



Colorado Department
of Public Health
and Environment

**Division of Environmental
Health and Sustainability**

Retail Food Establishment Review Packet

Attached please find the plan review packet, which includes the Plan Review Form (Appendix C) and the Worksheet for Calculating Minimum Hot Water Requirements (Appendix D). Appendices C & D are included in the *Colorado Retail Food Establishment Rules and Regulations*.

Section 11-401 of the rules and regulations requires detailed plans and specifications be submitted to and approved by the Colorado Department of Public Health and Environment, prior to commencing construction of any newly proposed or proposed extensive remodel of a retail food establishment.

Please note: A minimum of two (2) weeks shall be necessary for the department to review plans. Any revision(s) of submitted plans and specifications shall be submitted to the department for review and approval.

To facilitate the plan review process, plans ~~must be complete~~ and must include the following information:

- a. Menu and food handling procedures
- b. Facility floor plan and equipment layout
- c. Equipment list by manufacturer and model number – Domestic equipment is not acceptable
- d. Manufacturer’s specification sheets for all equipment – May include photographs
- e. Mechanical diagrams including plumbing, lighting, electrical, and kitchen and restroom ventilation
- f. Interior finish schedule – May include samples of materials, finishes, and colors

Please note: Notations such as “see plans” will not be accepted. Submitted plans may be returned if the information requested in the packet is incomplete.

Please note that a required application fee of \$100.00 is due and payable prior to the plans being reviewed. Submit the \$100.00 fee and application. Please make the check payable to the Colorado Department of Public Health and Environment. Additional costs for the plan review and pre-opening inspection will be billed after the pre-opening inspection is completed. Please contact this office at least three (3) weeks prior to the contemplated opening and arrange for the final inspection. All construction and cleaning must be completed prior to the opening inspection. In addition, all equipment must be in place and functioning at the time of the opening inspection.

Please submit your plans to:

Colorado Department of Public Health and Environment
Division of Environmental Health & Sustainability
ATTN: Plan Review Section
4300 Cherry Creek Drive South
Denver, CO 80246-1530

If you have any questions, or need further assistance, please contact the Division of Environmental Health and Sustainability at 303-692-3645.



Colorado Department
of Public Health
and Environment

**Division of Environmental
Health and Sustainability**

RETAIL FOOD ESTABLISHMENT REVIEW APPLICATION

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

**Colorado Department of Public Health and Environment
Division of Environmental Health & Sustainability
ATTN: Plan Review Section
4300 Cherry Creek Dr. South, C-1
Denver, CO 80246-1530
Ph: (303) 692-3645**

Date: _____

Record # _____

Firm ID # _____

**Do Not Write in This Space
For Office Use Only**

Name of Establishment: _____

Location Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Owner/Manager: _____ Phone: () _____

DBA: _____ Email: _____

Type of Ownership (As indicated on your Colorado Business/State Sales Tax Registration)
 Individual (If individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification) General Partnership Limited Partnership Limited Liability Company Limited Liability Partnership
 Limited Liability Limited Partnership Corporation "S" Corporation Association Estate Government
 Joint Venture Trust Non-profit 501(c)(3) (please enclose copy of IRS letter of exemption) Other Non-profit

NOTICE TO APPLICANT: The type of review requested and associated application fee required is indicated in Section A below. If an application fee is required, please make check payable to the Colorado Department of Public Health & Environment and mail the completed application and check to the address above. Fees for the actual review are explained on the next page.

Name & Title of Applicant (Please Print): _____ Signature of Applicant _____

SECTION A – THIS SECTION TO BE COMPLETED BY INSPECTOR

REVIEW TYPE	APPLICATION FEE	REVIEW FEE (NOT TO EXCEED)
<input type="checkbox"/> Plan Review (PR)	\$100.00	\$580.00
<input type="checkbox"/> Equipment Product Review (ER)	\$100.00	\$500.00
<input type="checkbox"/> HACCP Plan Review/Written (HW)	Not Required	\$100.00
<input type="checkbox"/> HACCP Plan Review/Operational (HO)	Not required	\$400.00
<input type="checkbox"/> Services Requested – Real Estate Review (RE)	\$75.00	Cost of Actual Time Spent
<input type="checkbox"/> Special Event (SE)	Not Required	Not Required
<input type="checkbox"/> Special Service (SS) _____	Not Required	Not Required
<input type="checkbox"/> Fee Exempt (EX) _____	Not Required	Not Required

Comments: _____

Plan Review (PR):

The fee for filing an application for a plan review is \$100.00, and must accompany the application (when required). The application filing fee does not include the cost of plan review activities. An invoice for the actual time spent on review activities will be sent to you at a later date and will not exceed \$580.00.00 [(CRS 25-4-1607(2))]. There will be a delay in reviewing your plan review if either the application fee or the application form are not submitted with the plans.

Equipment Product Review (ER):

The fee for filing an application for an equipment or product review is \$100.00. This fee must accompany the application. The application filing fee does not include the cost of the review activities. An invoice for the actual time spent on the review activities will be sent to you at a later date and will not exceed \$500.00 [(CRS 25-4-1607(3))].

HACCP (Written) (HW):

An application filing fee is not required for this review process. Upon completion of the written review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed \$100.00. [(CRS 25-4-1607(4))].

HACCP (Operational) (HO):

An application filing fee is not required for this review process. Upon completion of the operational review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed \$400.00. [(CRS 25-4-1607(4))].

Note: If an HACCP plan undergoes significant changes from the original approved plan, the second review may be billed as a new plan. A facility may be required to have separate HACCP plans for food preparation methods that deviate from more than one section of the regulation. An HACCP plan is not considered part of the plan review process. Separate charges can be applied to an HACCP plan that were included with a facility's plan submittal.

Real Estate (RE):

A \$75 pre-paid fee is required with this application, but shall be applied to the actual cost of the services. Additional fees will be added upon completion of the review. An invoice for actual time spent on the review activities will be sent to you [(CRS 25-4-1607(5))].

Special Events (SE):

No application filing fee is required. Actual cost of services associated with the oversight of a special event will be billed when services are completed [(CRS 15-4-1607(6))].

Special Services (SS):

The fee for any other requested service that involves review activities and that are not specifically listed above are chargeable based on the actual cost of such service [(CRS 25-4-1607(7))].

Fee Exempt (EX):

Parochial, public and private schools, penal institutions, and charitable organizations (benevolent, nonprofit retail food establishments) are exempt from the fees associated with plan review activities.

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

Please review this document carefully. Failure to submit all completed documents as described below will delay the renewal of your license.

Subject: Implementation of C.R.S., 24-76.5-101, et. seq., “Restrictions on Public Benefits” (HB 1023)

To Whom It May Concern:

You will find an affidavit included with your renewal registration/application. All licenses, certifications, and registrations issued to **individual owners or sole proprietors** by the Colorado Department of Public Health and Environment must be accompanied by verification of citizenship. This requirement does not apply to you if you are not an individual owner or sole proprietor. Verification includes completing the enclosed affidavit and providing a **notarized copy of an approved identification**. Approved identification includes:

- A valid Colorado driver’s license or a Colorado identification card;
- A United States military card or a military dependent’s identification card;
- A United States Coast Guard Merchant Mariner card;
- A Native American Tribal Document,

You may access a notary in your area by conducting a search through directory assistance for “public notaries.”

C.R.S., 24-76.5-101, “Restrictions on Public Benefits” became effective August 1, 2006, and requires “each agency or political subdivision of the state” to verify the lawful presence in the United States of every applicant for public benefits. The law requires the verification of citizenship in order for persons eighteen years of age or older to receive certain benefits or obtain a license or certification from the department. If the recipient of the benefit is under eighteen years of age, the law does not apply.

If you need assistance in complying with this law or if there is additional information you feel we need to be aware of, please do not hesitate to contact me at 303-692-3645.

Sincerely,

Karen Gillespie
Division of Environmental Health & Sustainability



Colorado Department
of Public Health
and Environment

AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Doing Business As: _____

Address: _____
Street Unit City Zip

Signature Date

RETURN THIS FORM WITH NOTARIZED COPY OF ID ATTACHED



As a Notary Public in and for the state of _____, I do certify that I carefully compared with the original the attached facsimile and that it is a complete, full, true and exact facsimile of the document they have purported to reproduce.

(Notary's official signature)

(My commission expires)

APPENDIX C - Plan Review

Date: _____

Name of Establishment: _____ Phone: _____

Fax: _____

Address of Establishment: _____ Phone: _____

Fax: _____

Name of Operator (owner): _____ Phone: _____

FAX: _____

Address of Operator (owner): _____ Phone: _____

FAX: _____

Name of Local Contact: _____ Phone: _____

FAX: _____

Name of Contractor: _____ Phone: _____

FAX: _____

Address of Architect: _____ Phone: _____

FAX: _____

Name of Architect: _____ Phone: _____

FAX: _____

Date Construction will begin: _____ Date of Planned Opening: _____

New Establishment: _____ Remodel: _____

Type of Establishment (check all that apply):

Full Service

Coffee Shop

Bar

Market (Grocery)

Convenience Store

Fish Market

Deli

Meat Market

Caterer

Concession

School

Specialty Shop

Fast Food

Mobile Unit

Other (please specify): _____

THE FOLLOWING DOCUMENTS ARE NECESSARY AND MUST BE INCLUDED IN ORDER TO COMPLETE THE PLAN REVIEW. LACK OF COMPLETE INFORMATION MAY DELAY REVIEW AND PLAN APPROVAL.

1. Proposed menu, including a list of foods which will require cooling after cooking and the method that will be used to cool these foods.
2. Facility floor plan. Drawn to scale.
3. Specification sheets of all equipment, including make and model numbers.
4. Shop drawings of all custom fabricated equipment and cabinetry. Drawn to scale.
5. 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 (dumpsters, walk-in units, grease interceptors etc.).
6. A complete interior finish schedule.
7. Mechanical, plumbing and electrical schedules. Drawn to scale.
8. Water heater specifications, including make and model number.
9. Location of chemical and personal belongings storage.
10. Water supply and wastewater systems.

I. Menu And Food Handling Procedures:

- A. Submit Menu
- B. Is there a Hazard Analysis Critical Control Point (HACCP) Plan/Food Handling Procedure Manual that describes preparation, cooling, reheating, cooking of foods and the handling of leftovers? Yes No If yes, please submit with plans.
- C. List the foods that will be prepared more than 12 hours in advance of service.
- D. List the foods and describe the methods of how hot foods will be cooled to 41°F (5°C) or below.
- E. List the foods and describe the methods of how foods will be rapidly reheated to 165°F (74°C) or above.
- F. List the foods and indicate how hot foods will be held at 135°F (57°C) or above.
- G. How will frozen foods be thawed?
- H. Will raw meats, poultry, and seafood be stored/displayed in the same refrigerator(s) and freezer(s) with cooked, ready-to-eat foods? Yes No
- I. Indicate the total number of refrigeration and freezer units:
- J. Will catering be conducted? Yes No
- K. Will food be transported or delivered to another location? Yes No
If yes, what equipment will be provided to maintain food at proper temperatures during transport?
- L. Will the produce used be washed in the establishment, or will all produce be received pre-washed:
- M. Will vacuum packaging be conducted in the establishment? Yes No
If yes, please provide the required HACCP Plan for each category of food to be vacuum packaged.

II. Facility Floor Plan:

- A. Submit Floor Plan Drawn To Scale.
- B. Floor Plan Must Include Location and Identification of All Equipment and Areas Including:
 - 1. Sinks -
 - a) Handsink(s)
 - b) Vegetable/Food Preparation Sink(s)
 - c) Utility/Mop Sink(s)
 - d) Dump Sink(s)
 - e) Warewashing Sink(s)
 - f) Other
 - 2. Wait Station(s)
 - 3. Toilet Facilities
 - 4. Dry/Food Storage Area(s)
 - 5. Employee Break/Locker Area(s)
 - 6. Chemical Storage Area(s)
 - 7. Water Heater Location
 - 8. Bar Service Area(s)
 - 9. Indoor/Outdoor Seating
 - 10. Outdoor Cooking/Bar Area(s)
 - 11. Location Of Laundry Facility
 - 12. Recycle/Damaged/Returned Goods Location
 - 13. Location Of All Floor Sinks and Floor Drains
 - 14. Grease Interceptor/Grease Trap
 - 15. Ice Bins/Ice Machines
 - 16. Dipper Wells
 - 17. Chemical Dispensing Units

III. Equipment Specifications:

- A. Submit equipment specification sheets, including make and model numbers of the equipment. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used. If there is no specification sheet available, the equipment will only be accepted upon a field inspection to determine if it meets commercial design criteria.
- B. Submit shop drawings of all ventilation hoods. Drawn to scale.
- C. Submit shop drawings of all custom fabricated equipment and cabinetry. Drawn to scale.
- D. Submit the following water heater information: (See Appendix D for criteria on calculating adequate amounts of hot water)

- 1. Make: _____ Model Number: _____
- 2. BTU/Kilowatt Rating: _____
- 3. Recovery Rate, 100°F rise, at sea level: _____

F. Submit the following warewashing information:

1. MANUAL - Include the following for all warewashing sinks: (Kitchen, Dishroom, Bar, etc.)

a) Size of each sink compartment:

Length: _____ Width: _____ Depth: _____

Length: _____ Width: _____ Depth: _____

Length: _____ Width: _____ Depth: _____

b) Size of all soiled and clean drain board(s)/drying racks:

Length: _____ Width: _____ Depth: _____

Length: _____ Width: _____ Depth: _____

Length: _____ Width: _____ Depth: _____

c) Pre-Rinse / Spray Hose Provided: _____ yes _____ no

2. MECHANICAL:

a) Make and model numbers of warewashing machine(s): _____

b) Heat or chemical sanitization: _____

c) Booster Heater:

1. Make and Model Number: _____

2. Recovery Rate, 40°F Rise, at sea level: _____

3. Distance from the Warewashing Machine: _____

d) Manufacturer's hot water requirement (gallons per hour): _____

e) Size of all drain boards/drying racks (length and width): _____

f) Pre-Rinse / Spray Hose Provided: _____ Yes _____ No

g) Soak Sink Provided: _____ Yes _____ No

G. Garbage Disposals: _____ Yes _____ No If yes, Indicate Location(s) _____

H. Refrigeration/Freezer Capacities - Complete the following table:

TYPE OF UNIT	# OF UNITS PROVIDED	TOTAL CUBIC FEET
Walk-in Refrigeration		
Reach-in Refrigeration		
Walk-in Freezer		
Reach-in Freezer		
Blast Chiller		
Retail Display		

I. Displayed Food Items:

1. Bulk Food Items: _____ Yes _____ No If yes, submit equipment specifications for food bins. Include vendor provided equipment.
2. Food Shields - Submit the type and location (If custom design, please submit shop drawings): _____

IV. PREMISES:

A. Submit site plan which includes the following: Refuse Enclosures, Compactors, Outside Walk-in Cooler(s)/Freezer(s), Location of Water Supply, Sewage Disposal System, Grease Interceptor, Alleys, Streets, Parking and Outside Storage Areas.

B. Water Supply and Wastewater Systems:

1. Water Supply:

a) Community/Public:

Name of District: _____

b) Non-Community/Private: _____ PWSID #: _____

c) Well: _____ Spring: _____

If it is a well, indicate the depth: _____

Method of Disinfection: _____

2. Sewage Disposal:

a) Municipal/Public: _____

Name of District: _____

b) Individual Sewage Disposal System (ISDS): _____

V. Interior Finishes:

Use the following chart to indicate all interior finishes:

ROOM FINISH SCHEDULE:

Room Name and Mark	Floors			Walls (Material and Finish)				Ceilings	
	material	finish	base	North	South	East	West	material	finish
example: Kitchen 101	quarry tile	smooth, sealed	6" quarry tile	FRP smooth	FRP smooth	painted smooth	painted smooth	Vinyl acoustical tile	smooth

VI. Mechanical, Plumbing, and Electrical Schedules:

A. Plumbing:

1. Submit the location of all floor sinks and floor drains.
2. List all the equipment that will be installed with an indirect waste pipe.
3. Submit the location of all hose bibbs.
4. Submit the number and location of all toilet fixtures (Including handsinks, urinals, and water closets).
5. Submit the location of the grease trap or interceptor.
6. Submit the make, model and location of all chemical dispensing unit(s).
7. Use the following chart to list the location of all backflow prevention devices, including all vendor supplied items:

EQUIPMENT	INTERNAL PROTECTION	EXTERNAL PROTECTION
Warewashing Machines		
Water Wash Hoods		
Chemical Injection Towers		
Soda Stations		
Coffee Urns		
Ice Makers		
Dipper Wells		
Commercial Disposal with Pre-rinse		
Tea Dispenser		
Mop Sink		
Hose Bibb(s)		
Reel Lines		
Steam Kettle Faucets		

B. Mechanical:

1. Submit a complete ventilation schedule including exhaust capacities (cubic feet per minute ratings) for all hoods and the location and capacity of all make-up air diffusers.
2. If the ventilation hoods are UL listed for lower air flows, submit the information located on the manufacturer's UL listing card.
3. Include ventilation systems in restrooms.

C. Electrical:

1. Submit the location and type of light fixtures throughout the facility, including the fixtures in walk-in refrigeration/freezer units.
2. Submit the type of bulbs and/or shielding for each type of light fixture, where required.
3. Indicate the location of transformers and electrical panels if located in the food preparation/ food storage areas.

APPENDIX D - Worksheet for Calculating Minimum Hot Water Requirements

The following worksheet is provided to assist operators in calculating hot water usage and sizing of the water heater required for the operation.

I. Calculate Total Water Required By All Fixtures:

A. Three compartment sink calculation of water usage:

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

Length = _____ Width = _____ Depth = _____

2. Insert measurements into equation

$$\left(\frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times 3 \times .375 \right) \div 231 = \frac{\text{Water Usage}}{\text{Water Usage}}$$

Note: If all the compartment sizes of the sink are not the same, then 3 is taken out of the equation, and the above calculation is done for each compartment. The volumes are added to obtain the total gallons per hour of hot water used in the sink.

Enter number into the attached "Table to Calculate Total Water Required By All Fixtures," found on page Appendix D-4.

B. Utensil soak sink

1. Measure dimensions, in inches, of the sink

Length = _____ Width = _____ Depth = _____

2. Insert measurements into equation

$$\left(\frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times .375 \right) \div 231 = \frac{\text{Water Usage}}{\text{Water Usage}}$$

Enter number into the attached "Table to Calculate Total Water Required By All Fixtures," found on page Appendix D-4.

C. Dishmachine and conveyor pre-rinse water usage:

Use manufacturer's rating in gallons per hour

Enter number into attached "Table to Calculate Total Water Required By All Fixtures."

Clothes washer water usage:

Use manufacturer's rating, or 32 GPH for 9-12 pound washer, or 42 GPH for 16 pound washer.

Enter number into the attached "Table to Calculate Total Water Required By All Fixtures," found on page Appendix D-4.

D. Use the gallon per hour rating for each type of fixture found in the "Table to Calculate Total Water Required By All Fixtures" and the number of fixtures in the operation to determine maximum hourly usage for each type of fixture in the operation.

Total water (gph) required by all fixtures: _____

II. Calculate Maximum Hourly Hot Water Usage

If gas water heater is used go to Step A; if electric, Step B.

A. Gas Water Heater: If a gas water heater is to be used, calculate the maximum hourly hot water usage for the facility by adjusting the total water required by all fixtures for altitude. The altitude adjustment is 4% per 1000 feet of elevation, or 20% at 5000 feet.

Use the following equations to determine the maximum hourly hot water usage when a gas powered water heater is to be used:

$$(.04 \times \frac{\text{elevation of facility}}{1000}) + 1 = \text{adjustment factor}$$

$$\frac{\text{adjustment factor}}{\text{adjustment factor}} \times \frac{\text{total water required by all fixtures}}{\text{total water required by all fixtures}} = \frac{\text{maximum hourly hot water usage}}{\text{maximum hourly hot water usage}}$$

For example, if the total gallon per hour usage for an establishment at an elevation of 5000 feet is 100 GPH, the adjustment factor is 1.2. Therefore, a water heater with 120 GPH recovery rate would be required.

Use this value in the equation to calculate the minimum BTU rating of the water heater.

B. Electric Water Heater: If an electric water heater is to be used, the maximum hourly usage for the operation is the same as the total water required by all fixtures. Use this value in the equation to calculate the minimum Kilowatt rating of the water heater.

C. Insert the value determined in step A or B above in III D (3), Appendix C, Plan Review Form, Page Appendix C-6. This value is the minimum recovery rate of the water heater which should be provided for the facility.

III. Calculate the minimum BTU or Kilowatt rating of water heater:

A. For gas water heater, calculate the minimum BTU rating:

$$\frac{(\text{Max hourly usage as calculated above}) \times (100) \times (8.33)}{.75 \text{ or use manufacturer's thermal efficiency}} = \text{minimum BTU rating}$$

B. For electric water heater, calculate the minimum Kilowatt rating :

$$\frac{(\text{Max hourly usage as calculated above}) \times (100) \times (8.33)}{3412} = \text{minimum Kilowatt rating}$$

C. Select water heater based upon BTU or Kilowatt rating.

Make: _____ ; Model #: _____

BTU or Kilowatt Rating: _____

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

Table to Calculate Total Water Required By All Fixtures.

Plumbing Fixture	Water Usage (gallons per hour)	Number of fixtures	Maximum hourly water usage per type of fixture (gallons per hour)
example: warewashing machine	50	1	50
example: handsink(s)	5	4	(5 x 4 =) 20
3-compartment sink			
3-compartment sink (bar)			
utensils soak sink			
warewashing machine			
warewashing machine conveyor pre-rinse			
clothes washer			
hand operated pre-rinse sprayer	32		
handsink(s), include rest rooms	5		
mop sink	7		
garbage can washer	35		
showers	14		
hose bibb used for cleaning	35		
Total water (gph) required by all fixtures			