

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 (CRFERR).

INSTRUCTIONS:

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

- **COMPLETE** Pages 1-3
- **ATTACH** a HACCP Plan from an approved Process Authority** (see educational resources list)
- **ATTACH** a Facility Menu
- **ATTACH** a floor plan and equipment list relevant to the HACCP process
- **ATTACH** a check for \$100.00, payable to *Jefferson County Treasurer*. Do not send cash in the mail.

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.

RESOURCES IN THIS PACKET INCLUDE:

- Appendix A: Example floor plan
- Appendix B: List of online food safety resources and a LINK to the Colorado Retail Food Establishment Rules and Regulations.
- List of approved Process Authorities

**** Prior approval from an approved Process Authority is not required for reduced oxygen packaging performed under section 3-607(A)**

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

The following specialized processes require the preparation and approval of a HACCP plan as required by 6 CCR 1010-2 COLORADO RETAIL FOOD ESTABLISHMENTS, Section 3-606.

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 except as specified in section 3-607 CRFERR regarding where a barrier to *clostridium botulinum* in addition to refrigeration exists;
- 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:

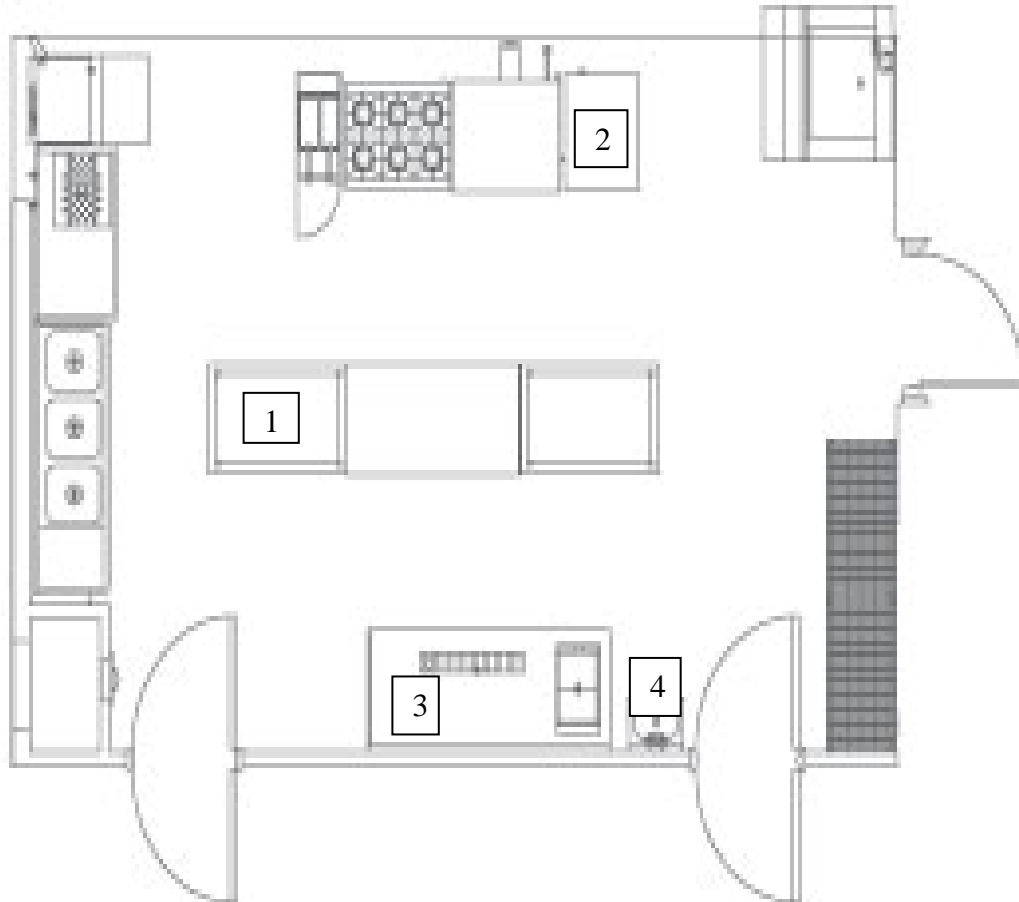
- a)** Handsink(s)
- b)** Food Preparation Sink(s)
- c)** Ware washing - Three Compartment Sinks and/or Dish Machine(s)

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	

APPENDIX B

Online Food Safety Resources

EDUCATIONAL RESOURCES FOR OPERATORS AND FOOD HANDLERS

Colorado Department of Public Health and Environment

Approved Process Authority List:

<http://www.afdo.org/foodprocessing>

Colorado Department of Public Health and Environment

Retail Food Establishment Rules and Regulations:

https://www.colorado.gov/pacific/sites/default/files/Reg_BOH_RetailFoodRegulations.pdf

NOTE: REFER TO APPENDIX G for the Special Processing Section

StateFoodSafety.com

Online training for food handlers, the fee is \$10.00 and is available in many languages.

The training can be accessed at: <http://www.statefoodsafety.com/>

US Food and Drug Administration (USDA)

HACCP Industry Assistance Program:

<http://sop.nfsmi.org/HACCPBasedSOPs.php>

Jefferson County Excellence in Food Safety Class

Please see link for class brochure or contact Kelly McGregor at 303-271-5766 to register for the course.

<http://jeffco.us/public-health/healthy-environments/food-safety/>