



# Otero County Public Health Department

*Serving Otero and Crowley Counties*

## CHECKLIST

The following are REQUIRED to complete your review:

- A. \$100 application fee
- B. A brief written description of the scope of work and what changes/construction will occur.
- C. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus).
- D. Drawings/schedules (please note that not all may be required based on scope of work):
  - 1. Site plan: showing location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).
  - 2. Floor plan: show location of equipment, plumbing, and location of \*hood and make-up air returns and ducts,\*if applicable. (Minimum 1/4 inch scale for architectural renderings). Please identify any garage doors and outer openings.
  - 3. Plumbing plan: show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, grease/solids interceptor (if required by the local building, water, or sanitation authority) hose bibs and hose reels, laundry facilities etc.
  - 4. Electrical Plan: show locations and specifications of lights.
- E. 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, identify the specific equipment to be used.
- F. Food Protection Manager Certification: Provide manager certification documentation (if applicable).
- G. Vomiting & Diarrheal Event Clean-Up Procedures. Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment.
- H. Employee Illness policy. Written procedures are not required. Information regarding exclusions and restrictions can be provided.
- I. Completed Plan Review Packet (Attached)

Application Date:

Date construction is to start:

Date of planned opening:

Indicate number of seats in each area: Indoor:

Outdoor:

Choose one:

- Newly Constructed    Extensively Remodeled (currently licensed)    Conversion of existing structure

<b>Plan Review Form</b>	
<b>Establishment Information</b>	
<b>Name of Establishment:</b>	Phone:
Street Address:	Fax:
City/State/Zip:	Website:
Mailing Address	Email:
Mailing City/State/Zip	
<b>Business/Ownership Information (proprietary rights per C.R.S. 25—1605)</b>	
<b>Individual or Corporate Name:</b>	Phone:
Mailing Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Contact Information- During Plan Review Process</b>	
<b>Name of Primary Contact:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Name of Architect:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Name of Contractor:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

**Send License/Renewals to:**

- Business Owner Mailing Address
- Establishment Site Address
- Establishment 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: Yes <input type="checkbox"/> No <input type="checkbox"/> List months of operations:			
Projected maximum number of meals to be served.			
Number of meals per week:			

Have plans for this establishment been submitted to the local building department? Yes  No

If yes, name of local building department:

## FINISH SCHEDULE

**INSTRUCTIONS:** Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4" plastic covered molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (NA) 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 **Used Equipment may require visual inspection for pre-approval**			
ID # on Plans/ Drawings	Equipment	Make/Model	Check box if utilizing previously used equipment
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

## Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID # on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment warewashing sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Other:	
	Other:	
	Other:	

**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 rinsers.
- 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:** The minimum requirement for warewashing in a food establishment is a three-compartment sink. A mechanical warewashing machine may be installed in addition to the three-compartment sink.

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		

**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).

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)
					x    x	
					x    x	

If heat sanitizing on a dish machine, is a separate booster heater provided? YES  NO   
 If yes, complete Table 3 on next page.

## 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 Tank 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) @ 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

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. For more information about the *Colorado Primary Drinking Water Regulations* please visit:

<https://www.colorado.gov/pacific/cdphe/water-quality-control-commission-regulations>

- 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.

Private Drinking Water Supply Information		
	Well	Surface water influence
Depth (feet)		N/A
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 Waste Water 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.

Procedure	Yes	No
Will food be held cold?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be held hot?	<input type="checkbox"/>	<input type="checkbox"/>
Will produce need to be washed?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be reheated after cooling?	<input type="checkbox"/>	<input type="checkbox"/>
Will food that is frozen need to be thawed?	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooked? (example: raw meats)	<input type="checkbox"/>	<input type="checkbox"/>
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be prepared that will be sold to other establishments?	<input type="checkbox"/>	<input type="checkbox"/>
Will catering be conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Will self-service foods (i.e., buffets and salad bars) be provided?	<input type="checkbox"/>	<input type="checkbox"/>
Will food items such as candy, trail mix, etc. be sold in bulk to the public?	<input type="checkbox"/>	<input type="checkbox"/>

## Food Handling Procedure Descriptions

### 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.

- Under refrigeration       Ice water bath       Adding ice as an ingredient  
 Rapid Cooling equipment       Shallow Pans       Separating food into smaller portions  
 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.

- Under refrigeration       Under running water       In a microwave  
 As part of cooking process       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 a variance from the Colorado Department of Public Health & Environment:

(Check all boxes that apply to your operation)

- 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