

## Retail Food Establishment Plan Review Application

### Instructions

Fill out this form completely and accurately. Lack of complete information may delay the review and plan approval. Any changes from approved plans must be submitted in writing and approved by the Pueblo Department of Public Health and Environment. As stated in the Colorado Retail Food Rules & Regulations a **minimum of two weeks** is necessary for review of both detailed plans and specifications of a proposed newly constructed retail food establishment and/or any proposed establishment remodel. Plans will not be reviewed until all items are submitted.

### Checklist

The following are REQUIRED to complete your review:

- \$100 application fee, plus \$85 per hour fee for all plan review and pre-opening activities.
- A brief written description of the scope of work and what changes/construction will occur.
- Proposed menu and food handling procedures- Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus).
- Drawings/schedules
- Equipment Specifications- Sheets must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, indicate which piece of equipment will be used.
- Water heater specification sheet (indicate size, kW/BTU, recovery rate on specification sheet)
- Hood ventilation system specification sheet (indicate size, hood type, dimensions, etc.)
- Vomit & Diarrhea Clean-Up Procedures- Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment.
- Employee illness policy- Written procedures are not required. Information regarding exclusions and restrictions are provided. Please keep page 13 of this packet to review with your employees.
- Completed Plan Review Packet (attached)
- Completed Retail Food Establishment License Application (attached)

# Retail Food Establishment License Application

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

Ownership type:			
<input type="checkbox"/> Individual ( <b>must complete affidavit of residency</b> ) <input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.) <input type="checkbox"/> Non-profit (includes government) <input type="checkbox"/> Other			
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 (mobile, fax, etc.):	
Mailing address (if different from above):		City:	State:    Zip:
Date you started the business:	<input type="checkbox"/> 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		
<b>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 I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and 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.</b>			
Signature:		Title:	Date:    Calendar Year:

Check the appropriate license type from the list below.  
This is your license fee.

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	\$270.00
<input type="checkbox"/> Restaurant (0—100 seats)	3000	\$385.00
<input type="checkbox"/> Restaurant (101—200 seats)	3100	\$430.00
<input type="checkbox"/> Restaurant (> 200 seats)	3200	\$465.00
<input type="checkbox"/> Grocery store (0—15,000 sq.ft.)	4000	\$195.00
<input type="checkbox"/> Grocery store (> 15,000 sq.ft.)	4150	\$353.00
<input type="checkbox"/> Grocery store w/ deli (0—15,000 sq.ft.)	5000	\$375.00
<input type="checkbox"/> Grocery store w/ deli (> 15,000 sq.ft.)	5150	\$715.00
<input type="checkbox"/> Mobile unit (prepackaged)	6200	\$270.00
<input type="checkbox"/> Mobile unit (full food service)	6300	\$385.00
<input type="checkbox"/> Oil & Gas Temporary	7000	\$850.00
<input type="checkbox"/> Special Event	8000	Set locally

Total Due: \$

**To pay by phone:**  
719-583-4307

VISA, MasterCard, and Discover only are accepted.  
American Express is not accepted.

**To pay by check/money order:**

Pueblo Department of Public Health and Environment  
(PDPHE)  
EHEP Division  
101 W 9<sup>th</sup> Street  
Pueblo, CO 81003

**Questions?**  
(719) 583-4307  
pueblohealth.org

## Plan Review Form

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

Date construction is to start: \_\_\_\_\_

Indicate number of seats in each area: Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Choose one:

Newly Constructed

Extensively Remodeled

Conversion of existing structure

### Establishment Information

Name of Establishment:	Phone:
Street Address:	Email:
City/State/Zip:	
Mailing Address:	
Mailing City/State/Zip:	

### Business/Ownership Information

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

### Contact Information- During Plan Review Process

<b>Name of Primary Contact:</b>	Phone:
Street Address:	Cell:
City:	Email:
State/Zip:	
<b>Name of Architect:</b>	Phone:
Street Address:	Cell:
City:	Email:
State/Zip:	
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Email:
State/Zip:	

Send License/Renewals to:

Establishment  
Site Address

Establishment  
Mailing Address

Business Owner  
Mailing Address

**Type of Retail Food Establishment (check all that apply)**

<input type="checkbox"/>	Full-Service Restaurant	<input type="checkbox"/>	Bar
<input type="checkbox"/>	Fast Food	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Market (Grocery)	<input type="checkbox"/>	School Food Program
<input type="checkbox"/>	Deli	<input type="checkbox"/>	Catering Operation
<input type="checkbox"/>	Fish Market	<input type="checkbox"/>	Concession
<input type="checkbox"/>	Meat Market	<input type="checkbox"/>	Manufacturer with Retail Sales
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Other:
Days and Hours of Operation Insert hours in the following format: 8am to 8pm			
Days:			
Hours:			
Seasonal:	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	Months of operation:	
Projected maximum number of meals to be served			
Number of meals per week:			

Have plans for this establishment been submitted to Pueblo Regional Building Department?  Yes  No

**FINISH SCHEDULE**

Instructions: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile 4" plastic covered molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT), acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (N/A) as appropriate.

ROOM/AREA	FLOOR	FLOOR WALL Junctures	WALLS	CEILING
Food Preparation:				
Dry Food Storage:				
Warewashing Area:				
Walk-In Refrigerators and Freezers				
Service Sink/Mop Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				
Identify the finishes of cabinets, countertops, and shelving:				

## Equipment Installation Table

Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.)

If equipment schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found.

Equipment Installation Table		
ID # on Plans/Drawings	Equipment	Make/Model

## Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID# on Drawings/Plans	Fixture or Equipment	# Of Fixtures	Maximum hourly water usage (gallons per hour)
	Hand Sinks		5
	Dish Machines		
	Pre-rinse sprayer		32
	Garbage Disposals		
	3-Compartment Warewashing Sinks		
	Food Preparation Sinks		
	Hose Bibs		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		7
	Chemical Dispensing Units		
	Dump Sink		
	Other:		
	Other:		
	Other:		
<b>Total water (GPH) required by all fixtures:</b>			

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.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100 mesh screen and may require a drain.
- 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 and pitcher rinser.
- Indirect drainage is required for all warewashing (3-compartment and dish machines) food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.
- Items may not drain into buckets.

## Plumbing – Sink Sizes

**Manual Warewashing Information:** All food establishments that prepare or package food must have facilities for cleaning and sanitizing food contact surfaces. Cleaning facilities can be either three-compartment sinks or mechanical dish machines. Please note: You must have an alternative wash/rinse/sanitize procedure should your mechanical system fail.

Include the size of each compartment (length x width x depth) of the warewashing sinks, soiled and clean drainboard lengths, and if 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		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Mechanical Warewashing Information, if a machine is provided:

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).

If heat sanitizing on a dish machine, is a separate booster heater provided?  Yes  No

If yes, complete Table 3 on next page.

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

## Water Heater Information

Provide the following water heater information in Tables 1, 2, and 3 as applicable. Attach specification sheets.

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

Table 1

Standard Type Heater		
Make	Model #	kW/BTU Rating

Table 2

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

Note: Alternative information may be needed. For instantaneous/tankless systems approval of system may require further review.

Table 3 (if applicable)

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



# Water Supply and Sewage

## Water Supply Information

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 - \*\*If the retail food establishment does not meet the definition of a public water system in accordance with the Colorado Primary Drinking Water Regulations additional monitoring and sampling is required.

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.

## Private Drinking Water Supply Information

Private System Type:     Well                       Surface water influence

Depth (feet)	
Method of Disinfection	
Filtration (if applicable)	

## Sewage Disposal

Select the type of sewage disposal system that services the establishment.

Municipal/Public – Name of District: \_\_\_\_\_

On-site Wastewater Treatment System – Indicate location on site plan and attach a copy of the permits for the system. \_\_\_\_\_

## Food Handling Procedures

If Standard Operating Procedures (SOP's) are available, please submit with plans.

Procedures	Yes	No
Will foods be held cold?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be held hot?	<input type="checkbox"/>	<input type="checkbox"/>
Will produce be washed?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be reheated after cooling?	<input type="checkbox"/>	<input type="checkbox"/>
Will frozen foods be thawed?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods (raw meats, for example) be cooked?	<input type="checkbox"/>	<input type="checkbox"/>
Will raw or undercooked animal foods be served? (Sushi, breakfast eggs, or cooked-to-order meat, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be sold to other retail food establishments?	<input type="checkbox"/>	<input type="checkbox"/>
Will catering be conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a salad bar or buffet?	<input type="checkbox"/>	<input type="checkbox"/>
Will bulk food items (candy, trail mix, etc.) be sold to the public?	<input type="checkbox"/>	<input type="checkbox"/>

# Food Handling Procedures

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

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In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Under refrigeration     | <input type="checkbox"/> Ice water bath | <input type="checkbox"/> Adding ice as an ingredient           |
| <input type="checkbox"/> Rapid cooling equipment | <input type="checkbox"/> Shallow pans   | <input type="checkbox"/> Separating food into smaller portions |
| <input type="checkbox"/> Other                   |   |  |

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

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List the equipment that will be used for reheating:

- Stove     Microwave     Other: \_\_\_\_\_

C. Describe how frozen foods will be thawed.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Under refrigeration          | <input type="checkbox"/> Under running water | <input type="checkbox"/> Adding ice as an ingredient |
| <input type="checkbox"/> As part of a cooking process | <input type="checkbox"/> Other: _____        |  |

D. Describe where personal items will be stored.

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E. Describe where chemicals used for operation will be stored.

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F. How will bare hand contact with ready-to-eat foods be prevented during preparation?

- Gloves     Utensils     Deli Tissue     Other: \_\_\_\_\_

G. Food will primarily be served on:

- Multi-use Tableware     Single-service Tableware     Both

## Variance Requirement

If your operation includes any of the following specialized processing methods, you must obtain variance from the Pueblo Department of Public Health and Environment:

(Check all boxes that apply)

- A.  Smoking food as a method of preservation rather than as a method of flavor enhancement
- B.  Curing food
- C.  Using food additives or adding components such as vinegar:
  - a. As a method of food preservation rather than as a method of flavor enhancement, or
  - b. To render the food so that it is not time/temperature control of safety food
- D.  Packaging TCS Food using a reduced oxygen environment
- E.  Operating a molluscan shellfish life support system display tank
- F.  Custom processing of animals that are for personal use as food
- G.  Sprouting seeds or beans

## HACCP Requirement

If your operation includes any of the following procedures, you will need a HACCP plan that meets the requirements of 3-502.12 and a designated work area accessible only to responsible trained personnel.

(Check all boxes that apply to your operation)

- H.  Vacuum Packaging
- I.  Sous Vide
- J.  Cook-Chill

## Form 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., or Shiga Toxin-producing Escherichia coli (STEC), nontyphoidal Salmonella or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

**I agree to report to the person in charge:**

**Any Onset of the Following Systems, Either While at Work or Outside of Work, Including the Date of Onset:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and cuts, wounds, or lesions that are not properly covered (such as boils and infected wounds, however small)

**Future Medical Diagnosis:**

Whenever diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp. Infection), Escherichia coli 0157:H7 or other STEC infection, nontyphoidal Salmonella or hepatitis A (hepatitis A virus infection)

**Future Exposure to Foodborne Pathogens:**

1. Exposure to or suspicion of causing any confirmed outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli 0157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional/Food Employee Name (please print): \_\_\_\_\_

Signature of Conditional/Food Employee: \_\_\_\_\_

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

Signature of Permit Holder or Representative: \_\_\_\_\_

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