



Mobile Food Establishment Plan Review

NOTE: Plan review responses are made via email within 14 business days of receipt.

CHECKLIST

The following are REQUIRED to complete your review:

- A. \$155 Application fee
- B. A brief written description of the scope of work. Describe your mobile operation
- C. Provide proposed menu
- D. Provide drawings and/or photos of the mobile unit. If photos are provided, ensure that photos are taken inside and outside the mobile unit including pictures of water tanks, water inlets/outlets, water heaters, hand sinks, refrigerators, and any equipment used to prepare food.
- E. Provide equipment specification sheets. These 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. Provide completed Plan Review Packet (attached).
- G. **Food Protection Manager Certification:** Provide manager certification documentation (if applicable).

Within fourteen (14) working days of the receipt of the above information, you will receive a response from our offices.

Note: Additional Fees - Plan review fees, separate from the application fee, will be due at the time of the licensing. Fees charged will not exceed \$900.00 and are set at an hourly rate. Review of the plans include consultations in the office or by phone, and any preoperational inspections necessary to open the mobile unit.

Application Date: _____

MOBILE UNIT 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 <input type="checkbox"/> Prepackaged Only ¹		
Street Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website:		

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

Individual(s) or Corporate Name:		Phone:
Mailing Address:		Cell:
City:		Fax:
State/Zip:	Email:	

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?		Sales Tax #
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 operations:		
Projected maximum number of meals to be served.		
Number of meals per week:		

¹- **Prepackaged Only:** For operations that offer prepackaged foods only, please complete page 1, provide a menu, and contact your Local Public Health Agency.

Provide information on how people can find your mobile unit.

Facebook:	Twitter:	Mobile App:
Food Truck Row Location:		
Location used most frequently:		

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 be obtained from approved sources that comply with the applicable laws relating to food and food labeling****
****Preparation of food or storage of any items related to the operation is prohibited in a personal home.****

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.

- ☐ Under refrigeration
 ☐ Ice water bath
 ☐ Adding ice as an ingredient
☐ Rapid Cooling equipment
 ☐ Shallow Pans
 ☐ Separating food into smaller portions
☐ Other: _____

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

List the equipment that will be used for reheating:

☐ Stove ☐ Microwave ☐ Other: _____

C. Describe how frozen foods will be thawed.

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

CI. Describe where personal items will be stored.

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

F. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.

☐ Gloves ☐ Utensils ☐ Deli Tissue ☐ Other: _____

G. Are there any refrigeration units that will only be used to cold-hold individual servings of pre-packaged foods for immediate customer service?

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
<i>Stainless</i> <i>Example</i>	<i>Smooth</i>	<i>Rubber Cove</i>	<i>FRP</i> <i>Example</i>	<i>Smooth</i>	<i>Stainless</i> <i>Example</i>	<i>Smooth</i>

Windows and Doors: To prevent the entry of pests, outer openings must be protected. Are windows and doors screened? unit is a push cart?

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

Are service windows self-closing? unit is a push cart

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

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 may be 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>

REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

HOT HOLDING UNITS		
TYPE OF UNIT	# OF UNITS PROVIDED	Make & Model Number
Steam Tables		
Hot Box		
Cook & Hold Units		
Other hot holding storage:		

UTENSILS AND WAREWASHING

A. Where will utensil washing take place? (Check all that apply)

Commissary

Mobile Unit

If utensil/equipment washing will take place on the mobile unit, provide specifications for the compartment sink in Table below.

MANUAL WAREWASHING				
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS OF (inches) SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	

****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.****

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
- ☐ Utensil soak sink
- ☐ Mop sink
- ☐ Dish Machine
- ☐ Toilet
- ☐ Other (specify): _____

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.

Plan Review (PR):

The fee for filing an application for a plan review is \$155.00, and must accompany the application (when required). The application filing fee does not include the cost of plan review activities. An invoice for the actual time spent on review activities will be sent to you at a later date and will not exceed \$900.00.00 [(CRS 25-4-1607(2))]. There will be a delay in reviewing your plan review if either the application fee or the application form are not submitted with the plans.

HACCP Plan Review:

An application filing fee is not required for this review process. Upon completion of the HACCP plan review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed \$620.00. [(CRS 25-4-1607(4))].

Note: If an HACCP plan undergoes significant changes from the original approved plan, the second review may be billed as a new plan. A facility may be required to have separate HACCP plans for food preparation methods that deviate from more than one section of the regulation. An HACCP plan is not considered part of the plan review process. Separate charges can be applied to an HACCP plan that were included with a facility's plan submittal.

Real Estate (RE):

A \$120 pre-paid fee is required with this application, but shall be applied to the actual cost of the services. Additional fees will be added upon completion of the review. An invoice for actual time spent on the review activities will be sent to you [(CRS 25-4-1607(5))].

Special Events (SE):

No application filing fee is required. Actual cost of services associated with the oversight of a special event will be billed when services are completed [(CRS 15-4-1607(6))].

Special Services (SS):

The fee for any other requested service that involves review activities and that are not specifically listed above are chargeable based on the actual cost of such service [(CRS 25-4-1607(7))].

Fee Exempt (EX):

Parochial, public and private schools, penal institutions, and charitable organizations (benevolent, nonprofit retail food establishments) are exempt from the fees associated with plan review activities.



Retail Food Affidavit of Commissary Kitchen

Completed by Retail Food Operator

Business Name: _____
Owner/Operator's Name: _____
Operator's Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Operator's Email: _____ Mobile Unit License plate: _____
Operator's Phone #: _____ Mobile Unit VIN #: _____

As owner/representative of the above-named business, I offer this affidavit as that food will be prepared in an approved facility in accordance with the laws governing the designated business type in Adams County.

Please initial below:

_____ I will submit a new affidavit for approval before I resume selling food if I cease to use the facility listed below as my commissary.

_____ I understand that all food must be stored and prepared at the commissary below; no food may be stored or prepared in a home.

_____ I understand that failing to utilize my commissary as required may result in enforcement action.

Signature of Business Operator:

Date:

Completed by Commissary Operator

Commissary Name: _____ Operator's Name: _____
Commissary Address: _____ Telephone #: _____
Commissary Email Address: _____
Commissary Agreement : Start Date: _____ End Date: _____

As owner/representative of this facility, I confirm that the operator above has permission to utilize my facility as commissary for their designated business. I read, understand, and affirm my responsibilities as a commissary operator in accordance with the laws governing commissaries in Adams County.

Please Initial the lines below:

_____ I will notify Adams County Health Department if the vendor ceases to use this facility as required.

_____ I will maintain log/records indicating both the intended schedule as well as the actual schedule in which the operator uses my facility.

_____ I understand that failing to adhere to the rules and regulations that govern retail food establishment ACHD can remove this commissary from the approved list .

I affirm that the above information is correct and true by signing below.

Signature of Commissary Operator:

Date:



ADAMS COUNTY HEALTH DEPARTMENT

Your Health. Our Mission.

Affidavit of Employee Rest Room Availability

Business/ Trade Name: _____

Location Address: _____

Hours of Operation: _____

State Sales Tax Number: _____

I (print name) _____ as a representative of the above
Last First MI

named company offer this affidavit as proof that a rest room for my employees is conveniently located and accessible to my business. I also acknowledge that if I cease to use this address, a new rest room affidavit must be submitted for approval before I can resume selling my product.

Operator/ Vendor: _____
Signature Date

I (print name) _____ as owner/representative of this
Last First MI

business do hereby confirm that

_____ has permission
Last First MI

to use the rest rooms of this business

Print Name of Business

which is located at

Print Address of Business

The telephone number of this business is _____ . Business hours of operation

_____ . I do hereby confirm the above information is true by signing on the appropriate line below

Business Owner/ Representative

Signature

Date

For Adams County Use Only

EHS Name

Print

Date

EHS

Signature

Date

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 five 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 keep 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.

ANSI National Accreditation Board:
bit.ly/ANSI-CFPM

CONTACTS FOR FOOD PROTECTION MANAGER TRAINING:

AAA Food Manager / AAAFoodHandler.com*

AAAFoodHandler.com

Customer Support

714.592.4100

360 Training*

learn2serve.com

Customer Support

877.881.2235

AboveTraining/StateFoodSafety*

statefoodsafety.com

Customer Support

801.494.1416

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

nrfsp.com

Customer Service

800.446.0257

National Restaurant Association

servsafe.com

Customer Support

800.765.2122

The Always Food Safe Company, LLC

alwaysfoodsafecom.com

Customer Support

844.312.2011

*These trainings may be offered in multiple languages.

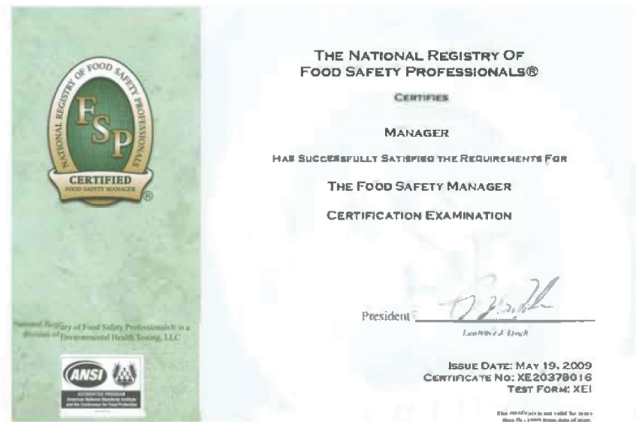
Updated: 9/1/22

For more information contact your local health department or visit these other sources:
cdphe.colorado.gov/retail-food/retail-food-resources

Colorado Restaurant Association
corestaurant.org/foundation/colorado-prostart-servsafe



COLORADO
Department of Public
Health & Environment



Completion Information:

Completion Date: 11/14/2013
Exam Score: 100%
Provider Name: 360training.com
Provider Number: 0975

