

Environmental Health Services Division
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www.jeffco.us/health

**RETAIL FOOD SERVICE PLAN REVIEW – NEW / REMODELED FACILITIES
 FOR JEFFERSON AND GILPIN COUNTIES - Instructions and Application Form**

USE THIS PACKET TO HAVE YOUR PLANS REVIEWED FOR CONSTRUCTING A NEW RETAIL FOOD SERVICE FACILITY OR REMODELING AN EXISTING FACILITY.

NOTE: Caterers operating from a kitchen owned and operated by a third party should use FORM 3300.

INSTRUCTIONS:

Please follow all instructions in the plan review application. **An incomplete application will delay the inspection and approval process.**

***** PLANS SUBMITTED MUST INCLUDE 1 COPY TO BE RETAINED BY JEFFERSON COUNTY PUBLIC HEALTH *****

PLAN REVIEW FEES*

- *Application fee (payable at time of application)* **\$ 100.00**
- *Plan review fee and Inspection Fees (payable prior to licensing)* **\$ 75.00 per hour***

*** TOTAL HOURLY FEES NOT TO EXCEED \$580.00**

LICENSE FEES

Retail Food license fees are based on the type, size and/or seating capacity of the facility. Ranges for license are listed below:

- *Restaurant (Depending on seating)* **\$385 - \$465**
- *Grocery (Depending on square footage)* **\$195 - \$353**
- *Grocery with Deli (Depending on square footage)* **\$375 - \$715**
- *Limited Food Service (Convenience, Other)* **\$270**

IMPORTANT NOTE: A retail food license will expire on December 31st of the year it was purchased.

PROCESSING TIME

Allow 10-14 days for review. **Incomplete applications will delay this process.** The primary contact person will be notified when the review is complete.

DEPARTMENT CONTACT:

(303) 232-6301
 Health_EH_RF_Plan_Review@jeffco.us

Revised: 11/16/2021

Application Date: _____

Plan Review Form	
Establishment Information	
Name of Establishment:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	
Business/Ownership Information	
Individual or Corporate Name:	Phone:
Mailing Address:	Cell:
City:	Fax:
State/Zip:	Email:
Contact Information	
Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Architect:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
Name of Contractor:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Purpose of Plan Review: **Newly Constructed** _____ **Remodel of Existing Kitchen*** _____

*For remodeled facilities, provide a detailed description of the "scope of work" of the remodel project

Indicate number of seats in each area:

Indoor: _____ Outdoor: _____

Date construction is to start: _____ **Date of planned opening:** _____

I. FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:

Submit floor plans drawn to scale that include the location and identification of all equipment

Below is a checklist of required information needed to complete the plan review. Please ensure all information is included. <i>**Lack of complete information will delay review and plan approval.**</i>			
	Facility Floor Plan/Equipment Layout		Site Plan (See Below)
	Equipment Specifications		Chemical and Personal Storage
	Plumbing Plans and Schedules		Fixtures Requiring Hot Water
	Garage Doors and Other Openings		Menu

SITE PLAN:

Submit a site plan which includes the following:

1. Dumpster enclosures and trash compactors
2. Outside walk-in coolers/freezers
3. Outside food storage areas
4. Location of well heads and well water supply lines servicing the building, if applicable
5. On-site waste water treatment systems and associated lines servicing the building, if applicable
6. Grease interceptors/grease traps, if applicable

II. MENU AND FOOD HANDLING PROCEDURE:

Submit menus; such as breakfast, lunch and dinner menus.

- A. Will facility serve raw, under cooked, or cooked to order eggs, meat, poultry, or fish? **YES NO**

If yes, provide include the required consumer advisory for each food prepared in this manner. (Reference 3-603.11 *Consumption of Animal Food that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens,*

- B. Will facility serve raw fish or under cooked fish? **YES NO**

If yes, provide the required documentation specified under 3-402.12 *Records, Creation and Retention* for the destruction of parasites as specified under 3-402.11 *Parasite Destruction.*

NOTE: If "sushi rice" is prepared at facility, additional documentation of the preparation and handling of that food will be required.

- C. Will vacuum packaging/reduced oxygen packaging or specialized processes as defined in Section 3-502.11 and 3-502.12 of the *Colorado Retail Food Establishment Rules and Regulations* be conducted? **YES NO**

If yes, submission of Form 3700 *Retail Food Service HACCP Plan Review* will be required.

NOTE: Any specialized process/reduced oxygen packaging that does not meet the criteria specified under 3-502.12 *Reduced Oxygen Packaging Without a Variance Criteria,* will be require to obtain a variance as specified in 8-103.10 and under 8-103.11 of the *Colorado Retail Food Establishment Rules and Regulation* prior to being conducted.

- D. Will cooked foods be cooled? **YES NO**

If yes, complete **Table 1** on the following page.

E. Will foods be reheated and then held hot before being served? **YES NO**
If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours.
(Reference 3-403.11 *Reheating for Hot Holding*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

List the equipment that will be used for reheating:

F. Describe how frozen foods will be thawed. (Reference 3-501.13 *Thawing*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

Under refrigeration Under running water In a microwave
As part of the cooking process Other: _____

G. Will food be transported or delivered to another location? **YES NO** If yes, please list the equipment that will be used to maintain food at proper temperatures during transport.

H. Will a salad bar, buffet line or customer self service areas be operated? **YES NO**
If yes, describe: _____

I. Will produce be washed? **YES NO N/A**
If not, will produce be received pre-washed? **YES NO**
If yes, additional documentation will be required.

J. Will the establishment prepare foods that will be sold to other retail food establishments?
YES NO
If yes, please visit www.colorado.gov/cdphe/dehs/, then click "Food safety", then click "Wholesale food" to obtain information on registering as a wholesaler.

III. EQUIPMENT SPECIFICATIONS & FINISHES:

- A. Complete Table 2 and submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide number of hot holding and refrigeration units. Also provide capacities for refrigeration units in Table 4 and Table 5.
- C. Bulk and self service food:
 - 1. Will food items such as candy, trail mix, etc. be sold in bulk to the public?
YES NO If yes, please submit equipment specifications for bulk food bins.
 - 2. Will self service foods (i.e., buffets and salad bars) be provided?
YES NO If yes, please submit equipment specifications for food shields and/or sneeze guards.

D. Provide or use the finish schedule in Table 3 below to indicate interior finishes for each area within the establishment.

Table 3

ROOM FINISH SCHEDULE									
Room Name or Number	Floors			Wall Finishes				Ceiling	
	Material	Finish	Type of Base	North	East	South	West	Material	Finish
<i>Example</i> Cookline	<i>Tile</i>	<i>Smooth</i>	<i>Tile Coving</i>	<i>Stainless</i>	<i>Stainless</i>	<i>Stainless</i>	<i>Stainless</i>	<i>Vinyl Acoustic Tile</i>	<i>Smooth</i>

Table 4

Refrigeration Capacities			
TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET	INTENDED USE <small>(e.g. cooling, beverage storage)</small>
Walk-in Cooler			
Walk-in Freezer			
Reach-in Cooler			
Sandwich Prep Cooler			
Reach-in Freezer			
Blast Chiller			
Retail Display			
Other:			

Table 5

Hot Holding Units	
TYPE OF UNIT	# OF UNITS
Steam Tables	
Hot Box	
Cook & Hold Units	
Other:	

IV. PLUMBING PLANS AND SCHEDULES:

- A. Submit a plumbing plan that indicates location and specifications of the following:
1. All hot water heaters
 2. All plumbing fixtures shown on Table 7
 3. Floor sinks and floor drains
 4. Restrooms, toilets, urinals and hand washing sinks
 5. Hose bibs and hose reels, if applicable
 6. Showers and Laundry Facilities, if applicable

Table 6

Hot Water Heater		
Make	Model #	kW/BTU Rating

* * * * *

IMPORTANT NOTE: For instantaneous/tankless systems approval of system will require a letter from the project engineer, ensuring that the system provided will meet peak hot water demand flow rates.

* * * * *

- B. Complete Table 7 below for all food service related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

Table 7

Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention	Number of Fixtures
Warewashing Facilities			
Dish Machines			
Garbage Disposals			
Handsinks			
Food Preparation Sinks			
Refrigeration Units			
Ice Bins/Machines			
Beverage Machines			
Mop/Utility Sink			
Chemical Dispensing Units			
Dipper Wells			
Dump Sinks			

Note: Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets. Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs. Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels. Indirect drainage is required for warewashing, food preparation sinks, ice bins/machines and beverage machines.

- C. **Manual Warewashing Facilities** - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drainboard lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

Table 8

Manual Warewashing Information					
ID # on Plans	Length (inches) of Soiled Drainboard	Dimensions (inches) of Sink Compartments (LxWxD)		Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No
		X	X		
		X	X		
		X	X		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

1. Food will be primarily served on: Multi-use tableware Single-Service Tableware

Will alternate equipment or methods be used in place of traditional drainboards? **YES** **NO**

If yes, indicate the methods that will be used and provide specification sheets:

2. **Mechanical Warewashing Facilities** - Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

Table 9

Mechanical Warewashing Information							
Make	Model #	Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (inches) (LxWxD)		Water Usage
					X	X	
					X	X	

1. If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

D. **Water Supply** - Select the type of water supply system that services the establishment.

Community/Public - Name of district: _____

Non-Community - Public Water System ID Number (PWSID): _____

E. **Sewage Disposal** - Select the type of sewage disposal system that services the establishment.

Municipal/Public - Name of district: _____

On-site Waste Water Treatment System - Indicate location on site plan and attach a copy of the permits for the system.

V. MECHANICAL VENTILATION PLANS AND SCHEDULES:

A. Provide plans and schedules that indicate the location and specifications of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all kitchen hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building.

B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in Table 10. Provide the size (length x width) of each hood and include the manufacturer's recommended exhaust listings in CFMs.

Table 10: Ventilation Information

Hood Type	Dimensions (inches) of hood (LxW)	Exhaust CFMs	Total Supply Air CFMs	*Outside Air CFMs
	x			
	x			
	x			

**Note: Volume of make-up air supplied into building must be greater than or equal to exhaust from building.*

VI. CHEMICAL AND PERSONAL STORAGE:

A. Include the proposed locations of chemical and employee personal items storage areas on the floor plan.

1. Describe how food, equipment, utensils, linens, and single-service articles will be protected from contamination by chemicals and personal items.
