

# FOOD ESTABLISHMENT PLAN REVIEW GUIDELINES

## Check list for Responsible Representative

- ❑ **Food Establishment Plan Review Application must be filled out completely.**
- ❑ **Provide blue prints (drawn floor plans to scale) & equipment specification sheets.** *Please double side when possible.*
- ❑ **Provide proposed menu.** *Please double side when possible.*
- ❑ **Plan review application fee (\$100.00) paid.**
- ❑ **Review and pre-opening inspection fee paid.** This fee varies based on the complexity of the review and the time necessary to complete it. Typical fees are listed below:

<b>Complexity Level:</b>	<b>Very Simple Plan</b> (i.e. coffee cart or bar only)	<b>Small Establishment Plan</b> (i.e. typical simple restaurant)	<b>Large Scale Plan</b> (i.e. hotel or grocery store)
<b>Fee Amount:</b>	\$145	\$290	\$580

- ❑ **Submit to The City of Aspen and Pitkin County Environmental Health Departments.** The application review cannot start until all of the above materials are provided.

**Keep copy for personal records.**

Date Received \_\_\_\_\_ Receipt # \_\_\_\_\_ Received by \_\_\_\_\_

# ESTABLISHMENTS PLAN REVIEW APPLICATION

\_\_\_\_\_NEW

\_\_\_\_\_REMODEL

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**All communication regarding this application will go through the Responsible Representative. The owner must be consulted when filling out this application if the owner is not the Responsible Representative.**

Responsible Representative: \_\_\_\_\_

Email Address of Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

\_\_\_\_\_ Zoning                      \_\_\_\_\_ Planning                      \_\_\_\_\_ Building

\_\_\_\_\_ Business License

Hours of Operation:

Sun \_\_\_\_\_

Thurs \_\_\_\_\_

Mon \_\_\_\_\_

Fri \_\_\_\_\_

Tues \_\_\_\_\_

Sat \_\_\_\_\_

Wed \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which operations are conducted: \_\_\_\_\_

Maximum Meals to be Served:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

What is the projected frequency of deliveries? \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service:

Sit Down Meals \_\_\_\_\_

Take Out \_\_\_\_\_

Caterer \_\_\_\_\_

Mobile Vendor \_\_\_\_\_

Other \_\_\_\_\_

## FOOD PREPARATION REVIEW

1. Are all food supplies from inspected and approved sources?      Yes / No
2. Are foods stored off premise?      Yes / No

**If yes, provide site map locating restaurant and off premise storage facility.**

3. Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and/or served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
Thin meats, poultry, fish, eggs (hamburger, chicken breasts, sliced meats; fillets)	( )	( )
Thick meats, whole poultry (roast beef; whole turkeys & chickens, hams)	( )	( )
Cold processed foods (salads, sandwiches, vegetables)	( )	( )
Hot processed foods (soups, stews, rice/noodles, gravy, sauces, casseroles)	( )	( )
Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
Other _____ _____		

### COLD STORAGE

4. Is adequate and approved freezer and refrigeration available to store frozen foods, and refrigerated foods at 41<sup>0</sup>F and below?      Yes / No
5. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?      Yes / No

If yes, how will cross-contamination be prevented? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does each refrigerator/freezer have a thermometer?      Yes / No

Number of refrigeration units: \_\_\_\_\_  
Number of freezer units: \_\_\_\_\_

**THAWING FROZEN POTENTIALLY HAZARDOUS FOODS:**

7. Please indicate by checking the appropriate boxes how frozen potentially hazardous food (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

<b>THAWING METHOD</b>	<b>*THICK FROZEN FOODS</b>	<b>* THIN FROZEN FOODS</b>
Refrigeration		
Running water less than 70 <sup>0</sup> F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

\* Frozen foods; approximately one inch or less = thin, and more than an inch = thick.

**COOKING:**

8. Will food product thermometers be used to measure final cooking and reheating temperatures of PHF's? Yes / No

**Minimum cooking temperatures of product utilizing convection and conduction heating equipment:**

beef roasts	130 <sup>0</sup> F (121 min)
solid seafood pieces	145 <sup>0</sup> F
other PHF's	140 <sup>0</sup> F
eggs:	
Immediate service	145 <sup>0</sup> F
Pooled	155 <sup>0</sup> F
pork	155 <sup>0</sup> F
ground beef	155 <sup>0</sup> F
comminuted meats/fish	155 <sup>0</sup> F
poultry	165 <sup>0</sup> F
reheated PHF's	165 <sup>0</sup> F

9. List types of cooking equipment:

**HOT/COLD HOLDING:**

10. How will hot PHF's be maintained at 140<sup>0</sup>F or above during holding for service?  
Indicate type and number of hot holding units.

11. How will cold PHF's be maintained at 41<sup>0</sup>F or below during holding for service?  
Indicate type and number of cold holding units.

**PREPARTION:**

12. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads & sandwiches be pre-chilled before assembled? Yes / No

If not, how will ready-to-eat foods be cooled to 41<sup>0</sup>F?

13. Will all produce be washed on-site prior to use? Yes / No

14. Is there a planned location used for washing produce? Yes / No

**Describe:**

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

15. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41<sup>0</sup>F - 140<sup>0</sup>F) during preparation.

**COOLING:**

16. List foods that will be prepared more than 12 hours in advance of service.

17. Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (140°F to 70°F in 2 hours and then from 70°F to 41°F in 4 hours).

<b>COOLING METHODS</b>	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>THIN SOUPS/ GRAVY</b>	<b>THICK SOUPS/ GRAVY</b>	<b>RICE/ NOODLES</b>
Shallow pans					
Ice baths					
Reduce volume or Size					
Rapid chill					
Other Methods (describe)					

18. Where will cooling take place for the above foods?

**REHEATING:**

19. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

20. What type of reheating equipment will be used? Indicate type and number of units used for reheating foods.

**CATERING:**

21. Will foods be transported and served at another location? Yes / No

If yes, how will the temperature of foods be maintained while being transferred between kitchen and service location?

22. How will foods be maintained at catered location?

**DRY GOODS:**

23. Is appropriate dry goods storage space provided for based upon menu, meals and frequency of deliveries? YES ( ) NO ( )

24. Are containers constructed of safe materials to store bulk food products?  
YES ( ) NO ( )  
Indicate type: \_\_\_\_\_

25. How will dry goods be stored off the floor?

**MANAGEMENT & PERSONNEL**

26. How will food employees be trained in good food sanitation practices?

27. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods? Yes / No

28. Describe briefly the when and how employees who are sick or have infected cuts and lesions will be excluded or restricted from food handling:

**DRESSING ROOMS:**

29. Are dressing rooms provided? YES ( ) NO ( )

30. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

**SMALL EQUIPMENT REQUIREMENTS:**

31. Specify the number and types of each of the following:

Slicers \_\_\_\_\_  
Cutting boards \_\_\_\_\_  
Can Openers \_\_\_\_\_  
Mixers \_\_\_\_\_  
Floor Mats \_\_\_\_\_  
Other \_\_\_\_\_

**\*Provide spec sheets on all equipment.**

**SINKS & DISHWASHING FACILITIES:**

32. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

33. Is a food preparation sink present? YES ( ) NO ( )

34. Will sinks be used for warewashing?

Two Compartment Sink ( )

Three Compartment Sink ( )

Four Compartment Sink ( )

a. Will a dishwasher be used for warewashing?

b. Type of sanitizer used:

Hot water (indicate maximum temperature) \_\_\_\_\_

Chemical type \_\_\_\_\_

35. Is ventilation provided for dishwasher? YES ( ) NO ( )

36. Do all dish machines have temperature/pressure gauges that are accurate and working? YES ( ) NO ( )

37. Is the hot water generator sufficient for the needs of the establishment? YES ( ) NO ( )

**Include Hot Water Calculation Sheet (see attachment)**

38. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

If no, what is the procedure for manual cleaning and sanitizing?

39. Are drain boards provided on both ends of the pot sink? YES ( ) NO ( )  
Indicate size of drain boards: \_\_\_\_\_

40. What type of sanitizer is used?

Chlorine ( ) Quaternary ammonium ( ) Hot Water ( )

Iodine ( ) Hot Water ( ) Other ( )

41. Are test papers and/or kits available for checking sanitizer concentration?

42. Is a mop sink present? YES ( ) NO ( )  
Indicate location of mop sink: \_\_\_\_\_

**PLUMBING CONNECTIONS:**

Check appropriate box:

	<b>AIR GAP</b>	<b>*VACUUM BREAKER</b>
Janitor Sink		
Hand Sink		
3 Comp. Sink		
2 Comp. Sink		
1 Comp. Sink		
Water Station		
Steam Tables		
Dipper Wells		
Refrigeration Condensates/ Drain Lines		
Hose Connection		
Beverage Dispenser w/ Carbonator		
Chemical Tower		

43. How are backflow prevention devices inspected and serviced?

44. Are floor drains provided & cleanable? YES / NO

If so, indicate location: \_\_\_\_\_

**WATER SUPPLY:**

45. Is water supply public ( ) or private ( ) ?

If private, has source been approved? YES ( ) NO ( ) PENDING ( )

**Please attach copy of written State approval and/or permit.**

46. Is ice made on premise ( ) or purchased commercially ( ) ?

If ice is made on premise, provide specifications for the ice machine.

Indicate location of ice maker: \_\_\_\_\_

47. Describe where the ice scoop is stored:

**HANDWASHING & TOILET FACILITIES:**

- 48. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )
- 49. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )
- 50. **Is hand soap available at all handwashing sinks?** YES ( ) NO ( )
- 51. **Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?** YES ( ) NO ( )
- 52. Are covered waste receptacles available in each restroom? YES ( ) NO ( )
- 53. **Is hot and cold running water under pressure available at each handwashing sink?** YES ( ) NO ( )
- 54. Are all toilet room doors self-closing? YES ( ) NO ( )
- 55. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )
- 56. Is a handwashing sign posted in each employee restroom? YES ( ) NO ( )

**FINISH SCHEDULE**

57. Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas.

	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse</b>				

	FLOOR	COVING	WALLS	CEILING
<b>Mop Service Basin Area</b>				
<b>Warewashing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

**INSECT AND RODENT CONTROL:**

	YES	NO	NA
58. Will all outside doors be self-closing and rodent proof?	( )	( )	( )
59. Are screen doors provided on all entrances left open to the outside?	( )	( )	( )
60. Do all openable windows have a minimum #16 mesh screening?	( )	( )	( )
61. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	( )	( )	( )
62. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	( )	( )	( )
63. Will air curtains be used? If yes, where? _____	( )	( )	( )

**GARBAGE AND REFUSE:**

**Inside**

64. Do all containers have lids?	( )	( )	( )
65. Will refuse be stored inside? If so, where _____	( )	( )	( )
66. Where will garbage can or floor mats be cleaned? _____			

**Outside**

**YES**

**NO**

**NA**

67. Will a dumpster or compactor be used? ( ) ( ) ( )  
How Many \_\_\_\_\_ Size \_\_\_\_\_/yards  
Frequency of pickup \_\_\_\_\_/week  
Name of Company \_\_\_\_\_

68. Describe surface and location where dumpsters/compactors are to be stored:

69. Do you comply with the following local solid waste requirements?

**YES**

**NO**

**NA**

A) The trash container is leak proof, lids are available and the container is out of the public right-of-way. ( ) ( ) ( )

B) The trash container is wildlife resistant, it can be locked closed to prevent animals from accessing the waste. ( ) ( ) ( )

C) Grease storage container is in compliance with local solid waste laws. ( ) ( ) ( )

70. Is there an area to store recycled containers? ( ) ( ) ( )  
**Describe where and what:**

71. Is there any area to store returnable damaged goods? ( ) ( ) ( )  
**Describe:**

**SEWAGE DISPOSAL:**

72. Is building connected to a municipal sewer? ( ) ( )  
If no, is private disposal system approved? ( ) ( ) PENDING ( )

**Please attach copy of written Pitkin County approval and/or permit.**

73. Are grease traps provided? ( ) ( )  
Size: \_\_\_\_\_ in gallons  
If so, where? \_\_\_\_\_

74. Provide schedule for cleaning & maintenance:

**GENERAL:**

75. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?  
YES ( ) NO ( )

Indicate location: \_\_\_\_\_

76. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?  
YES ( ) NO ( )

77. Are all containers of toxic chemicals, including sanitizing spray bottles, clearly labeled?  
YES ( ) NO ( )

78. Location of clean linen storage: \_\_\_\_\_

79. Location of dirty linen storage: \_\_\_\_\_

80. How will linens be cleaned? \_\_\_\_\_

**VENTILATION:**

81. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQ.FT.	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

**AIR QUALITY:**

82. Do you comply with the local Air Quality Requirements?

A. Does this facility have a charbroiler or any cooking device where grease can drip onto an open flame or charcoal?  
YES ( ) NO ( )

If so, indicate location:

B. Do you have no-smoking signs posted at the entrance? YES( ) NO ( )

C. Do you allow smoking anywhere inside your establishment?  
YES ( ) NO ( )

If yes, where?

D. How many no-smoking signs do you have in the dining area? \_\_\_\_\_

**ZGreen BUSINESS:**

83. Have you contacted Environmental Health about becoming a ZGreen certified business?

YES ( ) NO ( )

Learn more about the program at [aspENZgreen.com](http://aspENZgreen.com) or contact Ashley Cantrell at 970-429-1798

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Aspen Environmental Health Department may nullify final approval.

Signature(s) \_\_\_\_\_

\_\_\_\_\_  
owner(s) or responsible representative(s)

Date: \_\_\_\_\_

\*\*\*\*\*

**Approval of these plans and specifications by this Department does not indicate compliance with any other code, law or regulation that may be required--federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**