



# DELTA COUNTY ENVIRONMENTAL HEALTH PLAN REVIEW FORM

**Application Date:** \_\_\_\_\_

<b>Name of Establishment:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
County:	
<b>Individual(s) or Corporate Name:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Name of Local Contact:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Name of Architect:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:
<b>Name of Contractor:</b>	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

**Date construction is to start:** \_\_\_\_\_ **Date of planned opening:** \_\_\_\_\_

Have plans for this project been submitted to the building department? **YES / NO**

If yes, name of building department: \_\_\_\_\_

Have plans for this operation been previously submitted or do you intend to submit plans to other counties in the state of Colorado? **YES / NO**

If yes, which county(s): \_\_\_\_\_ Date submitted: \_\_\_\_\_  
 \_\_\_\_\_ Date submitted: \_\_\_\_\_

**New Establishment: YES / NO**

**Remodel: YES / NO**

Type of Establishment (Check all that apply)			
<input type="checkbox"/>	Full Service Restaurant	<input type="checkbox"/>	Bar
<input type="checkbox"/>	Fast Food	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Market (Grocery)	<input type="checkbox"/>	School
<input type="checkbox"/>	Deli	<input type="checkbox"/>	Caterer
<input type="checkbox"/>	Fish Market	<input type="checkbox"/>	Concession
<input type="checkbox"/>	Meat Market	<input type="checkbox"/>	Manufacturer with Retail Sales
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	

Other (please specify): \_\_\_\_\_

**Seating Capacity:**

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Square Footage and Location		
<i>*If the establishment is in a multi-story structure, indicate on which floors each area is located.</i>		
Please indicate square footage in each area	Square Feet (ft <sup>2</sup> )	*Floor
Total Square Feet of the Establishment		
Total Square Feet of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Area		
Square Feet of Food/Beverage Storage		
Square Feet of Retail Sales Area (Markets)		

Days and Hours of Operation											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours											
For seasonal operations, please circle all that apply											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

**Number of staff (maximum per shift):** \_\_\_\_\_

**Projected daily maximum number of meals to be served:**

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

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
Equipment Specifications	Chemical and Personal Item Storage
Plumbing Plans and Schedules	Total Water Required For All Fixtures <i>(See Annex 1)</i>
Mechanical Plans and Schedules	Menu and Food handling Procedures <i>(See Annex 2)</i>
Electrical Plans and Schedules	Employee Hygiene Plan <i>(See Annex 3)</i>

**I. FACILITY FLOOR PLAN:**

- A. Submit floor plans drawn to scale. Plans must include the location and identification of all equipment and applicable areas. Check all that apply in the table below.

Handsink(s)	Chemical Storage Area(s)	Recycle/Damaged/Returned Goods
Food Preparation Sinks	Chemical Dispensing Unit(s)	Floor Sinks/Floor Drains
Utility Mop Sink(s)	Wait Station(s)	Grease Interceptor/Grease Trap
Dump Sink(s)	Bar Service Area(s)	Ice Bins/Ice Machines
Warewashing Sink(s)	Water Heater Location(s)	Dipper Wells
Dishmachines	Indoor/Outdoor Seating	Dry Storage Area(s)
Toilet Facilities	Outdoor Cooking/Bar/Patio	Laundry Facility Location(s)



**II. EQUIPMENT SPECIFICATIONS:**

- A. Submit equipment specification sheets, including make and model numbers. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide information on refrigeration/freezer capacities and hot food holding units by completing *Tables 2* and *Table 3* below.

(Table 2)

Refrigeration/Freezer Capacities		
TYPE OF UNIT	# OF UNITS PROVIDED	TOTAL CUBIC FEET
Walk-in Refrigeration		
Walk-in Freezer		
Reach-in Cooler		
Open Top Sandwich Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Other		

(Table 3)

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

C. Displayed Food Items:

- 1. Will bulk food items such as candy, trail mix, etc. be sold in a retail manner to the public?

**YES / NO** If yes, please submit equipment specifications for bulk food bins.

- 2. Food Shields and Sneeze Guards: Submit the type, specification sheets, and location(s).

- D. Please provide installation information for all equipment in *Table 4* below. Complete the following table to indicate method of equipment installation or attach an equipment schedule, including display units.



**III. PLUMBING PLANS AND SCHEDULES:**

- A. Submit a plumbing plan that indicates location of the following:
  - 1. Floor sinks and floor drains
  - 2. Hose bibs and hose reels, if provided
  - 3. Restrooms, toilets, urinals and hand washing sinks
  - 4. Grease trap, grease interceptor, or solids interceptor, if required by the local building, water or sanitation authority
  - 5. Mop/utility sink
  - 6. Chemical dispensing units
  - 7. Laundry facilities, if provided
  - 8. Showers, if provided
  
- B. Complete *Table 5* below for all plumbing fixtures and equipment that will be drained to sewer. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, or if a backflow protection device is installed.

(Table 5)

ID #	Fixture/Equipment	Indirect/Direct Drainage	Backflow (Yes / No)	Type of Backflow Device

**Please 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.

- C. Is a food preparation sink provided? **YES / NO** If yes, please attach a specification sheet for the sink(s) and provide the following information. If yes, is it indirectly drained? **YES / NO**

Dimension of sink compartment(s):  $\frac{\quad}{\text{Length (")}} \times \frac{\quad}{\text{Width (")}} \times \frac{\quad}{\text{Depth (")}}$

Length (" ) of drainboard(s): \_\_\_\_\_

- D. Is a garbage disposal provided? **YES / NO** If yes, please indicate the location(s).

- E. Indicate the locations of drink dump sink(s) and/or knock boxes(s) installed in bars, coffee bars, wait and bus stations where soiled drink glasses or cups will be dumped and staged for dishwashing.
- F. Submit the following dishwashing information in *Table 6* and *Table 7*:
1. **Manual** - Include the size of each compartment (*length x width x depth*) of the warewashing sink, soiled and clean drainboard length, and whether or not a pre-rinse spray hose will be used.

(Table 6)

ID or Code on Plans	Length (") of Soiled Drainboard	Dimensions (") of Compartment Sink (LxWxD)	Length (") of Clean Drainboard	Pre-Rinse Sprayer Yes/No

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

2. **Mechanical** - Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine(s) is a 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 7)

Make	Model #	Heat/Chemical Sanitizing	Drain-board Length (")	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (") (LxWxD)	Water Usage (GPH)

- a. Is a booster heater provided? **YES / NO** If yes, please complete *Table 8* below:

(Table 8)

Booster Heater Information			
Make	Model #	kW/BTU Rating	Distance from Machine (ft)



- G. Provide the following water heater information in *Table 9, Table 10 or Table 11*, where applicable. *(Please attach specification sheets)*
1. If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

(Table 9)

Standard Tank Type Heater		
Make	Model #	KW/BTU Rating

(Table 10)

Heat Reclaim System		
Make	Model #	KW/BTU Rating

(Table 11)

Instantaneous/Tankless Systems				
Make	Model #	BTU Rating	Flow Rate (GPM)	Storage Tank Capacity (Gallons), if applicable

**Please Note:** For instantaneous/tankless systems when a dishmachine is used, a storage tank (minimum 20 gallons), recirculation line, and aqua stat (water thermostat) must be installed.

2. Refer to *Annex 1* and complete *Table 14 or Table 15* to calculate the hot water usage required by applicable fixtures.

**IV. MECHANICAL PLANS AND SCHEDULES:**

- A. Provide plans and schedules that indicate the location of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities (CFMs) for all hoods and exhaust fans, including ventilation systems in restrooms. 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 exhaust hood and fan. Provide the size (*length x width*) of each hood. Include manufacturer’s recommended exhaust listings in CFMs.

(Table 12)

Type I Hood Air Balance Report			
Fan ID #	Exhaust CFMs	Total Supply Air CFMs	*Outside Air CFM

**\*Please Note:** Volume of outside air supplied into building must be greater than exhaust from building.

**V. ELECTRICAL PLANS AND SCHEDULES:**

A. Provide plans and schedules that indicate the location of all lights.

**\*Please Note:** All lights in kitchen areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open foods are held or displayed must be equipped with shatter proof bulbs or shields that will protect open food, utensils and single use items from broken glass if a bulb is broken.

**VI. SITE PLAN:**

A. Submit a site plan which includes the following:

1. Refuse enclosures and trash compactors
2. Outside walk-in cooler(s)/freezer(s)
3. Outside storage areas
4. Location of wells and water supply line servicing the building, if applicable
5. On site waste water treatment systems and sewer lines servicing the building, if applicable
6. Grease interceptors/grease traps, if required by local building authority

B. Water Supply and Wastewater Systems:

1. Community/Public: **YES / NO** If yes, name of district: \_\_\_\_\_
2. Non-Community: **YES / NO** If yes, Public Water System Identification (PWSID)  
PWSID Number: \_\_\_\_\_
3. Private: **YES / NO** If yes, please complete *Table 13* and attach a copy of the most recent water sample test results.
  - a. Submit piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, filter pore size, etc.

(Table 13)

Drinking Water Supply Information	Well	Spring
Depth (ft)		N/A
Method of Disinfection		

C. Sewage Disposal:

Municipal/Public: **YES / NO** If yes, name of district: \_\_\_\_\_

On site waste water treatment system: **YES / NO** If yes, indicate location on site plan.

***\*Please attach copy of permit for the systems that will service the establishment.***

**VII. CHEMICAL AND PERSONAL ITEM STORAGE:**

A. Submit the proposed locations of chemical and employee personal items storage areas.

**Annex 1: Tables 14 and 15 to calculate total water required for all fixtures**

(Table 14)

<b>Table to calculate for standard water heaters in gallons per hour (GPH)</b>			
<b>Plumbing Fixture</b>	<b>Water Usage (GPH)</b>	<b>Number of Fixtures</b>	<b>Maximum Hourly Water Usage Per Fixture (GPH)</b>
Dishmachine	50	1	<b>50</b>
Handsink	5	4	5 (gph) x 4 (handsinks)= <b>20</b>
3-compartment sink			
3-compartment sink (bar)			
Utensil soak sink			
Dishmachine			
Dishmachine conveyor pre-rinse			
Clothes washer			
*Hand operated pre-rinse sprayer	32		
*Hand washing sinks (including restrooms)	5		
Mop/utility sink	7		
Garbage can washer	35		
*Shower(s)	14		
Hose bib used for cleaning	35		
<b>Total water (Gallons Per Hour) required by all fixtures:</b>			

\*Water saving devices or low flow fixtures may be used on hand operated pre-rinse sprayers, hand sinks and showers. If water saving devices or low flow fixtures are used, please provide specification sheets.

(Table 15)

<b>Table to calculate for Instantaneous/Tankless type water heaters in gallons per minute (GPM)</b>			
<b>Plumbing Fixture</b>	<b>Water Usage (GPM)</b>	<b>Number of Fixtures</b>	<b>Maximum Hourly Water Usage Per Fixture (GPM)</b>
Dishmachine	8.0	1	<b>8.0</b>
Handsink	0.5	4	.5 (gpm) x 4 (handsinks)= <b>2.0</b>
*3-compartment sink	2.0 for each faucet		
*3-compartment sink (bar)	2.0 for each faucet		
Utensil soak sink	1.0		
Dishmachine			
Dishmachine conveyor pre-rinse			
Clothes washer	2.0		
Hand operated pre-rinse sprayer*	2.0		
Food Preparation Sink(s)	1.0		
*Hand washing sinks (including restrooms)	1.0		
Mop/utility sink	0.5		
Garbage can washer	2.0		
*Shower(s)	1.0		
Hose bib used for cleaning	5.0		
<b>Total water required by all fixtures (GPM):</b>			

\*A hot water use reduction can be calculated for water saving devices used on hand operated pre-rinse sprayers, hand sinks and showers. If a low flow fixture will be used, please provide specification sheets.

## **Annex 2: Menu and Food Handling Procedures**

- A. Please submit menu(s), such as breakfast, lunch and dinner menus.
- B. If SOPs (Standard Operating Procedures) or Food Handling Procedure Manuals that describe food preparation procedures are available, please submit with plans and skip questions D-H.
- C. Will vacuum packaging or reduced oxygen packaging be conducted in the establishment?  
**YES / NO** If yes, please provide specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner.  
*(Reference 3-607, Specialized Processing methods, Colorado Retail food Establishment Rules and Regulations)*
- D. Please describe how the temperature of potentially hazardous foods will be monitored. Detail frequency of temperature checks and what foods and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies.
- E. Will potentially hazardous foods be rapidly cooled to 41°F (5°C) or below? **YES / NO**  
If yes, please explain how they will be cooled and the method used for rapid cooling. (Reference 3-603 Cooling and 3-604 Cooling Methods in the Colorado Retail Food Establishment Rules and Regulations.)
1. List the foods that will require rapid cooling. Include foods that are made from scratch such as soups, sauces, potato salad, pasta salads, chili, pasta noodles, roasts, casseroles, sausages, yogurts, etc.:
- F. Will potentially hazardous 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 3-504 Reheating in the Colorado Retail Food Establishment Rules and Regulations.)
1. List the equipment that will be used for reheating:

- G. Describe how frozen foods will be thawed. (Reference 3-601 *Thawing* in the *Colorado Retail Food Establishment Rules and Regulations*.)
- H. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerator(s) and freezer(s) with cooked, ready-to-eat foods? **YES / NO**
- I. Will catering be conducted? **YES / NO**
- J. 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.
- K. Will foods such as Caesar salads, steak Dina or desserts be prepared tableside in dining areas? **YES / NO** If yes, please list the foods that are intended for tableside preparation.
- L. Will a salad bar, buffet line, omelet station, sauté station, beverage bar or customer self service areas be operated? **YES / NO**
- M. Will produce be washed and/or will produce be received pre-washed? If pre-washed, please provide documentation.
- N. Will the establishment prepare foods that will be sold wholesale? **YES / NO** If yes, please visit [www.colorado.gov/cdphe/dehs/](http://www.colorado.gov/cdphe/dehs/) and click on Food Manufacturer's and Warehouses.

