

Retail Food Establishment Plan Review

The following checklist items are **REQUIRED** to complete your review:

- A. An application fee due upon submission. *Any approval will expire 18 months from the date of the approval letter. If the construction process is to exceed 18 months, a request for an extension of this approval must be made in writing.*
- B. A written scope of work and what changes/construction will occur. This can be a separate document or written on page 2 of this packet.
- C. Proposed menu – Breakfast/Lunch/Dinner, include seasonal, off-site catering, and banquet menus
- D. Drawings/Schedules
1. Site Plan with an exterior ariel view including locations of:

<input type="checkbox"/> i. Roadways & alleyways	<input type="checkbox"/> v. Well Water, if applicable
<input type="checkbox"/> ii. Dumpsters	<input type="checkbox"/> vi. Septic system, if applicable
<input type="checkbox"/> iii. Grease interceptor	
<input type="checkbox"/> iv. Other information	

 2. Floor Plan with an interior ariel view that includes locations of:

<input type="checkbox"/> i. All sinks	<input type="checkbox"/> v. Any exterior openings (doorways, garage doors, windows that open, and other outer openings)
<input type="checkbox"/> ii. Dish machines	
<input type="checkbox"/> iii. Equipment	
<input type="checkbox"/> iv. Ventilation hoods.	

 3. Plumbing Plan with an interior ariel view that includes:

<input type="checkbox"/> i. All sinks <ul style="list-style-type: none">• Handwashing• Food preparation• 2-compartment• 3-compartment• Mop and utility	<input type="checkbox"/> ii. Restrooms with hand sinks, toilets, and urinals
	<input type="checkbox"/> iii. Dish machines
	<input type="checkbox"/> iv. Any laundry facilities
	<input type="checkbox"/> v. Floor sinks and drains
	<input type="checkbox"/> vi. Grease trap/interceptor

 4. Electrical Plan: show locations and specifications of lights
- E. Equipment Specifications with make and model numbers.
All equipment must be designed and constructed to be durable and retain characteristic qualities under normal use conditions.
- F. Completed Plan Review Packet (this document) and above items emailed to EH@douglas.co.us

I certify that the above information that I submit is complete and accurate to the best of my knowledge. Signature: _____

Primary Contact During Plan Review Process for Questions/Concerns:

Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Purpose of Application

Newly Constructed

Extensive Remodel of a currently licensed restaurant

Change of Ownership with Remodel, Former Name: _____

Scope of Work

Timelines

Application Date: _____

Expected Opening Date: _____

Date Construction is to Start: _____

Building Department

Have plans for this establishment been submitted to the local building department? _____

Name of the local building department: _____

Point of Contact at Building Department (Name, Phone Number, and Email Address):

Retail Food Establishment Application

Business Information:

Facility Name: _____

Facility Address: _____

City, State, Zip Code: _____

Facility Phone Number: _____ Facility Email Address: _____

Name of the Sewage System District: _____

- If facility is on a septic system, then provide the Permit Number: _____

Name of the Community/Public Water System District: _____

- If facility is Non-Community/Well Water, then provide the Public Water System ID Number (PWSID): _____
- If facility is on Private water and does not meet the definition of a public water system in accordance with the *Colorado Primary Drinking Water Regulations*, additional information, monitoring, and sampling is required.

Ownership Information:

Company Name (as indicated on your Colorado Business/State Sales Tax Registration):

Company Address: _____

Type of Ownership: Individual Partnership Corporation/LLC Non-Profit Gov't Other

Owner Contact Name: _____

Owner Phone Number: _____ Owner Email Address: _____

Billing Information:

Billing Organization: _____

Billing Contact Name: _____

Billing Address: _____

Billing Phone Number: _____ Billing Email Address: _____

Where should we send invoices and physical licenses?

Facility

Owner

Billing

The Permit:

Grocery (Square Footage: _____)

Grocery with Deli (Square Footage: _____)

Convenience Store (Square Footage: _____)

Retail Food (Number of Seats: _____)

School Cafeteria or other Non-Profit

Operations:

Operating Months: _____

Operating Days: _____

Operating Hours: _____

Food Handling Procedures

Instructions: Complete the information below. If Standard Operating Procedures (SOP's) are available, please submit with plans.

Types of Retail Food Establishments

Full Service Restaurant	Catering
Fast Food	Grocery
Bar	Deli
Coffee Shop	Fish Market
School Food Program	Meat Market
Concession Stand	Convenience Store

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

Food Handling Procedures (cont.)

A. If you are cooling foods, list the foods that will require rapid cooling (Examples: rice, green chili, soup, etc.)

B. Describe what methods will be used in the facility to rapidly cool cooked foods. Check only what applies to your establishment.

Under Refrigeration	Rapid Cooling Equipment	Separating Food into Smaller
Ice Water Bath	Shallow Pans	Portions
Adding Ice as an Ingredient		Other: _____

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

D. List the equipment that will be used for reheating.

Stove	Microwave	Other: _____
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E. Describe how frozen foods will be thawed.

Under refrigeration	Under Running Water	In a Microwave
As part of the Cooking Process	Other: _____	

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

Gloves	Utensils	Deli Tissue
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G. Food will primarily be served on:

Multi-use Tableware	Single-service Tableware	Both
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H. Describe where personal items will be stored.

I. Describe where chemicals used for the operation will be stored.

Variance Requirement

If your operation includes any of the following specialized processing methods, you must apply for and obtain an approved variance from the Colorado Department of Public Health & Environment (CDPHE). Check all boxes that apply.

Smoking food as a method of preservation rather than as a method of flavor enhancement.

Curing food

Using food additives or adding components such as vinegar:

As a method of food preservation rather than as a method of flavor enhancement, or

To render the food so that it is not time/temperature control for food safety

Packaging time/temperature control food using a reduced oxygen environment

Operating a molluscan shellfish life support system display tank

Custom processing of animals that are for personal use as food

Sprouting seeds or beans

Hazard Analysis and Critical Control Point Requirement

If your operation includes any of the following procedures, you will need a HACCP plan that meets the requirements of 3-502.12 of the [2013 FDA Food Code](#) and a designated work area accessible only to responsible trained personnel. Check all boxes that apply.

Vacuum Packaging

Sous Vide

Cook Chill

Finish Schedule

Instructions: Submit a separate attached document for Finish Schedule **or** complete table below.

In the table below, 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	Ceilings
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Refuse Area				
Toilet and Dressing Rooms				
Other, Indicate where				

Identify the finishes of:

Cabinets: _____

Countertops: _____

Shelving: _____

Plumbing

Summary of Plumbing Fixtures

Complete the table below for all plumbing fixtures. Provide required cut sheets. Additional specification sheets may need to be provided upon request.		
ID# on Plans and Cutsheet Required, if installing	Fixture or Equipment	# of Fixtures
	Hand sinks, including restrooms	
<i>Specification Sheet Required</i>	3 Compartment Sinks	
	2 Compartment Sinks	
	Utensil Soak Sink	
<i>Specification Sheet Required</i>	Conveyor pre-rinse sprayer	
<i>Specification Sheet Required</i>	Clothes washer	
<i>Specification Sheet Required</i>	Hand operated pre-rinse sprayer	
	Mop Sink / Utility Sink	
	Garbage can washer	
	Shower	
	Hose Bib	
<i>Specification Sheet Required</i>	Dish Machine	
<i>Specification Sheet Required</i>	Booster Heater for Dish Machine	
	Food Preparation Sinks	
	Garbage Disposals	
	Ice Bins / Machines	
	Beverage Machines	
	Garbage Disposals	
	Chemical Dispensing Units	
	Dump Sinks	
	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 (cont.)

Complete tables below and provide each of the following cut sheets as separate documents, if applicable to your facility. Attach additional tables as needed.

1. Standard Tank Hot Water Heater(s)

If multiple water heaters, provide information on which plumbing fixtures each water heater or system will service.

Make	Model #	kW/BTU Rating

2. Instantaneous/Tankless Systems

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

Make	Model #	BTU Rating	Flow Rate (GPM) at 80F or 100F rise	Storage Tank Capacity (Gal), if applicable

3. Mechanical Warewashing / Dish Machine(s) Area

- Will there be a pre-rinse sprayer? No or Yes
 - Indicate Gallons Per Minute (**specification sheet required**): _____
- Will there be a utensil soak sink? _____
 - List dimensions of sink (LxWxD) _____
- For heat sanitizing, will a booster heater be provided? _____
 - Make and Model #: _____
 - Distance installed from machine: _____

Make	Model #	Heat / Chemical Sanitizing	Drainboard Length (in.)	Water Usage (GPH)

4. Manual Warewashing Sink(s)

- All food establishments that prepare or package food must have facilities for cleaning and sanitizing food contact surfaces. Cleaning facilities can be either 3-compartment sinks or mechanical dish machines. **You must have an alternative wash/rinse/sanitize procedure should your mechanical system fail.**
- Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

If multiple manual warewashing sinks will be installed, provide information on each.					
Length of Soiled Drainboard	Length of Basin	Width of Basin	Depth of Basin	Length of Clean Drainboard	Pre-Rinse Sprayer Included? Provide Spec Sheet
					Yes or No
					Gallons Per Minute:
					Yes or No
					Gallons Per Minute:

