Special Event 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.

Special Event: an organized recurring event at which retail food operators prepare, serve, or otherwise provide food for human consumption. Special events may include regularly scheduled series of events at venues such as sporting arenas, concert halls, flea markets, and farmers' markets.

Fees

1. **Plan Review: $310**: This fee is collected at time 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 fee for your retail food establishment, please contact us after your plans have been approved.

Submit the plan review packet and application fee of $310 to:

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

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. If 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.

Please provide a copy of your menu and as much detail as possible about your proposed retail food establishment operation. Make sure you list any food prepared using a "Specialized Process" or "Reduced Oxygen Packaging," as described in Sections 3-606 and 3-607 of the *Colorado Retail Food Establishment Rules and Regulations (2013)*. Plans will **NOT** be reviewed if they are missing a menu/list of foods.

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.

Special Event Checklist: These items must be submitted in order to begin the application review process. Check off (✓) items as they are completed. If an item is not applicable, indicate by noting N/A. **An incomplete application will delay the review and approval process.**

_____ Special Event Plan Review Application
_____ Food Handling Information
_____ Floor plan of special event set up; drawn to scale on minimum 8.5 x 11" paper to include all equipment
_____ Equipment list to include make and model number including specification sheets (if available)
_____ Commissary Agreement
_____ Copy of proposed menu

Resources included in this packet:

Appendix A: Sample floor plan or equipment layout
Appendix B: Commissary Agreement

Guidelines:

Handwash sink requirements:

- Hand wash sinks shall be capable of providing a hands free, continuous flow of warm water delivered under pressure.
- Water for handwashing must be supplied at 3 gallons per hour of operation and can be provided through the use of additional water containers.
- Hand wash sinks must be easily accessible at all times, used for no other purpose and be provided with soap and individually dispensed paper towels.

Potable Water:

- Water must be obtained from an approved source.
- Hoses used to supply or transfer potable water must designed for drinking water only. Standard garden hoses will not be approved for use.

Waste retention:

- All wastewater (except water from clean ice) must be retained in a tank or container.
- Wastewater must be disposed to an approved sanitary sewer system (such as a municipal sewage system) daily. The wastewater must never be emptied onto the ground.
- When additional wastewater containers are provided, they must be clearly marked and used for no other purpose.

Labeling:

- If you will be offering prepackaged food to the public it must be properly labeled in accordance with section 3- 701 of the *Colorado Retail Food Establishment Rules and Regulations* (2013).
- Allergens are required to be declared on packaged food products. Any food ingredient that contains protein derived from one of the following is considered a major food allergen and must be labeled accordingly.
    - milk
    - egg
    - fish
    - Crustacean shellfish
    - tree nuts
    - wheat
    - peanuts
    - soybeans

Special Event Plan Review Application

Name of Operation: _____

Address: _____ Suite / Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Name of Owner: _____

Name under which the license is to be issued: _____

Individual(s) or Corporation Name: _____

Address: _____ Suite / Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Name of Principle Contact Person: _____

Name of Principle Contact Company (If applicable)**:** _____

Address: _____ Suite / Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax _____ Email: _____

Commissary Kitchen (Please complete the Commissary Agreement on last page of this packet)

Name: _____

Address: _____ Suite / Unit #: _____

City: _____ State: _____ Zip Code : _____

Phone: _____ Fax: _____ Email: _____

Type of Ownership: (as indicated on your Colorado Business/Sales Tax Registration)

☐ Individual (if sole proprietor, you must complete a Public Benefit Affidavit and provide an approved form of 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

Anticipated Opening Date: _____ _

Days of operation: _____

Hours of operation: _____

Planned Location(s) for Operation:_____

By signing, I understand that:

- The plan review expires one year from date of approval.
- Any changes or alterations to plans **must** have prior approval by Boulder County Public Health. Significant changes or alterations to plans will require a new plan review and plan review fee.
- I agree to comply with all current *Colorado Retail Food Establishment Rules and Regulations*.

_____ _____
Owner Signature Date

Public Health Use Only

SR #_____ AR # _____ OW# _____

Date plans submitted: _____ Due Date: _____ Fee Paid: $_____

Mobile Unit: ____fee(0131) _____no fee(0132)

INV#_____ Rcpt #_____

Inspection Code = 09 Mobile Unit

I. Menu and food- (Please attach a complete menu) Plans will not be approved without a menu

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.) Be sure to include items such as toppings and condiments such as lettuce, tomato, cheese, etc.

Food and Drink Items	Location where obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

(Please attach additional sheet, as necessary)

II. Preparation at commissary- No food, utensils, or single service items may be stored or prepared at home.

Check which preparation procedure each menu item requires. (Attach additional sheet, as necessary)

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

How will produce be prepared prior to use? (mark all that apply)

☐ Wash produce in food preparation sink ☐ Not Applicable
☐ Purchase product pre-washed ☐ Purchase product pre-washed and pre-cut
☐ Other (specify) _____

How will frozen foods be thawed at the commissary?

☐ Refrigeration ☐ Microwave
☐ Under cold running water ☐ As part of the cooking process
☐ No foods will need to be thawed

How will foods be cooked at the commissary?

☐ Grill ☐ Stove/Oven ☐ Not applicable ☐ Deep fryer ☐ Microwave
☐ Other (specify) _____

How will foods be rapidly cooled to 41°F or below at the commissary?

☐ Shallow pans (less than 4") in refrigerator or cooler
☐ Ice-bath to cool the food product ☐ Not applicable
☐ Ice paddle or wand ☐ Other (specify)_____

How will foods be re-heated to at least 165°F at the commissary?

☐ Microwave ☐ Oven/stove ☐ Not applicable
☐ Grill ☐ Other (specify) _____

How will hot foods be held at greater than 135° F at the commissary?

☐ Hot holding unit ☐ Steam table
☐ Held under heat lamps ☐ Oven ☐ Not applicable
☐ Held on grill ☐ Other (specify) _____

How will cold foods be held at 41° F or below at the commissary?

☐ Reach-In Refrigerator ☐ Reach-In Freezer
☐ Walk-In Cooler ☐ Walk-In Freezer ☐ Not applicable
☐ Other (specify)_____

III. Food handling at the event- (Please attach additional sheets to the back, as necessary.)

List all menu items, including beverages, to be served during the event. Indicate which food handling procedure each menu item requires.

Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble	Other
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

How will produce be washed prior to use? (mark all that apply)

- ☐ Wash produce in food preparation sink at commissary
- ☐ Not Applicable
- ☐ Purchase product pre-washed
- ☐ Purchase product pre-washed and pre-cut
- ☐ Other (specify) _____

How will frozen foods be thawed at the event?

- ☐ Refrigeration
- ☐ Microwave
- ☐ Not applicable
- ☐ Under cold running water
- ☐ As part of the cooking process

How will foods be cooked at the event?

- ☐ Grill
- ☐ Stove/Oven
- ☐ Not applicable
- ☐ Deep fryer
- ☐ Microwave
- ☐ Other (specify)

How will foods be re-heated to at least 165°F at the event?

- ☐ Microwave
- ☐ Grill
- ☐ Not applicable
- ☐ Oven/stove
- ☐ Other (specify) _____

How will hot foods be held at greater than 135° F at the event?

- ☐ Hot holding unit
- ☐ Steam table
- ☐ Held under heat lamps
- ☐ Oven
- ☐ Not applicable
- ☐ Held on grill
- ☐ Other (specify) _____

How will cold foods be held at 41° F or below at the event?

- ☐ Reach-In Refrigerator
- ☐ Reach-In Freezer
- ☐ Not applicable
- ☐ Other (specify) _____

How will you prevent bare hand contact with ready to eat foods?

- ☐ Tongs/Spatula/Spoon
- ☐ Food-grade disposable gloves
- ☐ Deli tissues
- ☐ Other (specify) _____

Temperatures of potentially hazardous food must be monitored with appropriate and properly calibrated thermometers.

Cooling of potentially hazardous food will not be approved at the event.

Ware washing will not be approved at the event. Plan to supply additional clean equipment to use throughout the event operation.

Floor plan and equipment

Provide a floor plan of the equipment setup drawn to scale. Include clear identification of all equipment and fixtures shown on floor plan.

Handwashing

The hand wash sink must be a pressurized system with continuously flowing water with soap, paper towels and a trash receptacle supplied. NOTE: Hand sanitizers are NOT an acceptable substitute for hand-washing.

Approved hand wash sink examples:

Provide a floor plan of the equipment setup drawn to scale. Include clear identification of all equipment and fixtures shown on floor plan.

Equipment

All equipment must be of an approved commercial design meeting ANSI/NSF, UL-Sanitation, ETL-Sanitation or other approved design criteria as described in 1-202(14) of the *Colorado Retail Food Establishment Rules and Regulations.*

Please attach specification sheet for each piece of equipment or complete the table below with make and model numbers. (Attach additional sheets if necessary)

Equipment description	Make/Model Number

Are restroom facilities for your use available at the location where food will be served? Yes ☐ No ☐
What facilities are you going to use? _____

What is your employee illness policy?

_____
_____
_____
_____
_____

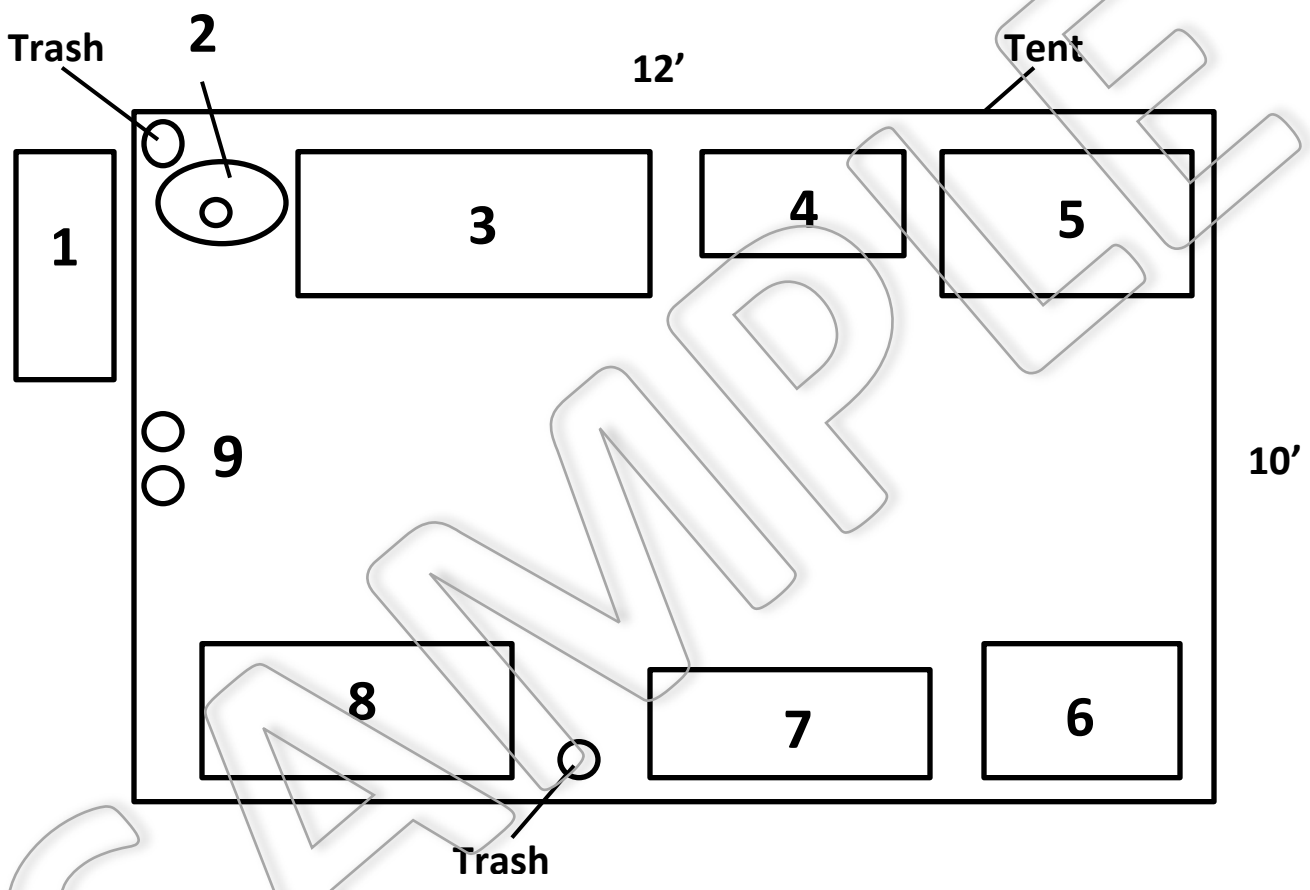
Note: A special event food operation will not be permitted to operate under the following conditions: Lack of refrigeration, lack of water, lack of electricity, inability to wash hands, operating without approved commissary **or any other situations that pose an imminent health hazard.** This could include weather events risking contamination of food with debris, dust or precipitation.

Preparation of food or storage of any items related to the operation is prohibited in the home.

Please use the area below to provide any additional information you think may be useful in reviewing your plan:

Appendix A

SAMPLE FLOOR PLAN OR EQUIPMENT LAYOUT



SAMPLE

1. Belson BBQ – Model – SLPX
2. Hand Sink/Poly John Model – PSWI – 1000
3. True Prep Unit – Model – TSSU-60-16
4. Traulsen – Model – UHT-32-R-32
5. Folding Storage Table
6. Folding Table – Ordering
7. Folding Table – Service and condiments
8. Folding Table – Pre-packaged food
9. Extra water and waste water containers

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

COMMISSARY AGREEMENT

_____
Date

I, _____ of _____
(Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
(Address of Establishment, City, State, Zip)

give my permission to _____ of _____
(Mobile Unit Owner/Operator) (Name of Mobile unit)

to use my kitchen facilities to perform the following tasks on their operational days:

- ☐ Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- ☐ Warewashing
- ☐ Filling water tanks
- ☐ Dumping waste water
- ☐ Storage of foods, single service items, and cleaning agents
- ☐ Service and cleaning of equipment
- ☐ Other (specify) _____

A ***Commissary Use Log*** will be maintained and made available to the department upon request. Indicate how and where the commissary use log will be maintained:

_____

Commissary Water Supply:
☐ Public ☐ Private Public Water System ID Number (PWSID#) _____

Commissary Sanitary Sewer Service:
☐ Public ☐ Private

Signature _____ Date _____
(Commissary Owner/Operator)

Commissary Contact phone number: _____

Commissary Email address: _____

****

This Commissary Agreement is valid for this calendar year only