Change of Owner/Caterer/Retail Manufacturer Plan Review Packet

Thank you for notifying Boulder County Public Health (BCPH) about your plans to operate a retail food establishment. The Colorado Revised Statutes (CRS) require that complete plans and specifications be submitted, reviewed, and approved by Boulder County Public Health before any construction and/or remodeling can begin on a retail food establishment. Information about the requirements for constructing and operating a retail food establishment can be found in the *Colorado Retail Food Establishment Rules and Regulations*, which is available at www.BoulderCountyFood.org.

Fees

1. **Plan Review: $215**: This fee is collected when application is submitted.
2. **Retail Food License**: This fee is collected at the opening inspection when the facility is approved and the licensing paperwork is completed. The fee is payable by check only and varies depending on size and type of operation. If you would like to know the appropriate license fee for your retail food establishment, please contact us after your plans have been approved.

Submit the plan review packet and application fee of $215 to:

Boulder County Public Health
Environmental Health Division
3450 Broadway
Boulder, CO 80304

Facility/Operation Type (Check all that apply)	
	Change of Ownership of existing licensed retail food facility with no change in menu/equipment/operations. Please indicate name of previous business: _____
	Caterer operating out of an existing, licensed retail food kitchen
	Retail Manufacturer (food preparation with no on-site service or sales) preparing food in an existing, licensed retail food kitchen

Review Process after Plan Review Packet is Submitted

1. We will notify you within 14 business days after receiving your packet to inform you if your plans were approved or if more information or changes are needed.
2. Non-approval of plans will require submission of revised plans and may take up to another 14 business days for notification.
3. After your plans are approved, it is your responsibility to **contact the Plan Review Specialist to schedule the opening inspection at least 5 business days before the planned opening date**. If your plans change after they've been approved by Boulder County Public Health, you may be required to submit revised plans and pay additional fees.
4. If the facility is approved to operate, payment of the annual license fee is due by check at the opening inspection.

Water Heater Sizing

A water heater sizing worksheet is available at www.BoulderCountyFood.org, type "water heater worksheet" in the search box. Please contact our office for information about the sizing of instantaneous water heaters, sometimes referred to as "tankless" water heaters.

Wells or Septic Systems

Permitting for onsite wastewater treatment systems (OWTS) and non-community and private water supplies is a separate process. For more information about the process, contact Boulder County Public Health at 303.441.1564.

Our plan review team is committed to providing technical assistance and customer service. Please contact us at 303-441-1564 if you have any questions.

We look forward to working with you!

BOULDER COUNTY
PUBLIC HEALTH
Opportunity for a healthy life.

COLORADO
Division of Environmental Health & Sustainability
Department of Public Health & Environment

Boulder County Public Health
Environmental Health Division
3450 Broadway
Boulder, CO 80304

Phone: 303-441-1564
Fax: 303-441-1468

Change of Ownership Form

Establishment Information	
Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	
Business/Ownership Information	
Individual or Corporate Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Date construction is to start: _____ **Date of planned opening:** _____

Below is a checklist of required information needed to complete the plan review. Please ensure all information is included. ***Lack of complete information will delay review and plan approval.***			
	Facility Floor Plan/Equipment Layout		Site Plan
	Equipment Specifications		Chemical and Personal Storage
	Plumbing Plans and Schedules		Fixtures Requiring Hot Water *(See Annex 1)*
	Mechanical Plans and Schedules		Menu and Food Handling Procedures *(See Annex 2)*
	Electrical Plans and Schedules		Employee Hygiene Guidance *(See Annex 3)*

Have plans for this establishment been submitted to the local building department? **YES** **NO**

If yes, name of local building department: _____

Have plans for this operation been previously submitted or do you intend to submit plans to other counties in the state of Colorado? **YES** **NO**

If yes, which counties: _____ Date Submitted: _____

_____ Date Submitted: _____

Choose one or the other: **Newly Constructed** **Extensively Remodeled**

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:

Indicate number of seats in each area:

Indoor: _____ Outdoor: _____

Square Footage and Area Location **If the establishment is in a multi-story structure, indicate on which floor each area is located.*		
Please indicate square footage in each area	**Square Feet (ft^2)**	***Floor**
Total Square Feet of the Establishment		
Total Square Feet of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Area		
Square Feet of Food/Beverage Storage Areas		
Square Feet of Retail Sales Area (Markets)		

Days and Hours of Operation Insert hours below in the following format: 8am to 8pm If there is a break in the hours you are open, use the second line to insert additional hours.							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	to	to	to	to	to	to	to
Hours	to	to	to	to	to	to	to

For seasonal operations, check all that apply.											
☐ Jan	☐ Feb	☐ Mar	☐ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sept	☐ Oct	☐ Nov	☐ Dec

Add additional information (if necessary):

Projected daily maximum number of meals to be served per shift, where applicable.					
Breakfast		**Lunch**		**Dinner**	
Maximum number of kitchen staff per shift, where applicable.					
Breakfast		**Lunch**		**Dinner**	

I. FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:

A. Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to the items listed in Table 1 below. Check all that apply to your facility.

Table 1

Floor Plan/Equipment Layout					
	Handsinks		Dry Storage Areas		Ventilation Hoods
	Food Preparation Sinks		Ice Bins/Ice Machines		Chemical Dispensing Units
	Utility Mop sinks		Wait Stations		Chemical Storage Areas
	Dump Sinks		Bar Service Areas		Personal Storage Areas
	Warewashing Sinks		Water Heater Locations		Garbage/Recyclables Storage
	Dishmachines		Indoor/Outdoor Seating		Dipper Wells
	Toilet Facilities		Outdoor Cooking/Bar/Patio		Grease Interceptor/Grease Trap
	Floor Sinks/Floor Drains		Buffet Lines		Laundry Facility Locations

B. Provide or use the finish schedule in Table 2 below to indicate interior finishes for each area within the establishment.

Table 2

ROOM FINISH SCHEDULE									
Room Name or Number	**Floors**			**Wall Finishes**				**Ceiling**	
	Material	Finish	Type of Base	North	East	South	West	Material	Finish
Cookline	***Tile***	***Smooth***	***Tile Coving***	***Stainless***	***Stainless***	***Stainless***	***Stainless***	***Vinyl Acoustic Tile***	***Smooth***

Example Example Example Example Example Example

II. EQUIPMENT SPECIFICATIONS:

A. Submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.

B. Provide number of hot holding and refrigeration units. Also provide capacities for refrigeration units in Table 3 and Table 4 below.

Table 3

Refrigeration Capacities		
TYPE OF UNIT	**# OF UNITS**	**TOTAL CUBIC FEET**
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Sandwich Prep Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Other:		

Table 4

Hot Holding Units	
TYPE OF UNIT	**# OF UNITS**
Steam Tables	
Hot Box	
Cook & Hold Units	
Other:	

C. Bulk and self service food:

1. Will food items such as candy, trail mix, etc. be sold in bulk to the public?

   ☐ **YES** ☐ **NO** If yes, please submit equipment specifications for bulk food bins.

2. Will self service foods (i.e., buffets and salad bars) be provided?

   ☐ **YES** ☐ **NO** If yes, please submit equipment specifications for food shields and/or sneeze guards.

D. Complete Table 5 to indicate method of equipment installation or attach an equipment schedule, including display units.

Table 5
Note: *Under "Installation Method", check all that apply.*

Equipment Installation List					Installation Method					
					Floor Mounted			Counter/ Table-Mounted		
ID # on Plan	Equipment	Make/Model	New (N) / Used (U)	Plumbing Required Yes / No	Casters	Legs (at least 6 inches)	Sealed In Place	Portable	Legs (at least 4 inches)	Sealed In Place

III. PLUMBING PLANS AND SCHEDULES:

A. Submit a plumbing plan that indicates location and specifications of the following:
   1. Floor sinks and floor drains
   2. Restrooms, toilets, urinals and hand washing sinks
   3. Grease trap, grease interceptor, or solids interceptor, if required by the local building, water or sanitation authority
   4. Hose bibs and hose reels, if applicable
   5. Laundry facilities, if applicable
   6. Showers, if applicable

B. Complete Table 6 below for all food service related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

Table 6

ID # on Plan	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Facilities		
	Dish Machines		
	Garbage Disposals		
	Handsinks		
	Food Preparation Sinks		
	Refrigeration Units		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		

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. 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. Indirect drainage is required for warewashing, food preperation sinks, ice bins/machines and beverage machines.*

C. Is a dedicated food preparation sink provided? ☐ **YES** ☐ **NO**

Is more than one food preparation sink provided? ☐ **YES** ☐ **NO**

Attach a specification sheet for the food preparation sinks and complete Table 7.

Table 7

Food Preparation Sink Information		
ID # on Plans	**Length (inches) of Drainboard**	**Dimensions (inches) of Sink Compartments (LxWxD)**
		x x
		x x
		x x

D. Is a garbage disposal provided? ☐ **YES** ☐ **NO**

If yes, provide location: _____

E. Food will be primarily served on: ☐ Multi-use tableware ☐ Single-Service Tableware ☐ Both

F. Provide the locations of drink dump sink installed in areas where soiled drinking glasses are emptied and staged for warewashing: _____

G. Complete Table 8 and Table 9 for warewashing.

Will alternate equipment or methods be used in place of traditional drainboards? ☐ **YES** ☐ **NO**

If yes, indicate the methods that will be used and provide specification sheets:

_____

1. **Manual** - 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.

Table 8

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.*

2. **Mechanical** - 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).

Table 9

Mechanical Warewashing Information						
Make	**Model #**	**Heat/Chemical Sanitizing**	**Drainboard Length (inches)**	**Pre-Rinse Yes/No**	**Utensil Soak Sink Dimensions (inches) (LxWxD)**	**Water Usage (GPH)**
					x x	
					x x	

a. Is a seperate booster heater provided? ☐ **YES** ☐ **NO** If yes, complete Table 10.

Table 10

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

H. Provide the following water heater information in Table 11, Table 12 or Table 13, where applicable. Attach specification sheets.

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

_____

_____

Table 11

Standard Tank Type Heater		
Make	**Model #**	**kW/BTU Rating**

Table 12

Heat Reclaim System		
Make	**Model #**	**kW/BTU Rating**

Table 13

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: *For instantaneous/tankless systems when a dishmachine is used, a properly sized storage tank (minimum 20 gallons), recirculation line, and an aqua stat (water thermostat) must be installed. For facilities with high temperature dishwashing machines, use 100°F rise. For all other facilities, use 80°F rise. If flow rate in GPM is not provided, contact the manufacturer to obtain the information.*

IV. MECHANICAL VENTILATION PLANS AND SCHEDULES:

A. Provide plans and schedules that indicate the location and specifications of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all kitchen hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building.

B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in Table 14. Provide the size (length x width) of each hood and include the manufacterer's recommended exhaust listings in CFMs.

Table 14

Ventilation Information					
ID # on Plans	**Hood Type**	**Dimensions (inches) of hood (LxW)**	**Exhaust CFMs**	**Total Supply Air CFMs**	***Outside Air CFMs**
		x			
		x			
		x			

Note: *Volume of make-up air supplied into building must be greater than or equal to exhaust from building.*

V. ELECTRICAL PLANS AND SCHEDULES:

A. Provide plans and schedules that indicate the locations and specifications of all lights.
Note: *All lights in kitchen areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open foods are held or displayed must be equipped with shatter proof bulbs or shields that will protect open food, utensils and single use items from broken glass if a bulb is broken.*

VI. SITE PLAN:

A. Submit a site plan which includes the following:
   1. Dumpster enclosures and trash compactors
   2. Outside walk-in coolers/freezers
   3. Outside food storage areas
   4. Location of well heads and well water supply lines servicing the building, if applicable
   5. On-site waste water treatment systems and associated lines servicing the building, if applicable
   6. Grease interceptors/grease traps, if applicable

B. **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 - Provide the information requested in section "a" below and complete Table 15.

   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.

Table 15

Private Drinking Water Supply Information		
	Well	**Spring**
Depth (feet)		**N/A**
Method of Disinfection		
Filtration (if applicable)		

C. **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.

VII. CHEMICAL AND PERSONAL STORAGE:

A. Include the proposed locations of chemical and employee personal items storage areas on the floor plan.

1. Describe how food, equipment, utensils, linens, and single-service articles will be protected from contamination by chemicals and personal items.

_____

_____

_____

_____

Annex 1: Number of Plumbing Fixtures Requiring Hot Water

Provide the number of plumbing fixtures requiring hot water in Table 16 below. This information will be used to determine the hot water demand within the facility and sizing criteria for the water heater.

Table 16

Plumbing Fixtures Requiring Hot Water	Number of Fixtures throughout facility
3-compartment sinks	
Warewashing machines	
Pre-rinse sprayers	
Utensil soak sinks	
Handsinks include restrooms	
Mop sinks/Utility sinks	
Garbage can washer	
Showers	
Hose bibs used for cleaning	

Annex 2: Menu and Food Handling Procedures

A. Submit menus, such as breakfast, lunch and dinner menus.

B. If Standard Operating Procedures or Food Handling Procedure Manuals that describe food preparation procedures are available, submit with plans and verify that questions C through H below are addressed. Or you may provide responses in the corresponding sections.

C. Will vacuum packaging/reduced oxygen packaging or specialized processes as defined in Section 3-606 and 3-607 of the *Colorado Retail Food Establishment Rules and Regulations* be conducted? ☐ **YES** ☐ **NO**
If yes, provide specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner. (Reference 3-606 and 3-607, *Specialized Processing Methods, Reduced Oxygen Packaging, Colorado Retail Food Establishment Rules and Regulations*)

D. Describe how the temperature of foods will be monitored. Provide the frequency of temperature checks and what foods and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies.

_____

_____

_____

_____

_____

_____

E. Will cooked foods be cooled? ☐ **YES** ☐ **NO**
What methods will be used to rapidly cool cooked foods to 41°F (5°C) or below? Check all that apply. (Reference 3-603 *Cooling* and 3-604 *Cooling Methods* in the *Colorado Retail Food Establishment Rules and Regulations*.)

☐ Under refrigeration ☐ Ice water bath ☐ Adding ice as an ingredient
☐ Rapid cooling equipment ☐ Shallow pans ☐ Separating food into smaller portions
☐ Other: _____

1. List the foods that will require rapid cooling. Include foods that are made from scratch such as soups, sauces, potato salad, pastas, chili, noodles, roasts, casseroles, sausages, yogurts, etc.:

_____

F. Will foods be reheated and then held hot before being served? ☐ **YES** ☐ **NO**
If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours. (Reference 3-504 *Reheating,* in the *Colorado Retail Food Establishment Rules and Regulations*.)

_____

_____

1. List the equipment that will be used for reheating:

_____

G. Describe how frozen foods will be thawed. (Reference 3-601 *Thawing,* in the *Colorado Retail Food Establishment Rules and Regulations*.)

☐ Under refrigeration ☐ Under running water ☐ In a microwave
☐ As part of the cooking process ☐ Other: _____

H. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerators and freezers with cooked and/or ready-to-eat foods? ☐ **YES** ☐ **NO**

I. Will catering be conducted? ☐ **YES** ☐ **NO**

J. Will food be transported or delivered to another location? ☐ **YES** ☐ **NO** If yes, please list the equipment that will be used to maintain food at proper temperatures during transport.

_____

K. Will foods be prepared tableside in dining areas? ☐ **YES** ☐ **NO**
If yes, please list the foods that are intended for tableside preparation.

_____

L. Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar or customer self service areas be operated? ☐ **YES** ☐ **NO**
If yes, describe: _____

M. Will produce be washed? ☐ **YES** ☐ **NO** ☐ **N/A**

If not, will produce be received pre-washed? ☐ **YES** ☐ **NO**

If yes, provide additional documentation.

N. Will the establishment prepare foods that will be sold to other retail food establishments?

☐ **YES** ☐ **NO**

If yes, please visit www.colorado.gov/cdphe/dehs/, then click "Food safety", then click "Wholesale food" to obtain information on registering as a wholesaler.

O. How will bare hand contact with ready-to-eat foods be minimized during preparation? (Reference 3-401 *Preventing Contamination from Hands*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

☐ Utensils ☐ Gloves ☐ Deli Tissue

☐ Other: _____

Annex 3: Employee Hygiene Guidance and Requirements

The purpose of this guidance document is to encourage employee practices and behaviors that can help prevent food handlers from spreading viruses and bacteria to food that cause foodborne illness outbreaks. Below is a list of highly infective pathogens that are transmissible through food and cause severe illness:

1. Norovirus
2. Hepatitis A virus
3. *Salmonella Typhi*
4. *Shigella spp.*
5. *Escherichia coli* (*E. coli*) *O157:H7* (or other Enterohemorrhagic or Shiga toxin-producing *E. coli*)
6. Other enteric bacterial pathogen such as Salmonella or Campylobacter

If an employee has been diagnosed by a health practitioner to have any of these pathogens, prior to returning to work, they must be cleared by their health practitioner and the Health Department. In lieu of a diagnosis of any of these pathogens, employees can return to work if they have been free of the symptoms listed above for 24 hours or more.

Section 2-201 of the *Colorado Retail Food Establishment Rules and Regulations* states that management has the responsibility to inform and monitor conditional employees or food employees to ensure that they have good hygienic practices and know when they should not come to work because of illness.

Should employees exhibit the following symptoms, refer to section 2-202 of the *Colorado Retail Food Establishment Rules and Regulations* to determine when a food handler should be excluded or restricted from food handling duties:

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Infected cuts and burns with pus on hands and wrists

Additional Resources

Employee Health and Personal Hygiene Handbook:

http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm

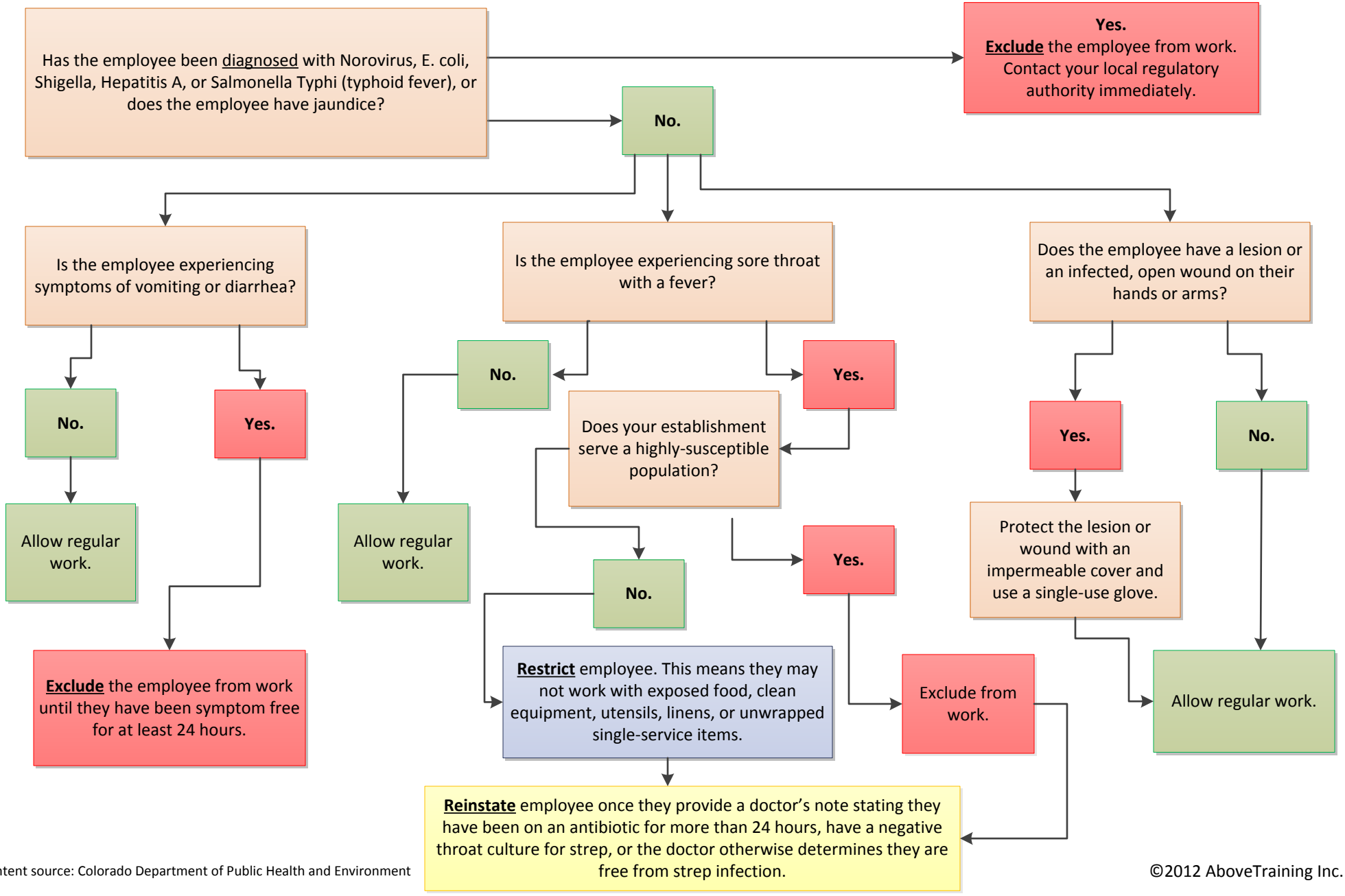
Communicable Disease Manual:

https://www.colorado.gov/pacific/cdphe/communicable-disease-manual

Employee Illness Flow Chart: When to exclude and restrict employees from working.

Employee Illness: The Flowchart

Use this diagram to help you determine whether an employee should be restricted or excluded from food handling at your facility.



Content source: Colorado Department of Public Health and Environment

©2012 AboveTraining Inc.