

# Retail Food Establishment Plan Review

## 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 ventilation hood. (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. Information regarding exclusions and restrictions are provided. Please keep those pages to review with your employees.
- I. Completed Plan Review Packet (this document)

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## Retail Food Establishment Application

### Purpose of Application

\_\_\_ Newly Constructed

Extensively Remodeled  
(currently licensed)

Change of Ownership  
with Remodel

### The Business

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Unit Info: \_\_\_\_\_

Zip Code: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Sewage System Jurisdiction: \_\_\_\_\_

Water System Jurisdiction: \_\_\_\_\_

City/Public Water

Well Water

If facility is on a well, what is the PWSID#?:

### Ownership (as indicated on your Colorado Business/State Sales Tax Registration):

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

#### Type of Ownership

Individual (Sole Proprietor)

Non-Profit

Partnership

Government

Corporation/LLC

Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Send invoices and physical license to: ☐ Owner address ☐ Facility address

**The Permit**

Permit Type:

Grocery (Square Footage: \_\_\_\_\_)

Grocery w/ Deli (Square Footage: \_\_\_\_\_)

Retail Food (Number of Seats: \_\_\_\_\_)

School Cafeteria

Operating Months:

Year Round	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
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Operating Days:

Daily	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Operating Hours:

Before 8AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	After 5PM
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**Other Details (Office/Inspector Use Only):**

Food Risk Factor (use 15, unless otherwise indicated by inspector): \_\_\_\_\_

Large Facility or Complex Food Operation (joint inspection, if indicated by inspector): \_\_\_\_\_

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	\$855.00
<input type="checkbox"/> Special Events	8000	Set locally

Make checks payable to Douglas County Health Department.

Submit this form and payment to:

Douglas County Health Department

 410 S. Wilcox Street  
 Castle Rock, CO 80104

 Total Due: \$ 

Signature:

Date:

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

Full Service Restaurant	Bar
Fast Food	Coffee Shop
Market (Grocery)	School Food Program
Deli	Catering Operation
Fish Market	Concession
Meat Market	Manufacturer with Retail Sales
Convenience Store	Other:

Application Date:

Date of planned opening:

Date construction is to start:

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 coved 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

## Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

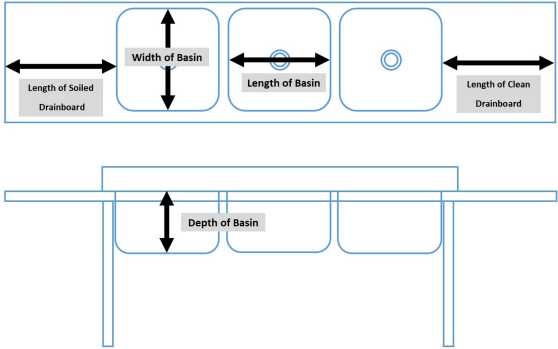
ID# on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment warewashing sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Other:	
	Other:	
	Other:	

**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

How To Measure The Dimensions Of Your  
3 Compartment Sink



**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.**

Manual Warewashing Information (Include the size of each compartment 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.)

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)
					x x	
					x x	

## 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) 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

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

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 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.

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 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 a 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 variance from the Colorado Department of Public Health & 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

The following pages are provided as guidance and a template for an employee illness policy. Adopting the following procedures at your establishment will help you provide a safe and healthy work environment for your employees.

If you would like a copy of these documents in another language please visit:

<https://www.fda.gov/food/guidanceregulation/retailfoodprotection/industryandregulatoryassistanceandtrainingresources/ucm113827.htm#forms>

# 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 Symptoms, 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 the cuts, wounds, or lesions 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 O157: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 disease outbreak of Norovirus, typhoid fever, shigellosis, A. coli O157: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 O157: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 specified;
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 Employee Name (please print) \_\_\_\_\_

Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

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