

Environmental Health Services Division 645 Parfet Street, Lakewood, CO 80215
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**RETAIL FOOD SERVICE HACCP PLAN REVIEW
Instructions and Application Form**

USE THIS PACKET TO HAVE A HAZARD ANALYSIS AND CRITICAL CONTROL POINT (HACCP) PLAN REVIEWED BY THE DEPARTMENT FOR COMPLIANCE WITH COLORADO RETAIL FOOD ESTABLISHMENT RULES AND REGULATIONS.

Before engaging in an activity that requires a HACCP plan, a retail food license applicant or license holder shall submit for approval a properly prepared HACCP plan as specified under section 8-201.14 of the Colorado Retail Food Rules and Regulation if:

1. A reduced oxygen packaging process that does not require a variance as specified under section 3-502.12 in being used;
2. Submission of a HACCP plan is required by law;
3. A variance is required under subparagraph 3-401.11(D)(4), section 3-502.11, or paragraph 4-204.110(B) of the Colorado Retail Food Regulations;
4. The regulatory authority determines that a food preparation or processing method requires a variance based on a plan submittal specified under section 8-201.12, an inspectional finding, or a variance request.

Please submit the following items. **An incomplete application will delay the inspection and approval process.**

INSTRUCTIONS:

- **COMPLETE** Pages 1-3
- **ATTACH** a HACCP Plan completed as outlined in Annex 4 of the 2013 FDA Food Code
- **ATTACH** a Facility Menu
- **ATTACH** a floor plan and equipment list relevant to the HACCP process
- **ATTACH** a \$100.00 application fee

PROCESSING TIME

Allow 14 working days for review. Incomplete applications will delay this process. The contact person will be notified when the review is complete.

PART I – FACILITY INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS: _____

Address

City State Zip

TYPE OF FACILITY (check all that apply)

- | | | | |
|---------------------------------------|---|---------------------------------|---|
| <input type="checkbox"/> Full Service | <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Bar | <input type="checkbox"/> Market (Grocery) |
| <input type="checkbox"/> Convenience | <input type="checkbox"/> Fish Market | <input type="checkbox"/> Deli | <input type="checkbox"/> Meat Market |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Concession | <input type="checkbox"/> School | <input type="checkbox"/> Specialty Shop |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Manufacturer with Retail Sales | | |

Other (please specify): _____

PART II – CONTACT INFORMATION

Owner _____

Address _____

City/ST/Zip _____

Phone (_____) _____ Fax(_____) _____

Email: _____

Alternate _____

Address _____

City/ST/Zip _____

Phone (_____) _____ Fax(_____) _____

Email: _____

Process

Authority: _____

Phone (_____) _____ Fax(_____) _____

Email: _____

PART III – TYPE OF SPECIALIZED PROCESS

Please check the type of plan being submitted for review:

-
- Smoking food as a method of food preservation rather than as a method of flavor enhancement;
 - Curing food;
 - Using food additives or adding components to alter the pH or Water Activity as a method of food preservation rather than as a method of flavor enhancement, or to render a food so that it is not potentially hazardous.
 - Packaging food using a reduced oxygen packaging method;
 - Operating a molluscan shellfish life-support system display tank used to store or display shellfish that are offered for human consumption;
 - Custom processing animals that are for personal use as food and not for sale or service in a food establishment;
 - Sprouting seeds or beans;
 - Other specialized processing methods (specify) _____

CERTIFICATION

As manager / owner / person in charge of this facility, I certify that the attached HACCP plan accurately reflects the handling and food preparation procedures for the listed food(s). When this process is approved by the Department I will follow this HACCP plan and will notify the Department of any changes that would impact the handling and preparation of the listed food(s). I understand that the Department assumes no liability for the preparation of food under this HACCP plan.

Signed

Date

Submit a floor plan of the food preparation areas and list of all equipment relevant to the HACCP process.

(See Appendix A for sample floor plan and equipment list.)

1. Sinks:

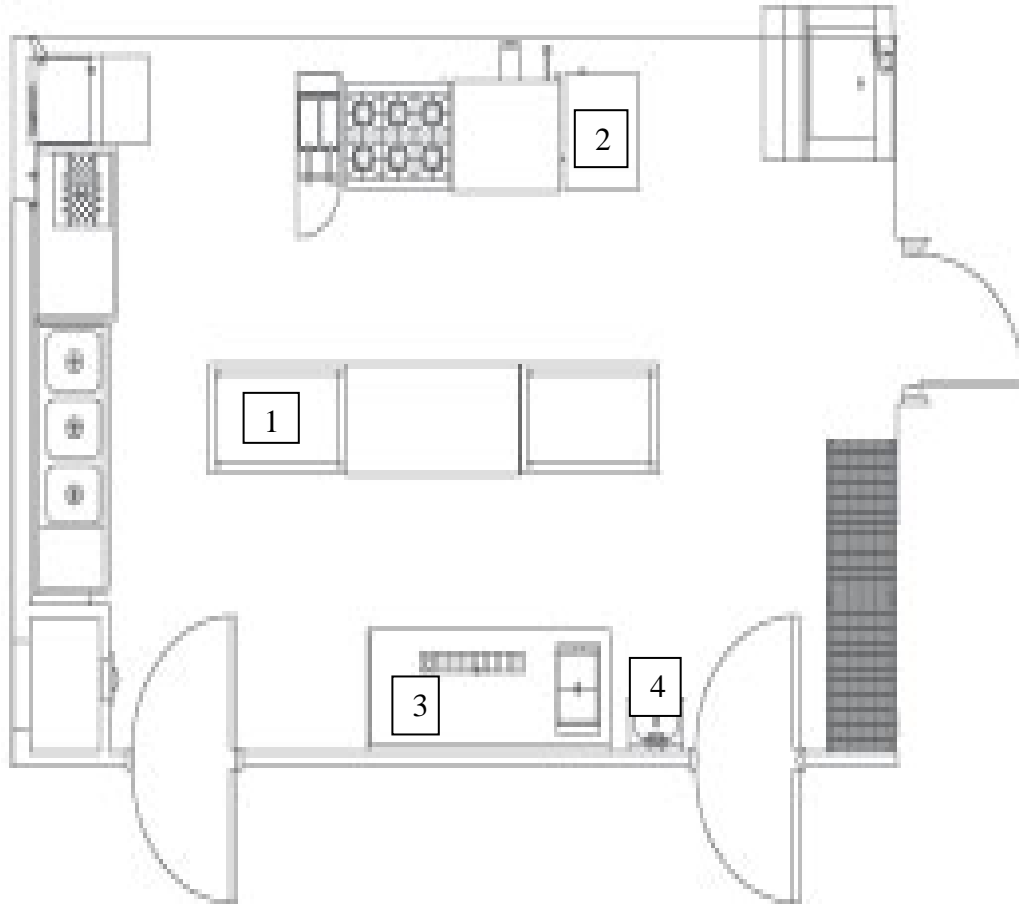
- a) Handsink(s)**
- b) Food Preparation Sink(s)**
- c) Ware washing - Three Compartment Sinks and/or Dish Machine(s)**

2. Location(s) where HACCP processes will take place

3. Dry food storage area(s)

Appendix A

Sample floor plan and equipment list



- 1.) Location of Vacuum Packaging Machine
- 2.) Area where Cook-Chill will take place
- 3.) Shelving where vacuum packaging bags are stored
- 4.) Handsink

Equipment List	
ARY VacMaster VP210	
ARY VacMaster packaging bags	