



Mobile Unit/Push Cart Plan Review Packet

Thank you for notifying Boulder County Public Health (BCPH) about your plans to begin operation of a mobile unit or push cart. The following pages include a list of common items to be addressed before a retail food license can be issued.

The Colorado Revised Statutes (CRS) require that complete plans and specifications be submitted, reviewed and approved by Boulder County Public Health (BCPH) before any construction can begin on a retail food establishment.

A plan review application fee of \$100 is required upon submittal of plans in addition to a \$300 fee for plan review activities. **A total fee of \$400 is due upon submittal of a plan review application and packet.** Plan review activities are charged at an hourly rate, which is subject to change on a yearly basis. Any balance left from the plan review process will be refunded by mail after the opening inspection. (**Note:** unless otherwise noted all refunds will be made to the Principal Contact listed on the application.)

BCPH's plan review team is committed to providing excellence in technical assistance and customer service. Information about the requirements of constructing and operating a Retail Food Establishment can be found in the *Colorado Retail Food Establishment Rules and Regulations*, available on our website at www.BoulderCountyFood.org.

Please provide a copy of your menu and as much detail as possible about your operation. The information you provide will determine if your food handling techniques are consistent with proper food safety and public health protection. It is important that proper food safety procedures are implemented from the start of operation since the majority of foodborne illness outbreaks are attributed to errors in food handling (e.g., improper cooling, reheating, etc.).

Onsite wastewater treatment systems and non-community and private water supplies are permitted separately. For more information about these requirements contact **Boulder County Public Health at 303.441.1564.**

Mobile Unit Plan Review 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 to construction, write N/A. **An incomplete application will delay the inspection and approval process.**

- _____ Mobile Unit Plan Review Application completed and signed (pgs. 1-2)
- _____ Food Handling Information completed (pgs. 3-4)
- _____ Floor plan; drawn to scale on minimum 8.5 x 11" paper and including all equipment and fixtures (pgs. 5-7)
- _____ Equipment list, interior finish schedule, and mechanical and electrical schedule (pgs. 6-9)
- _____ Commissary Agreement (pgs. 15-16)
- _____ Copy of menu
- _____ Copy of Colorado sales tax number (if available)

Resources included in this packet:

- Appendix A: Sample facility floor plan
- Appendix B: Ventilation Systems
- Appendix C: Worksheet for Calculating Minimum Hot Water Requirements
- Appendix D: Commissary Agreement

Plan review packets and application fee can be submitted to Boulder County Public Health office at:

Boulder County Public Health
Environmental Health Division
3450 Broadway
Boulder, CO 80304
Fax: 303.441.1468
Phone: 303.441.1564

You will receive written notification within 14 working days that your plans have been approved or that additional information is required. If additional information is required, the applicant is responsible for submitting the requested plans and specifications. If plans change significantly after they have been approved, new plans and additional fees may be required.

Good luck in your endeavor. We look forward to working with you!

Mobile Unit Plan Review Application

Please select the option that best applies to you.

I am applying for a plan review application for:

_____ Free-Standing Kiosk

_____ Push Cart

_____ Food Truck

_____ Farmers Market Stand

_____ Reoccurring Street Fair Stand

Name of Mobile Unit: _____

Address: _____ Suite / Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax _____

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: _____ Fax _____

Email: _____

Name of Principle Contact Person: _____

Name of Principle Contact Company (If applicable): _____

Address: _____ Suite / Unit #: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax _____ Email: _____

Planned Location(s) for Operation: _____

Note: If plan to operate only at a farmers' market or reoccurring street fair, please note here.

Commissary Kitchen (Also need to complete the Commissary Agreement, pg. 15)

Name: _____

Address: _____ City, State, Zip _____

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: _____

Seasonal operation: Yes ____ No ____ If yes, dates of operation: _____

Days of operation: _____

Hours of operation: _____

By signing, I understand that:

- The plan review expires one year from date of approval.
- If construction or remodeling is not started within that time period, it may be necessary for you to resubmit for a new review of plans.
- 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.

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. Food Handling Information

Attach additional paper as needed when listing foods and describing procedures.

A. Menu and Facility Management

1. Submit a menu or list of foods to be served. Plans will not be approved without a menu.
2. Do you have a food handling procedures manual or Hazard Analysis Critical Control Point (HACCP) plan that describes preparation, cooling, reheating, cooking of foods, and the handling of leftovers?
Yes ____ No ____
3. 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.
4. Describe the food safety training the person in charge has received. Describe the food safety training plan for employees.

B. Personnel Hygiene

5. Describe how employees will prevent direct bare hand contact with food.
Bare-hand contact of ready-to-eat foods (i.e. no further cook step will be done) is prohibited. Physical barriers (e.g. tongs, spatulas, bakery papers, and gloves) are required when handling ready-to-eat food.
6. Describe the handwashing policy (e.g. where and when handwashing will occur).
7. Describe the ill employee policy (including policy for cuts and burns).

C. Food Safety Procedures

8. List the foods that will be cooled and describe your methods for cooling foods to 41°F (5°C) or below (note: hot foods must be cooled from 135°F to 70°F in 2 hours and then from 70°F to 41°F in 4 hours and room temperature foods must be cooled from 70°F to 41°F within 4 hours).

9. List the foods that will be reheated and describe your method for rapidly reheating to 165°F (74°C) or above (note: food must reach 165°F within 2 hours).

10. List the foods that will be held hot and indicate how these foods will maintain a temperature of 135°F (60°C) or above.

11. List the foods that will be held cold and indicate how these foods will maintain a temperature of 41°F (5°C) or below.

12. How will food temperatures be monitored?

13. How will frozen foods be thawed?

14. 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 _____
If yes, how will they be stored to prevent cross-contamination?

15. How will raw meats, poultry, and seafood be prepared to prevent cross-contamination with other foods?

16. Where will produce be washed?

17. Describe cleaning and sanitizing procedures for utensils and food preparation equipment (including slicers, prep tables, cutting boards, sinks, etc.).

II. Water Supply and Wastewater Disposal Systems

A. Water Supply:

1. Community/Public (name of district): _____
2. Non-Community/Private: _____ PWSID #: _____
Well: _____ Spring: _____ Other (specify): _____
Method of Disinfection: _____
3. Storage tank capacity: _____
4. Location of water inlet: _____

B. Sewage Disposal:

1. Municipal/Public: _____ Individual Sewage Disposal System (ISDS): _____
2. Wastewater retention tank capacity: _____
3. Location of waste water connection: _____

III. Floor Plan

Submit the floor plan drawn to scale. See Appendix A for a sample floor plan. The floor plan must include location and identification of **all equipment and areas** including:

1. Sinks:
 - a. Handsink(s): Number provided: _____ Not applicable: _____
 - b. Food preparation sink(s): Number provided: _____ Commissary: _____ Not applicable: _____
 - c. Mop sink(s): Number provided: _____ Commissary: _____
 - e. Warewashing (three-compartment) sink(s): Number provided: _____ Commissary: _____
2. Dry Food Storage Area - Required
3. Refrigerated Food Storage - Required if potentially hazardous foods are present
4. Storage for employee personal items - Required
5. Chemical Storage Area - Required
6. Water Heater Location - Required
7. Location of water supply tank and waste water retention tank - Required
8. Ice Bins / Ice Machines - Number provided: _____ Not applicable: _____

- B. 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.
- C. Submit shop drawings of all ventilation hoods drawn to scale.
- D. Submit shop drawings of all custom fabricated equipment and cabinetry drawn to scale.

E. Submit the following warewashing information:

Manual Warewashing

Include the following for all warewashing sinks (kitchen, dish room, bar, etc.)

a. Size of each sink compartment in inches:

Length: _____ Width: _____ Depth: _____

Length: _____ Width: _____ Depth: _____

Length: _____ Width: _____ Depth: _____

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

Length: _____ Width: _____

Length: _____ Width: _____

Length: _____ Width: _____

Note: All drain boards must be self-draining. Drain boards must be at least 18 inches (length) for bars, 24 inches (length) in establishments using single service utensils, and 36 inches (length) in establishments using multi-use dishes and multi-use utensils.

c. Pre-rinse / spray hose provided: Yes _____ No _____

F. Submit the following water heater information:

Make _____ Model number: _____

Energy input rating: _____ BTU, or _____ Kilowatts

Recovery Rate in gallons per hour, 100°F rise, at sea level: _____

Note: See Appendix C for worksheet on calculating minimum hot water requirements.

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

Type of Unit	# of Units Provided	Total Cubic Feet
Reach-in Refrigeration		
Reach-in Freezer		
Retail Display		

H. Displayed Food Items:

Food Shields - Submit the type and location (If custom design, please submit shop drawings)

V. Interior Finishes

Submit room finish specifications. Indicate the page in the plans with the finish schedule or use the following chart. Use additional pages if necessary.

Please see Room Finish Schedule located on page ____ of plans.

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 and Electrical Schedules

A. Mechanical:

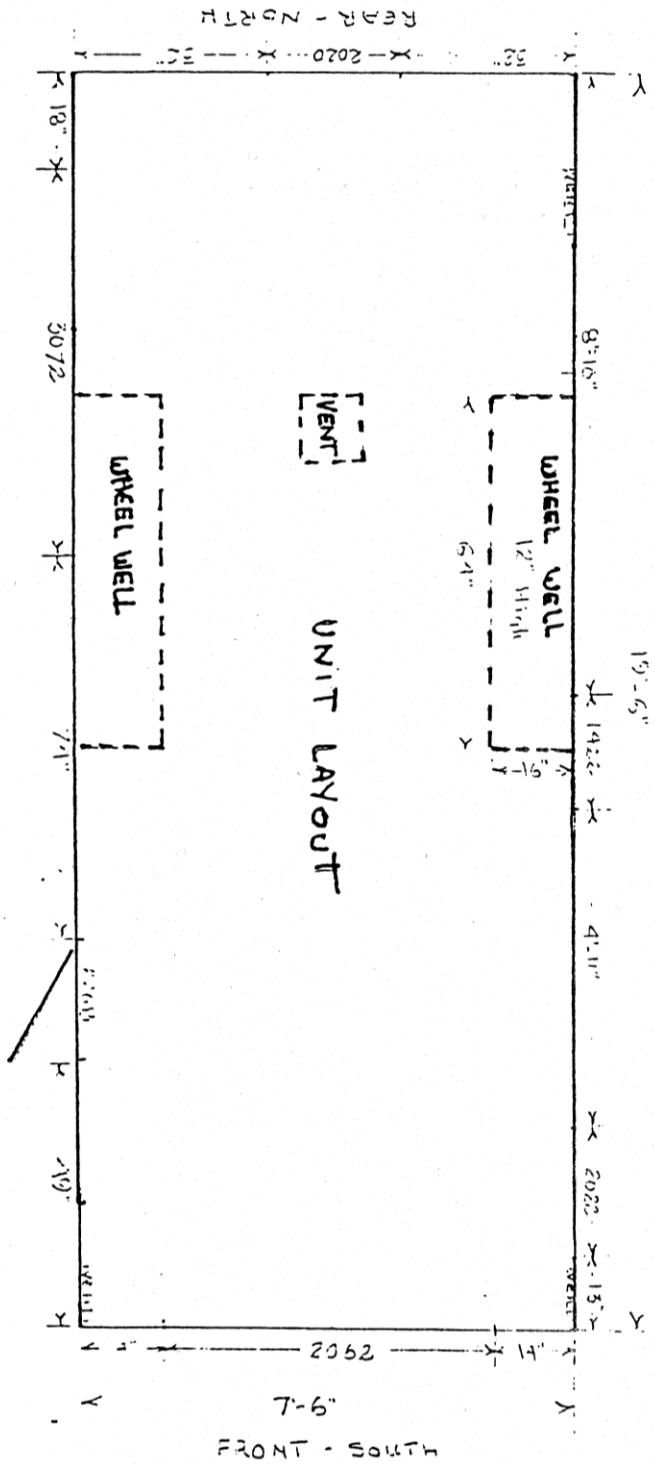
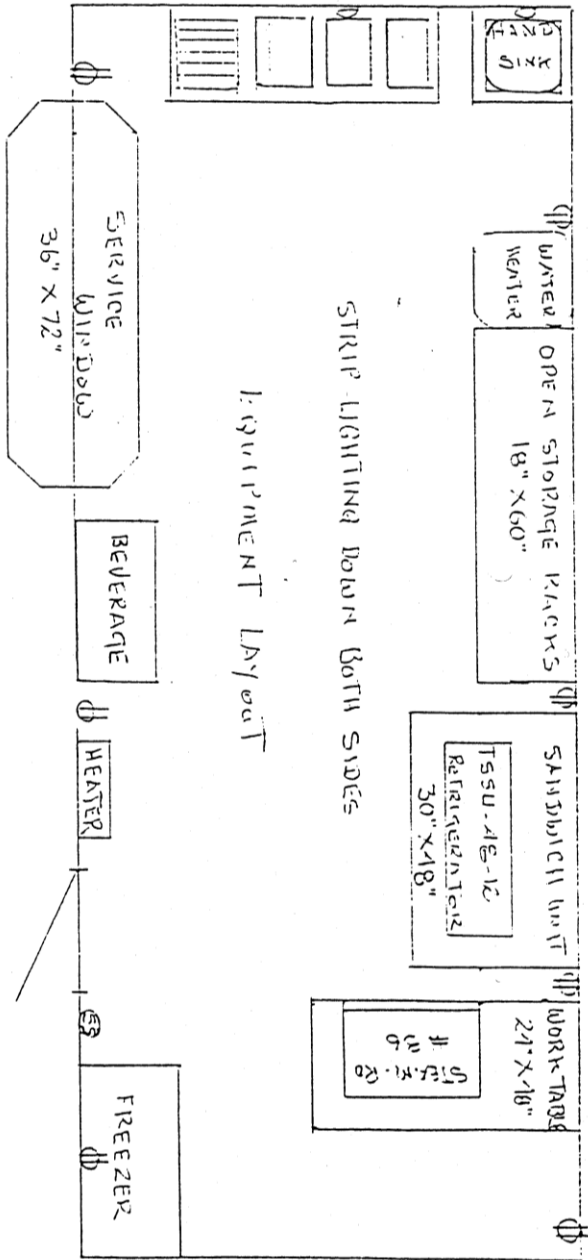
1. Submit a ventilation schedule including exhaust capacities (cubic feet per minute (CFM) ratings) for all hoods, if cooking equipment is included in plan.
2. If the ventilation hoods are UL listed for lower air flows, submit the information located on the manufacturer's UL listing card.

B. Electrical:

1. Submit the location and type of light fixtures.
2. Submit the type of bulbs and/or shielding for each type of light fixture, where required.

Appendix A

Sample Facility Floor Plan



Appendix B

Ventilation Systems

The kitchen exhaust hood must be National Sanitation Foundation (NSF) approved or its equivalent. Airflow must be calculated, and hoods must be designed according to the 1988 Uniform Mechanical Code, section 508. Hoods must overhang all equipment that produce grease vapors, steam, fumes, smoke and excessive heat not less than six inches beyond the edge of the cooking surface on all open sides; or be of other approved engineered design. Riveted or painted hoods are not approved. Make-up air should be filtered and tempered during winter months (when exhaust exceeds 2500 cfm). Make-up air must be mechanically introduced into the establishment at a volume equal to or greater than what is being exhausted. The kitchen should be under a slight negative pressure so that make-up air can be exhausted through the kitchen exhaust system after it moves from the dining area into the kitchen. Make-up air must be distributed through several registers to establish necessary air patterns in order to not short circuit the exhaust system. Windows and doors shall not be used for the purpose of providing make-up air. The exhaust hood switch(s) must be interlocked with the make-up air system(s).

A **Type I Hood** is a kitchen hood designed to collect and remove grease and smoke.

A **Type II Hood** is a kitchen hood for collecting and removing steam, vapor, heat or odors.

Use the following table to list all necessary ventilation equipment. If hoods are UL or NSF listed, submit listing data.

Ventilation Schedule				
Source	Length	Width	CFM Exhaust	CFM Supply
example: RTU - 1				1600
example: hood #1	6'-6"	5'-0"	1500	500

Appendix C

Worksheet for Calculating Minimum Hot Water Requirements

Note: If you plan to use an instantaneous hot water heater (i.e. tankless), please contact Boulder County Public Health for information about instantaneous water heater sizing and installation requirements.

Use this worksheet to help calculate the hot water usage and the necessary **tank type** water heater size for your operation.

Step 1: 3-Compartment Sink

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

Length = _____ Width = _____ Depth = _____

2. Insert measurements into this equation:

$$\left(\frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times 3 \times 0.375 \right) \div 2.31 = \underline{\hspace{2cm}} \text{ water usage (gph)}$$

Note: If all compartment sizes of the sink are not the same, then take (x 3) out of the equation, do the above calculation for each compartment, and then add the volumes to get the total gallons per hour of hot water used in the sink.

Enter total water usage (gph) into attached "Required Water Calculation Table" for "3 compartment sink"

Step 2: Utensil Soak Sink

1. Measure dimensions of sink

Length = _____ Width = _____ Depth = _____

2. Insert measurements into this equation:

$$\left(\frac{\text{Length}}{\text{Length}} \times \frac{\text{Width}}{\text{Width}} \times \frac{\text{Depth}}{\text{Depth}} \times 0.375 \right) \div 2.31 = \underline{\hspace{2cm}} \text{ water usage (gph)}$$

Enter total water usage (gph) into attached "Required Water Calculation Table" for "Utensil soak sink"

Step 3: Dish Machine and Conveyor Pre-Rinse Water Usage

Use manufacturer's rating in gallons per hour

Enter manufacturer's rating (gph) into attached "Required Water Calculation Table" for "Dish machine"

Step 4: Laundry Machine Water Usage

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

Enter manufacturer's rating (gph) into attached "Required Water Calculation Table" for "Laundry machine"

Step 5: Enter water usage totals in the appropriate rows and columns in the table on the following page.

Required Water Calculation Table

1. Enter the gallon per hour (gph) rating for each type of fixture and the number of fixtures in the operation in the table below. Multiply these two numbers to calculate "maximum hourly water usage" for each fixture.
2. Add up the "maximum hourly water usage" amounts in the right column to calculate "total water required by all fixtures" in the operation.
3. Enter the "total water required by all fixtures" into the equations on the next page (for gas water heater or electric water heater) to determine the necessary hot water rating for your operation.

Plumbing Fixture	Water usage (gallons per hour)	Number of fixtures	Maximum hourly water usage per type of fixture (gallons per hour)
<i>Example: dish machine</i>	<i>50</i>	<i>1</i>	<i>50</i>
<i>Example: hand sinks</i>	<i>5</i>	<i>4</i>	<i>(5 × 4) = 20</i>
3-compartment sink			
3-compartment sink (bar)			
Utensils soak sink			
Dish machine			
Dish machine conveyor pre-rinse			
Laundry machine			
Hand operated pre-rinse sprayer	32		
Hand sinks (including restrooms)	5		
Mop sink	7		
Garbage can washer	35		
Employee showers	14		
Hose bib used for cleaning	35		
Total water (gph) required by all fixtures			

Required Tank-Type Water Heater Size

Option A: Gas Water Heater

Step 1: Adjust the total water required by all fixtures (from Required Water Calculation Table) for the altitude of the facility. The altitude adjustment is 4% per 1000 feet of elevation, or 20% for 5000 feet)

Use this formula to calculate elevation adjusted water demand.

$$(0.04 \times \frac{\text{elevation of facility}}{1000} + 1) = \text{adjustment factor}$$

Step 2: Using the adjustment factor from above, calculate the hourly hot water usage.

$$\frac{\text{adjustment factor}}{\text{total water (gph) required}} = \text{max hourly hot water usage}$$

**For example, if the elevation of a facility is 5000 feet, the adjustment factor would be 1.2. If the total water required by all fixtures (gph from the previous table) is 100 gph, then the maximum hourly hot water usage would be 120. Therefore, a water heater with 120 gph recovery rate would be required for the facility.*

Step 3: Use the "maximum hourly hot water usage" value from the previous equation to calculate the minimum BTU rating of the water heater using the calculation below.

Gas Water Heater Thermal Efficiency Rating (place in box below)

For commercial water heaters, you can find this rating on the spec sheet. If you don't know the rating, use a rating of 0.75. For all domestic water heaters, use a rating of 0.75.

$$\left(\frac{\text{max hourly hot water usage}}{100} \times 8.33 \right) \div \boxed{\text{efficiency rating}} = \text{minimum BTU rating}$$

Option B: Electric Water Heater

For electric water heaters, the maximum hourly hot water usage is the same number as the total water required (gph) by all fixtures as calculated in the Required Water Calculation Table. Use this formula to calculate the minimum Kilowatt rating of the electric water heater:

$$\left(\frac{\text{total water (gph)}}{100} \times 8.33 \right) \div 3412 = \text{minimum Kilowatt rating}$$

Proposed Gas or Electric Water Heater based on BTU or Kilowatt rating

The BTU or Kilowatt rating for the water heater in the facility must be equal to or greater than the minimum BTU or Kilowatt rating calculated above. Complete the following based on your current or proposed water heater.

Make: _____ Model: _____

BTU Rating: _____ or Kilowatt Rating: _____

Recovery Rate: _____ gallons per hour at 100° rise at sea level

Reminder: If you plan to use an instantaneous hot water heater please contact Boulder County Public Health for information about sizing and installation requirements.

Appendix D

Commissary Agreement

For mobile unit operators, caterers and temporary vendors this commissary agreement must be completed and signed by the commissary owner before you will be approved to use the commissary. Please provide the following information, including signatures, and submit this agreement with your retail food license or plan review application to Boulder County Public Health. This commissary agreement is valid for the current calendar year only.

Date _____

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

located at _____
(Address of Establishment)

do hereby give permission to _____
(Mobile Unit / Pushcart / Caterer / Temporary Vendor)

to use my kitchen facilities to perform the following (check all that apply):

- ____ Preparation of foods, such as vegetables or fruits, cutting meats, cooking, cooling, reheating
- ____ Storage of foods, single-service items, and cleaning agents
- ____ Service and cleaning of equipment
- ____ Ware washing
- ____ Filling water tanks
- ____ Dumping wastewater
- ____ Other: _____

Commissary Water Supply? Municipal _____ Well _____ PWSID# _____
Commissary Sanitary Sewer Service? Municipal _____ Septic _____

Please indicate the equipment available at the commissary for the proposed uses:

Hand sink _____ Prep sink _____ Mop sink _____ Three-bay sink _____
Dish machine _____ Refrigeration _____ Cooling equipment _____ Dry storage _____
Other _____

Signature of Operator Date Phone Number

Signature of Commissary Owner Date Phone Number

Important Things to Remember:

- The commissary facility must be acceptable for the food volume and preparation methods used and have the necessary equipment and storage capabilities for the operation.
- The commissary must be constructed and operated in compliance with the current requirements of the Colorado Retail Food Establishment Rules and Regulations.
- A facility inspection of the commissary by Boulder County Public Health may be required prior to use by the operator to determine if it is adequate for the intended use.
- Mobile units must report to the commissary every 24 hours on operational days for all supplies and cleaning and servicing operations.
- The use of a licensed facility by an unlicensed operation may put the licensed facility operator's license in jeopardy.

If you have any questions or concerns, please contact Boulder County Public Health at 303.441.1564.