquor in your establishment and are within the city limits.
- ☐ A County of Pueblo Liquor License can be obtained from the Pueblo County Courthouse, County Clerk's Office, 10th and Main, 719-583-6514. This license is needed only if you will be serving liquor in your establishment and are outside the city limits.

Application Date: _____

Plan Review Form	
Establishment Information	
Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	
Business/Ownership Information	
Individual(s) 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:_____

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

SIGNATURE_____DATE_____

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 Item Storage
	Plumbing Plans and Schedules		Total Water Required For All Fixtures *(See Annex 1)*
	Mechanical Plans and Schedules		Menu and Food handling Procedures *(See Annex 2)*
	Electrical Plans and Schedules		Employee Hygiene Plan *(See Annex 3)*

Have plans been submitted to the Pueblo Regional Building Department? □ **Yes** □ **No**

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**

Date Submitted: _____

If yes, which county(s): _____

_____ 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
	Deli		Caterer
	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 each area is located.		
Please indicate square footage in each area	**Square Feet (ft^2)**	***Floor**
Total Square Feet of the Establishment		
Total Square Footage of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Areas		
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: 8 am 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							
Hours							

For seasonal operations, please circle all that apply											
□ Jan	□ Feb	□ Mar	□ Apr	□ May	□ Jun	□ Jul	□ Aug	□ Sept	□ Oct	□ Nov	□ Dec
Add additional information (if necessary):											

Projected daily maximum number of meals to be served per shift, where applicable.					
Breakfast		Lunch		Dinner	
Maximum number of kitchen staff per shift, where applicable.					
Breakfast		Lunch		Dinner	

I. FACILITY FLOOR PLAN/EQUIPMENT LAYOUT

a. Submit floor plans drawn to scale. Plans must include the location and identification of all equipment and applicable areas. Check all that apply in the table below.

(Table 1)

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

b. Provide or use the finish schedule below to indicate interior finishes for each room within the establishment.

(Table 2)

ROOM FINISH SCHEDULE									
Room Name or Number	**Floors**			**Wall Finishes**				**Ceiling**	
	Material	Finish	Type of Base	North	East	South	West	Material	Finish
Example ***Kitchen***	Example ***Tile***	***Smooth***	***Rubber Cove***	Example ***FRP***	***FRP***	***FRP***	Example ***Stainless***	Example ***Vinyl Acoustic Tile***	***Smooth***

II. EQUIPMENT SPECIFICATIONS:

a. Submit equipment specification sheets, including make and model numbers. 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 food holding units by completing *Tables 3* and *Table 4* below.

(Table 3)

Refrigeration Capacities		
TYPE OF UNIT	**# OF UNITS**	**TOTAL CUBIC**
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.

(Table 5)
Note: *Under "Installation Method," check all that apply.*

Equipment Installation List					Installation Method					
					Floor Mounted			Counter/ Table-Mounted		
ID # on Plan	Equipment	Make/Model	New (N) / Used (U)	Plumbing Required Yes / No	Casters	Legs: 6"	Sealed In Place	Portable	Legs: 4"	Sealed In Place

III. PLUMBING PLANS AND SCHEDULES:

a. Submit a plumbing plan that indicates location 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 provided
   5. Mop/utility sink
   6. Chemical dispensing units
   7. Laundry facilities, if provided
   8. Showers, if provide

b. Complete *Table 6* below for all plumbing fixtures and equipment that will be drained to sewer. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, or if a backflow protection device is installed.

(Table 6)

ID #	Fixture/Equipment	Indirect/Direct Drainage	Backflow (Yes / No)	Type of Backflow Device
	Warewashing Facilities			
	Dish Machines			
	Garbage Disposals			
	Handsinks			
	Food Preparation Sinks			
	Refrigeration Units			
	Ice Bins/Machines			
	Beverage Machines			
	Mop/Utility Sink			
	Chemical Dispensing Units			

Please 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*.

c. Is a 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)

d. Is a garbage disposal provided? □ **Yes** □ **No**

If yes, please indicate the location(s).

e. Food will be primarily served on □ **Multi-Use Tableware** □ **Single-Service Tableware** □ **Both**

f. Provide the location of t he drink dump sink installed n the 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 sink, soiled and clean drainboard length, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

(Table 8)

ID or Code on Plans	Length (inches) of Soiled Drainboard	Dimensions (inches) of Compartment Sink	Length (inches) of Clean Drainboard	Pre-Rinse Sprayer

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(s) is a 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**	**Drain-board Length (“)**	**Pre-Rinse Yes/No**	**Utensil Soak Sink Dimensions (“)**	**Water Usage (GPH)**

a. Is a booster heater provided? □ **Yes** □ **No** If yes, complete Table 10

(Table 10)

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

h. Provide the following water heater information in *Table 9, Table 10 or Table 11*, where applicable. *(Please attach specification sheets)*

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

(Table 11)

Standard Tank Type Heater		
Make	Model #	KW/BTU Rating

(Table 12)

Heat Reclaim System		
Make	Model #	KW/BTU Rating

(Table 13)

Instantaneous/Tankless Systems				
Make	Model #	BTU Rating	Flow Rate (GPM)	Storage Tank Capacity

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 PLANS AND SCHEDULES:

a. Provide plans and schedules that indicate the location of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities (CFMs) for all hoods and exhaust fans, including ventilation systems in restrooms. 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 exhaust hood and fan. Provide the size (*length x width*) of each hood. Include manufacturer's recommended exhaust listings in CFMs.

(Table 14)

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

*** Note:** Volume of outside air supplied into building must be greater than exhaust from building.

V. ELECTRICAL PLANS AND SCHEDULES:

a. Provide plans and schedules that indicate the location 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 shatterproof 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. Refuse enclosures and trash compactors
   2. Outside walk-in cooler(s)/freezer(s)
   3. Outside storage areas
   4. Location of wells and water supply line servicing the building, if applicable
   5. On site waste water treatment systems and sewer lines servicing the building, if applicable
   6. Grease interceptors/grease traps, if required by local building authority

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.

(Table 15)

Private Drinking Water Supply Information		
	Well	**Spring**
Depth (ft)		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 ITEM 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 from chemicals and personal items.

Annex 1:Worksheet for Calculating Minimum Hot Water Requirements

Use this worksheet to help calculate the hot water usage and the necessary **tank type** water heater size for your operation.

Step 1: 3-Compartment Sink

1. Measure dimensions of each compartment, if all three compartments are not the same dimensions, see note below.

Length =_____ Width = _____ Depth = _____

2. Insert measurements into this equation:

(_____ x _____ x _____ x 3 x 0.375) ÷ 231 = _____GPH

Length Width Depth **water usage**

Note: *If all compartment sizes of the sink are not the same, then take (x 3) out of the equation, do the above calculation for each compartment, and then add the volumes to get the total gallons per hour of hot water used in the sink.*

Enter **total water usage** (GPH) into attached "Required Water Calculation Table" for "3-compartment sink"

Step 2: Dish Machine and Conveyor Pre-Rinse Water Usage

Use manufacturer's rating in gallons per hour

Enter manufacturer's rating (GPH) into attached "Required Water Calculation Table" for "Dish machine".

Step 3: Laundry Machine Water Usage

Use manufacturer's rating: _____

or 32 GPH for 9-12 pound washer

or 42 GPH for 16-pound washer.

Enter manufacturer's rating (GPH) into attached "Required Water Calculation Table" for "Laundry machine".

Step 4: Enter water usage totals in the appropriate rows and columns in the table on the following page, Required Water Calculation Table.

Required Water Calculation Table

1. Enter the gallon per hour (gph) rating for each type of fixture and the number of fixtures in the operation in the table below. Multiply these two numbers to calculate "maximum hourly water usage per type of fixture."

2. Add up the "maximum hourly water usage per type of fixture" amounts in the right column to calculate "total water required by all fixtures" in the operation.

3. Enter the "total water required by all fixtures" into the equations on the next page (for gas water heater or electric water heater) to determine the necessary hot water rating for your operation.

Plumbing Fixture	Water usage (gallons per hour)	Number of fixtures	Maximum hourly water usage per type of fixture (gallons per hour)
Example: dish machine	50	1	50
Example: hand sinks	5	4	(5x4) = 20
3-compartment sink			
3-compartment sink (bar)			
Utensils soak sink			
Dish machine			
Dish machine conveyor pre-rinse			
Laundry machine			
Hand operated pre-rinse sprayer	32		
Hand sinks (including restrooms)	5		
Mop sink	7		
Garbage can washer	35		
Employee showers	14		
Hose bib used for cleaning	35		
Total water (GPH) required by all fixtures			

Water Heater Sizing Options

There are three sizing options for water heaters: 1. Option A: Gas Water Heater, 2. Option B: Electric Water Heater, 3. Option C: Instantaneous Hot Water Heater (i.e. tankless). Use the following equations to determine which size of tank your facility will require depending on which tank type you decide to use.

Option A: Gas Water Heater

Step 1: Adjust the total water required by all fixtures (from Required Water Calculation (Table Page 19)) for the altitude of the facility. The altitude adjustment is 4% per 1000 feet of elevation, or 20% for 5000 feet).

Use this formula to calculate elevation adjusted water demand.

(0.04 x _____ ÷ 1000) + 1 = _____

elevation of facility **adjustment factor**

Step 2: Using the adjustment factor from above, calculate the hourly hot water usage.

_____ x _____ = _____ GPH

adjustment factor total water (GPH) required **max hourly hot water usage**

*For example, if the elevation of a facility is 5000 feet, the adjustment factor would be 1.2.If the total water required by all fixtures (GPH from the previous table) is 100 gph, then the maximum hourly hot water usage would be 120. Therefore, a water heater with 120 gph recovery rate would be required for the facility.

Step 3: Use the "maximum hourly hot water usage" value from the previous equation to calculate the minimum BTU rating of the water heater using the calculation below

.

Gas Water Heater Thermal Efficiency Rating (place in box below)

For commercial water heaters, you can find this rating on the spec sheet. If you don't know the rating, use a rating of 0.75. For all domestic water heaters, use a rating of 0.75.

(_____ x 100 x 8.33) ÷ [ ] = _____BTU

max hourly hot water usage efficiency rating **minimum BTU rating**

Step 4: Proposed Gas Water Heater based on BTU

The BTU rating for the water heater in the facility must be equal to or greater than the minimum BTU rating calculated above. Complete the following based on your current or proposed water heater.

Make: _____ Model: _____

BTU Rating: _____

Recovery Rate: _____ gallons per hour at 100°F rise at sea level

Option B: Electric Water Heater

For electric water heaters, the maximum hourly hot water usage is the same number as the total water required (GPH) by all fixtures as calculated in the Required Water Calculation Table. Use this formula to calculate the minimum Kilowatt rating of the electric water heater:

(_____ x 100 x 8.33) ÷ 3412 = _____kW
total water (gph) **minimum Kilowatt rating**

Proposed Electric Water Heater based on Kilowatt rating
The Kilowatt rating for the water heater in the facility must be equal to or greater than the minimum Kilowatt rating calculated above. Complete the following based on your current or proposed water heater.

Make: _____ Model: _____
Kilowatt Rating:_____
Recovery Rate: _____ gallons per hour at 100°F rise at sea level

Option C: Instantaneous Hot Water Heater (i.e. tankless)

Step 1:

Plumbing Fixture	Water usage (gallons per minute)	Number of fixtures	Maximum hourly water usage per type of fixture (gallons per minute)
Example: dish machine	8.0	1	(8.0 x 1) = 8.0
Example: hand sinks	0.5	4	(0.5x4) = 2.0
3-compartment sink*	2.0 for each faucet		
3-compartment sink (bar)*	2.0 for each faucet		
Utensils soak sink	1.0		
Dish machine†			
Dish machine conveyor pre-rinse			
Clothes washer	2.0		
Hand operated pre-rinse sprayer†	2.0		
Food preparation sink(s)	1.0		
Hand sinks (including restrooms)*	0.5		
Mop sink	2.0		
Garbage can washer	1.0		
Showers †	1.0		
Hose bib used for cleaning	5.0		
Total water (GPM) required by all fixtures			

*A flow rate reduction can be used for low flow water faucets installed on 3-compartment sinks, hand operated pre-rinse sprayers, food preparation sinks, hand washing sinks and showers by entering the manufacturer's flow rate listed for the faucet or faucet's aerator.

†Use manufacturer's flow rate in GPM for specific make and model of dishwashing machine.

(Option C continued)
Step 2:
Calculate the maximum flow rate for the establishment. The thermal efficiency of the water heating units must be adjusted for altitude. The altitude adjustment is 4% per 1000 feet of elevation, or 20% at 5000 feet.
Use the following equations to determine the establishment's maximum flow rate in GPM:

(0.04 x _____ ÷ 1000) + 1 = _____
elevation of facility — **adjustment factor**

_____ x _____ = _____ GPH
adjustment factor — total water demand for all fixtures calculated in Step 2 — maximum GPM hot water usage

Use calculated maximum GPM hot water usage value from this equation to determine the minimum number of heating units that will be required in Step 4 below.

Step 3:
Determine the number of heating units that will be needed to meet the required flow rate.

_____ ÷ _____ = _____
Maximum demand (GPM) calculated in Step 3 — Manufacturer's flow rate in GPM @ 100°F in Step 1 — Number of heating units required*

*Multiple units must be installed and plumbed to operate in a parallel configuration.

Step 4:
If a dishwashing machine(s) is to be installed, the instantaneous water heating system must include a storage tank. The storage tank must be at least 25 gallons or at least 25% of the gallons per hour (GPH) demand of the dishwashing machine(s). The larger value of the two is the required storage tank size.

Dishwashing Machine*****
Manufacturer: _____
Model Number: _____
Gallons Per Hour Water Consumption: _____ x 0.25 = _____
Storage tank capacity in gallons

Calculated Storage Tank Capacity: _____ vs. 25 Gallons Storage Tank
Enter the larger of the two: _____ Required Storage Tank Capacity******

*****High temperature, heat sanitizing dishwashing machines must be provided with a separate booster heater. Use of an instantaneous unit is not allowed for use as a booster heater.
******The storage tank must be installed in the hot water supply line located between the heater unit(s) and the hot water distribution line. A recirculation line and aquastat (water thermostat) must be installed at the storage tank to assure the water in the tank remains at the appropriate temperature (120-140°F). The recirculation line must be connected between the storage tank and the cold water supply line at the heater unit(s).

(Option C continued)

Step 5:
Heater Specifications
Manufacturer*: _____ Model Number: _____
Flow Rate in Gallons Per Minute (GPM) at 100ºF rise**:_____ GPM
BTU Rating: _____ BTU***

*Units must be designed for commercial use.
** If there are no high temperature dishwashing machine or other fixtures requiring input water temperature of 140°F (100°F rise) or more, then 80°F rise can be used.
***Electric units will only be approved as a dedicated hot water supply to hand washing sinks.

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 3-607, Specialized Processing methods, Colorado Retail food Establishment Rules and Regulations)*
D. Please describe how the temperature of potentially hazardous foods will be monitored. Detail 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? □ **Yes** □ **No**
What methods will be used to rapidly cool 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, pasta salads, chili, pasta 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 165ºF (74ºC) 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 Cold Running Water □ In a Microwave
□ As a Part of the Cooking Process □ Other:

H. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerator(s) and freezer(s) with cooked, 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, 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 pre-washed, please provide 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/ and click on "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 bacteris to food that cause foodborne illess outbreaks. Below is a list of highly infestive pathogens that are transimisble through food and cause severe illness:

Norovirus
Hepatitus A virus
Salmonella Typhi
Shigella spp.
Escherichia coli (E. coli) 0157:H7 (or other Enterohemorrhagic or Shiga toxin-producing E. coli)
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 Ruels and Regulations to determine when a food handler should be excluded or restricted from food handing duties:

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

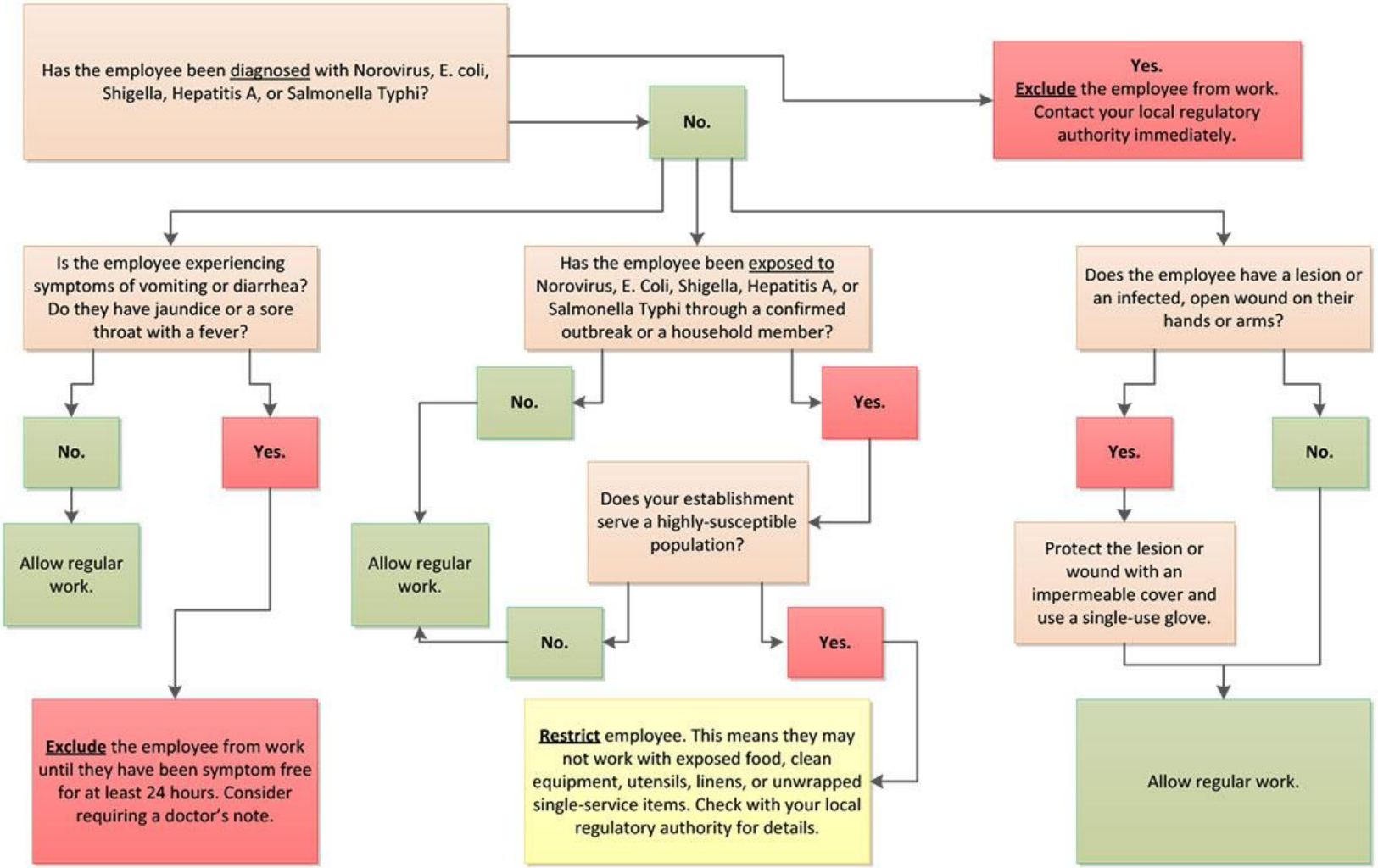
Additional Resources

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.

StateFoodSafety.com™

Employee Illness: The Flowchart

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



Content source: Alexandria Health Department, Virginia

©2012 AboveTraining Inc.