

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215  
(303) 232-6301 FAX (303) 271-5760 [jeffco.us/public-health](http://jeffco.us/public-health)

## NON-ROUTINE INSPECTIONS

**USE THIS FORM TO REQUEST A NON-ROUTINE INSPECTION OF A RETAIL FOOD ESTABLISHMENT, CHILD CARE CENTER, BODY ART ESTABLISHMENT, CAMP, SWIMMING POOL, OR OTHER FACILITY REGULATED BY THE DEPARTMENT.**

### **BACKGROUND**

The Department conducts routine inspections of regulated facilities such as those referenced above. However, we will also perform other inspections as requested when a facility is undergoing a sale or change or ownership. This will provide the new purchaser with current information about the facility and any violations that will need to be corrected before it can be re-licensed.

Because this is an “extra” inspection, the Department charges an additional inspection fee. Also, the current owner or manager must also consent to this inspection that is performed outside of their normal schedule.

Any significant violations that are found during the inspection must be corrected, regardless of whether the facility is sold or not.

**INSPECTION FEE: \$100.00** (check payable to Jefferson County Treasurer – cash and credit cards accepted in person only)

### **INSTRUCTIONS:**

- Complete page 1 of the application including required signature
- Submit application form with required fee
- You will be contacted to schedule the inspection

After the inspection is performed, you will receive a detailed inspection report with any violations noted.

**DEPARTMENT CONTACT:**

**Matthew Garcia**

**303-271-5762**

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**FEE:**

**\$100.00**

**FACILITY TYPE:**

- Restaurant                       Child Care Center                       Concession / mobile cart / kiosk  
 Food mfg.                               Swimming pool / spa                       Body Art facility  
 Grocery                                       OTHER \_\_\_\_\_

Facility name \_\_\_\_\_

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

**I APPLICANT INFORMATION**

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

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

City St Zip: \_\_\_\_\_

Contact phone numbers \_\_\_\_\_

**II OWNER/MANAGER AUTHORIZATION FOR INSPECTION**

I, \_\_\_\_\_, as owner or manager of the above establishment / facility, hereby consent to an inspection by the Jefferson County Public Health for the purpose of a real estate transaction / property transfer / change of ownership. Although this process is being initiated as a non-regulatory inspection I understand that if significant violations are found I may be ordered to correct those violations to comply with any applicable regulations governing my establishment.

Please contact me at (phone) \_\_\_\_\_ or (email) \_\_\_\_\_ to arrange an inspection time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date