



Working to Promote Health and Prevent Disease

195 West 14th Street
Rifle, CO 81650

2014 Blake Avenue
Glenwood Springs, CO 81601

P 970.625.5200 Ext. 8130
consumerprotection@garfield-county.com

MOBILE CHECKLIST

The following are REQUIRED to complete your review:

- A. \$100 application fee
 - B. A brief written description of the scope of work and what changes/construction will occur.
 - C. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off- site catering, and banquet menus).
 - D. Drawings/schedules (please note that not all may be required based on scope of work):
 - 1. Site plan: showing location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).
 - 2. Floor plan: show location of equipment, plumbing, and location of *hood and make-up air returns and ducts, *if applicable. (Minimum 1/4 inch scale for architectural renderings). Please identify any garage doors and outer openings.
 - 3. Plumbing plan: show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, grease/solids interceptor (if required by the local building, water, or sanitation authority) hose bibs and hose reels, laundry facilities etc.
 - 4. Electrical Plan: show locations and specifications of lights.
 - E. Equipment Specifications: Sheets must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
 - F. Food Protection Manager Certification: Provide manager certification documentation (if applicable).
 - G. Vomiting & Diarrheal Event Clean-Up Procedures. Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment.
 - H. Employee Illness policy. Written procedures are not required. Information regarding exclusions and restrictions can be provided.
 - I. Complete Plan Review Packet (Attached)
 - J. Inter-Agency Sign-Off (Included)
-

Opening a Mobile Unit in Garfield County

Step 1: Application

Submit all the required materials listed on page 1 (Checklist).

Step 2: Plan Review

The inspector will review the plans and contact you with any questions or concerns. CRS 25-4-1605(4) states that the health department shall respond to any plans submitted within 14 working days. **Please be advised that does not mean the plans will be approved within 14 days.**

Step 3: Plan Approval

The inspector issues a plan approval letter. **This is not approval to sell and operate!**

Step 4: Pre-Operational Inspection

Once construction is complete, contact our department to schedule a pre-operational inspection approximately 1-2 weeks prior to desired opening date. If there are no unresolved critical items at that time, approval to open will be granted pending the following:

- Retail Food Establishment License Application is submitted
- License fee is paid
- Completed Inter-Agency Sign-Off Sheet returned to inspector

FAQ

How long does it take? The whole process takes several weeks to several months - each situation is different. Incomplete applications will delay your approval.

How much does it cost? The fee for the plan review is \$100.00. The annual license fee for a restaurant 0-100 seats, which is the most common license type, is \$385.00.

Is someone available to meet with me? Absolutely! We ask that you make an appointment since our inspectors are out in the field a lot. We also ask that you look over the plan review application before the meeting and come prepared with specific questions to ask. **PLEASE DO NOT EXPECT US TO FILL OUT THE APPLICATION FOR YOU.**

How many sinks are required? This depends on each operation, but typically at least 4: hand sink, 3-compartment sink, food preparation sink, and a mop/utility sink. More than one hand sink is required in almost all establishments.

When will my first inspection be? Your first unannounced routine inspection will occur within 30 days of opening.

What is a considered a mobile retail food establishment? means a retail food establishment that is a wheeled vehicle or trailer that is readily moveable and designed for the service of food from the interior of the unit that is intended to physically report to and operate from a commissary for servicing, restocking, and maintenance each operating day.

What is a “Self-Contained” Mobile Retail Food Establishment? Means a licensed mobile retail food establishment that is approved to operate without a commissary and is not connected to fixed utilities such as water, sewer and electricity, and is required to report to an approved servicing location for sewage disposal and water.

What does “Servicing a Mobile Unit” mean? Servicing may include vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks, and restocking of ice bins, and food and disposal of yellow/brown grease.

Application Date: _____

Date of planned Opening: _____

Will you offer outdoor seating: Yes No

Choose one:

Newly Constructed Menu Change Change in Operation/Equipment

MOBILE PLAN REVIEW FORM

ESTABLISHMENT INFORMATION

Name of Mobile Unit:	Phone:
Type of Unit: <input type="checkbox"/> Mobile (Trailer/Food Catering Truck) <input type="checkbox"/> Push Cart	
Street Address (where unit will be parked):	Will unit be moved? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State/Zip:	
Mailing Address:	Email:
City/State/Zip:	

BUSINESS/OWNERSHIP INFORMATION (proprietary rights per C.R.S. 25-1605)

<input type="checkbox"/> Individual* <input type="checkbox"/> Corporate Name:	Phone:
<i>* If Individual or Sole Proprietor please complete Affidavit attached (Appendix ____)</i>	Cell:
Mailing Address:	Email:
City/State/Zip:	
CO Sales Tax ID#	City Sales Tax ID#

CONTACT INFORMATION (CHECK IF SAME AS ABOVE)

Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

LICENSING INFORMATION

Has your mobile unit been previously licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, provide the following information	Year:	State & County where licensed:
If NO, is the construction of the mobile unit complete?		
Days and Hours of Operation Insert hours in the following format: 8am to 8pm		
Days:		
Hours:		
Seasonal: Yes <input type="checkbox"/> No <input type="checkbox"/> List months of operation if seasonal:		

Type of Unit

My unit is self-contained

My unit is NOT self-contained and I will need a commissary

Please Fill out this form and have it notarized **ONLY IF** you are applying for a retail license as an **Individual/Sole Proprietor**



COLORADO
Department of Public
Health & Environment

AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

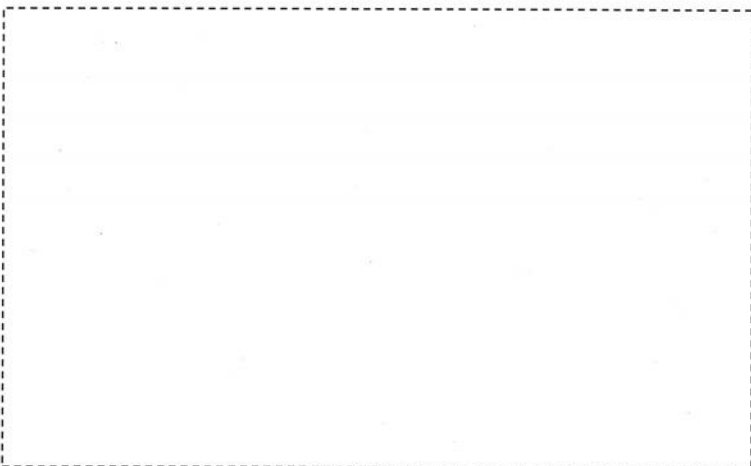
Doing Business As: _____

Address: _____
Street Unit City Zip

Signature

Date

**RETURN THIS FORM WITH NOTARIZED COPY
OF ID ATTACHED**



As a Notary Public in and for the state of _____, I do certify that I carefully compared with the original the attached and that it is a complete, full, true and exact copy of the document they have purported to reproduce.

(Notary's official signature)

(My commission expires)

PHYSICAL FACILITIES

FINISH SCHEDULE						
INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
Stainless <i>Example</i>	Smooth <i>Example</i>	Rubber Cove <i>Example</i>	FRP <i>Example</i>	Smooth <i>Example</i>	Stainless <i>Example</i>	Smooth <i>Example</i>

Windows and Doors: To prevent the entry of pests, outer openings must be protected. Are windows and doors screened? Yes No

If no, please describe how the unit will be protected from pest entry:

Are service windows self-closing? Yes No

If no, please describe how the unit will be protected from pest entry:

Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID# on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	3-Compartment Warewashing Sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Dump Sink	
	Other Sink:	

Note:

- Indirect drainage is required for all warewashing (3-compartment), food preparation sinks, and ice bins/machines.
- Items may not drain into buckets.

Sink Sizes

Where will warewashing take place?

- Commissary (Please fill have Commissary Agreement filled out)
- Mobile Unit: If utensil/equipment washing will take place on the mobile unit, provide specifications for the compartment sink in below.

Note:

- Manual Warewashing Information: The minimum requirement for warewashing in a mobile unit is a three-compartment sink.
- Include the size of each compartment (length x width x depth) of the warewashing sinks, soiled and clean drainboard lengths, and whether a pre-rinse spray hose will be installed for each warewashing area, including bars.
- **Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.**
- Attach Specification Sheet

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		

WATER SYSTEMS:

A. Provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan. Materials used in the construction of a mobile water tank and accessories shall be safe, durable, corrosion resistant, and finished to have a smooth easily cleanable surface. A water tank, pump, and hoses shall be flushed and sanitized before being placed in service after construction, repair, modification, and periods of non-use. 5-304.11

B. Hot Water

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)

- Water Heater
- Instantaneous water heater
- Other (specify): _____

2. If a water heater is installed, complete the table below:

WATER HEATER			
Make	Model #	KW/BTU Rating	Tank Capacity

C. Water Supply Information

1. Provide location where water will be obtained below.

Business Name Street Address City State/Zip

2. Provide total capacity of all potable water supply tanks (in gallons) below.

3. Provide the maximum number of hours operating between filling water supply tank/s.

4. What plumbing fixtures will be present on the mobile unit? (Check all that apply)

- 3-compartment sink
- Hand sink (Indicate number of sinks): _____
- Food preparation sink
- Pre-rinse sprayer

D. Wastewater Tank/Disposal Information

1. Provide location where wastewater will be disposed of below.

Business Name	Street Address	City	State/Zip
---------------	----------------	------	-----------

2. Provide wastewater tank capacity (in gallons) below.

NOTE: The wastewater tank must be at least 15% larger than water supply tank.

3. Prevention of Cross-Contamination to Water Supply: How will you ensure there is no cross-contamination between the drinking water and waste water tanks and hoses? (Check all that apply)

- Drinking water inlet above waste outlet
- Different colored or sized hoses
- Different colored or sized removable tanks
- Different threads on inlet and outlet
- Other (specify) _____

Be Advised: Take necessary steps to winterize the mobile unit by insulating pipes (**chemical additives are not allowed**). Temperatures in Colorado frequently drop below 32°F and may cause water tanks and hoses to freeze resulting in damage to the system. Ensure pipes, water heater, and storage tanks in your unit are completely drained during cold weather months. **Without water you cannot operate your mobile unit.**

6-402.11 Toilet rooms shall be conveniently located and accessible to employees during all hours of operation.

Ventilation:

If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood is required.

If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer’s recommended exhaust listings in cubic feet per minute (CFM)s.

VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)

****Please note:** Fire suppression systems may be required in certain jurisdictions. **Please contact your local fire department.** For more information on fire safety in mobile units please visit this link:

<https://www.nfpa.org/-/media/Files/Public-Education/By-topic/Food-trucks/FoodTruckFactSheet.pdf>

MENU AND FOOD HANDLING PROCEDURES

- A. Submit a complete menu.
- B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

FOOD HANDLING PROCEDURES				
Procedure	Y	N	If yes, indicate where procedure will take place	
			Commissary	Mobile
Will food be held cold?				
Will food be held hot?				
Will produce need to be washed?				
Will food be cooled after cooking?				
Will food be reheated after cooling?				
Will food that is frozen need to be thawed?				
Will food be cooked? (example: raw meat)				
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?				
Will foods be prepared that will be sold to other establishments?				
Will catering be conducted?				

****Food shall ONLY be obtained from approved sources that comply with the applicable laws relating to food and food labeling****

List of approved sources (who will you be purchasing from):

****Storage of any items related to the operation of the mobile unit is prohibited in a personal home.****

Where will you be storing:

Food Process Template

Ensure to include a copy of your menu & please fill out the Food Process Template below

- If you have foods that are Time/Temperature Control for Safety (TCS), Ready-To-Eat (RTE), and are going to be kept for more than 24 hours in refrigeration, they **MUST** be date marked.
- Please include the following in the processes:
 - Preparation of foods
 - Cook temperatures
 - Cooling procedures
 - Reheating procedures
 - Hot holding monitoring
 - Cold holding monitoring

Item	Ingredients	Process
<i>Example: pork</i>	<i>pork, pineapple and spices</i>	<i>@ Commissary: Pork is pre-cooked to 145°F and placed in a shallow pan and shredded. It is then placed in the freezer and cooled to 41°F (from 135°F to 70°F within the first 2 hours and then 70°F to 41°F within the next 4 hours). Once cooled, pork is then placed in Ziplock bags and date marked to be used within 7 days and placed in the freezer. As needed pork is transferred in a cooler with ice to the mobile unit and placed in the refrigeration unit to thaw. When needed pork is reheated to 165°F in a microwave and hot held at 135°F in the steam table. Served per order.</i>

Item	Ingredients	Process

Attach additional pages as needed.

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

- | | | |
|--|---|--|
| <input type="checkbox"/> Under refrigeration | <input type="checkbox"/> Ice water bath | <input type="checkbox"/> Separating food into smaller portions |
| <input type="checkbox"/> Rapid cooling equipment | <input type="checkbox"/> Shallow pans | <input type="checkbox"/> Adding ice as an ingredient |
| <input type="checkbox"/> Other | | |

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

Choose the equipment that will be used for reheating:

- | | | |
|--------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Stove | <input type="checkbox"/> In a microwave | <input type="checkbox"/> Other _____ |
|--------------------------------|---|--------------------------------------|

C. Describe how frozen foods will be thawed.

- | | | |
|---|--|---|
| <input type="checkbox"/> Under refrigeration | <input type="checkbox"/> Under running water | <input type="checkbox"/> In a microwave |
| <input type="checkbox"/> As part of a cooking process | <input type="checkbox"/> Other _____ | |

D. How will bare hand contact with ready-to-eat foods be prevented during preparation?

- | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Utensils | <input type="checkbox"/> Deli Tissue | <input type="checkbox"/> Other _____ |
|---------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|

E. Food will primarily be served on:

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> Multi-use Tableware | <input type="checkbox"/> Single-service Tableware | <input type="checkbox"/> Both |
|--|---|-------------------------------|

F. Describe where personal items will be stored.

G. Describe where chemicals used for operation will be stored.



Commissary Agreement

Date _____

I, _____ of _____
(Commissary owner/operator) (Commissary Establishment Name)

Located at _____
(Address of commissary, City, State, Zip)

Give my permission to _____ of _____
(Mobile unit owner/operator) (Name of mobile unit)

To use my kitchen facilities to perform the following tasks on their operation days:

- Preparation of food, such as washing produce, peeling or cutting foods, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water (Wastewater may contain grease; a grease trap is needed)
- Yellow Grease Disposal (fryer grease only)
- Brown Grease Disposal (non-recyclable grease only, such as hood and grill grease)
- Storage of foods, single-service items, and chemicals
- Servicing and cleaning of equipment and utensils
- Other (specify) _____

A Commissary Log will be maintained and made available upon request and **MUST ALWAYS** be available at the mobile unit.

BY SIGNING THIS FORM I ACKNOWLEDGE THAT:

- I AM PERMITTED TO REPRESENT THE COMMISSARY BUSINESS IN THESE MATTERS.
- I ACKNOWLEDGE THAT THE GREASE INTERCEPTOR/TRAP MAY BE INSPECTED REGULARLY BY THE CITIES' UTILITY/WASTEWATER DEPARTMENT AND I MAY BE REQUIRED TO PROVIDE INVOICES TO PROVE THAT MY INTERCEPTOR/TRAP IS BEING PROPERLY CLEANED.
- FORGERY OF COMMISSARY LOGS IS A CLASS 5 FELONY.

Signature _____ Date _____
(Commissary owner/operator)

Commissary Contact Phone Number: _____

Commissary Email Address: _____

This Commissary Agreement is Only Valid for _____

Employee Illness/Hygiene Guidance and Requirements

The purpose of this guidance document is to encourage employee practices and behaviors that can help prevent food handlers from spreading viruses and bacteria to food that cause foodborne illness outbreaks. Below is a list of highly infective pathogens that are transmissible through food and cause severe illness:

1. Norovirus
2. Hepatitis A virus
3. *Salmonella Typhi*
4. *Shigella spp.*
5. *Escherichia coli (E. coli) O157:H7* (or other Enterohemorrhagic or Shiga toxin-producing *E. coli*)
6. Other enteric bacterial pathogen such as *Salmonella* or *Campylobacter*

If an employee has been diagnosed by a health practitioner to have any of these pathogens, prior to returning to work, they must be cleared by their health practitioner and the Health Department. In lieu of a diagnosis of any of these pathogens, employees can return to work if they have been free of the symptoms listed above for 24 hours or more.

Section 2-201 of the *Colorado Retail Food Establishment Rules and Regulations* states that management has the responsibility to inform and monitor conditional employees or food employees to ensure that they have good hygienic practices and know when they should not come to work because of illness.

Should employees exhibit the following symptoms, refer to section 2-202 of the *Colorado Retail Food Establishment Rules and Regulations* to determine when a food handler should be excluded or restricted from food handling duties:

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Infected cuts and burns with pus on hands and wrists

Additional

Resources Employee Health and Personal Hygiene

Handbook:

[http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistance
a
ndTrainingResources/ucm113827.htm](http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm)

Communicable Disease Manual:

<https://www.colorado.gov/pacific/cdphe/communicable-disease-manual>

Clean-up Procedures for Vomit/Fecal Events

Regulation 6 CCR 1010-2: Retail Food Establishments

The 2019 Colorado Food Code requires that all food establishments have a procedure for responding to vomiting and diarrheal events. This is an example procedure for employees to follow when responding to vomiting or diarrheal events in a food establishment.

Regulation

2-501.11 Colorado Food Code

A Food Establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the Food Establishment. This document serves as recommended guidance for this requirement.

Vomit and diarrhea spreads viruses quickly

When there is a vomit or diarrheal event there is a high potential for the spread of viruses. A proper response to such an event in a timely manner can reduce the likelihood that food may become contaminated and that others may become ill as a result.

Environmental Protection Agency - other effective disinfectants

<http://www.epa.gov/oppad001/chemregindex.htm>

Center for Disease Control - Prevention Norovirus Infection

<http://www.cdc.gov/norovirus/preventing-infection.html>

Vomiting and diarrheal accidents should be cleaned up using the following recommended steps:

- Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.
- Segregate the area, and cover the vomit/fecal matter with single use disposable towel to prevent aerosolization.
- Mix a chlorine bleach solution that is stronger than the chlorine solution used for general sanitizing [the Centers for Disease Control and Prevention recommends 5000 ppm or 1 cup of regular household bleach (8.25%) per gallon of water. Other effective disinfectants can be found on Environmental Protection Agency's website listed below.
- Wear disposable gloves during cleaning. To help prevent the spread of disease, it is highly recommended that a disposable mask and/or cover gown, (or apron), and shoe covers be worn when cleaning liquid matter.
- Ensure the affected area is adequately ventilated (the chlorine bleach solution can become an irritant when inhaled for some individuals and can become and irritant on skin as well).
- Soak/wipe up the vomit and/or fecal matter with towels and dispose of them into a plastic garbage bag.
- Apply the bleach solution onto the contaminated surface area and allow it to remain wet on the affected surface area for the least 1 minute. Allow the area to air dry. Dispose of any remaining disinfectant solution once the accident has been cleaned up.
- Discard all gloves, masks, and cover gowns (or aprons) in plastic bag and dispose of the bag immediately.
- Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up the vomit and/or fecal matter.
- PROPERLY WASH YOUR HANDS - AND IF POSSIBLE TAKE A SHOWER AND CHANGE YOUR CLOTHES.
- Discard any food that may have been exposed in the affected area.
- Document the information of the person(s) who was ill. Information such as: name, address, age, and travel history (itinerary of last few days), and a 3 day food consumption history should be included.
- Complete an incident report of actions taken. Include information such as: the location of the incident, the time and date, and procedures of the cleanup process. Keep the information on file by the business for at least a year. NOTE: the information may be useful for the health department's investigation.

Issued 1/26/18

For more information contact your local health department or visit:

<https://www.colorado.gov/pacific/cdphe/food-code-transition>



COLORADO
Department of Public
Health & Environment

Retail Food Establishments: Certified Food Protection Manager

Regulation 6 CCR 1010-2: Retail Food Establishments

Five Risk Factors

Top five causes of illness:

1. Improper Holding Temps
2. Inadequate Cooking
3. Contaminated Equipment
4. Food from Unsafe Sources
5. Poor Personal Hygiene

All 5 of these risk factors can be reduced by having a certified food protection manager

Regulation

citation 2-102.12 & 2-102.20

At least one employee with authority to direct and control food preparation and service shall be a food protection manager who has been certified by an accredited program. Only conference for Food Protection ANSI certified Food Protection Manager courses meet the requirements of 2-102.20

Trained managers keeps food safe!

Food protection managers have an important role in formulating policies, verifying food employees carry out these policies, and communicating with employees about best practices to keep food safe.

Contacts for Food Protection Manager Training :

360 Training*

<http://www.learn2serve.com>
food-manager-certification/Customer Support
(877) 881-2235

AboveTraining/StateFoodSafety.com

<https://www.statefoodsafety.com>
Customer Support
(801) 494-1416

Environmental Health Testing (National Registry of Food Safety Professionals)*

<http://www.nrfsp.com>
Customer Service
(800) 446-0257

National Restaurant Association

<https://www.servsafe.com>
Customer Support
(800) 765-2122

Prometric, Inc. *

<http://www.prometric.com>
Customer Support
(877) 725-3708

**These trainings may be offered in multiple languages*

Issued: 1/8/18

For more information contact your local health department or visit these other sources:

<https://www.colorado.gov/pacific/cdphe/food-code-transition>

Colorado Restaurant Association
<http://www.corestaurant.org/foundation/colorado-prostart-servsafe>



COLORADO
Department of Public
Health & Environment



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(970) 625-5200

2014 Blake Avenue
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(970) 945-6614

Retail Food Establishment Inter-Agency Sign-Off Sheet

Date: _____

Please check one:

_____ New Establishment _____ New Operator/Change of Ownership _____ Remodel/Fire/System Discharge
_____ Mobile Establishment

NAME OF ESTABLISHMENT _____

ADDRESS _____

TYPE OF BUSINESS _____

OWNED BY _____ PHONE _____ EMAIL _____

CONTACT PERSON _____ PHONE _____ EMAIL _____

Building Permit # _____ Agency Name _____

If applicable: Septic Permit # _____ Well Permit # _____

The following departments are required to inspect, if applicable, and sign off below on this establishment before a Retail Food Establishment Permit can be issued by the Garfield County Public Health Department. PLEASE SUBMIT THIS FORM PRIOR TO SCHEDULING PRE-OPERATIONAL INSPECTION.

BUILDING/ZONING SIGNATURE: _____ **DATE** _____

COMMENTS: _____

FIRE INSPECTOR SIGNATURE: _____ **DATE** _____

COMMENTS: _____

WASTEWATER/UTILITIES SIGNATURE: _____ **DATE** _____

COMMENTS: _____

HEALTH DEPARTMENT SIGNATURE: _____ **DATE** _____

COMMENTS: _____