



*Working to Promote Health and Prevent Disease*

195 West 14<sup>th</sup> 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. \$155 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.

**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 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. See Appendix A.

**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. You are required to retain proof of servicing (logs, invoices, receipts, etc.).

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

Date of planned Opening: \_\_\_\_\_

Will you offer outdoor seating: Yes \_\_\_\_\_ No \_\_\_\_\_

Choose one:

☐

New Establishment

☐

Menu Change

☐

Change in Operation/Equipment

## MOBILE PLAN REVIEW FORM

### ESTABLISHMENT INFORMATION

Name of Mobile Unit:	Phone:
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:
Mailing Address:	Cell:
City/State/Zip:	Email:
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:		

## PHYSICAL FACILITIES

FINISH SCHEDULE						
<b>INSTRUCTIONS:</b> 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:

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Are service windows self-closing? ☐ Yes ☐ No

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

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Type of Unit
Refer to <b>Appendix A</b> for commissary and self-contained definitions and recommendations
My unit is self-contained <input type="checkbox"/>
My unit is NOT self-contained and I will need a commissary <input type="checkbox"/>

### Equipment Installation Table

Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.).

If equipment schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found.

Equipment Installation Table **Used Equipment may require visual inspection for pre-approval**			
ID# on Plans/ Drawings	Equipment	Make/Model	Check box if utilizing previously used equipment
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

## 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	
	Mop/utility sink	
	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 (Submit signed Commissary Agreement)
- ☐ Mobile Unit: If utensil/equipment washing will take place on the mobile unit, provide specifications for the compartment sink in below. **Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.**

**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.
- 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
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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	<i>If yes, indicate where procedure will take place</i>	
			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):

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

Where will you be storing:

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## 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.):

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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.

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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.

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

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## 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 \_\_\_\_\_**

## SAMPLE ILLNESS POLICY

195 West 14<sup>th</sup> Street  
Rifle, CO 81650  
P 970.625.5200 Ext. 8130  
F 970-625-4804



Working to Promote Health and Prevent Disease

2014 Blake Avenue  
Glenwood Springs, CO 81601  
P 970.625.5200 Ext. 8130  
F 970-625-4804

<p>The purpose of this agreement is to inform employees who handle food of their duty to notify the person in charge when they experience any of the conditions indicated below, so that the person in charge can take appropriate measures to prevent the transmission of diseases to food.</p>	
<p><b>WHAT SYMPTOMS ARE THOSE THAT THE EMPLOYEE HAS TO REPORT TO THE PERSON IN CHARGE?</b></p> <p>The employee must report to the manager or the person in charge when experiencing any of the following symptoms:</p> <ul style="list-style-type: none"> <li>• Diarrhea</li> <li>• Vomit</li> <li>• Sore throat with a fever</li> <li>• Jaundice (yellowing of the eyes or skin)</li> <li>• Infected cuts or lesions, or injuries that present pus or may be infected in the hands, wrists, or any exposed part of the body. (Cuts should be completely covered)</li> </ul> <p>It is the responsibility of the person in charge to exclude employees from the establishment immediately experiencing these symptoms until they have been free of symptoms for at least 48 hours.</p>	<p><b>REPORT OF DIAGNOSED DISEASES</b></p> <p>The employee agrees to inform the manager or the person in charge when they themselves or a family member have been diagnosed by a medical professional with:</p> <ul style="list-style-type: none"> <li>• Norovirus</li> <li>• Hepatitis A</li> <li>• Shigella spp.</li> <li>• E. coli shiga toxin producer</li> <li>• Salmonella typhi (typhoid fever)</li> <li>• Non-typhoid Salmonella</li> </ul> <p>It is the responsibility of the person in charge to excluding employees from the establishment immediately.</p> <p>The person in charge will have to contact local health department and report the employee's diagnosis. The employee cannot return to work without a medical note and/or authorization from the health department.</p>
<p>I _____, understand that I must:</p> <ol style="list-style-type: none"> <li>1. Report when I have or have been exposed to any of the symptoms or diseases mentioned above; and</li> <li>2. Comply with work restrictions and/or exclusions given to me in case of having any of the symptoms or diagnosed diseases mentioned above.</li> </ol> <p>I understand that if I do not comply with this agreement, it may jeopardize my work.</p> <p>Employee Name (print) _____</p> <p>Employee Signature _____ Date _____</p> <p>Signature of Manager or Person in Charge _____ Date _____</p>	

**\*\* THIS IS A SAMPLE ILLNESS POLICY. Please let your inspector know if you would like to use the County's policy\*\***

# Clean-up Procedure for Vomit/Fecal Events

## Procedimientos de limpieza ante eventos de vómitos o fecales

- Minimize disease transmission by promptly removing customers and others from the area.

Minimice la transmisión de enfermedades eliminando rápidamente a los clientes y otras personas en el área donde a ocurrido el evento de vómito/fecal.

- Cover the vomit/fecal matter with paper towels to prevent aerosolization. Aislar el área y cubrir el vómito o materia fecal con una toalla desechable para impedir la aerosolización.



- Wear disposable gloves. It is recommended that a disposable mask, apron, and shoe covers be worn. Usar guantes desechables. Es recomendable usar una máscara y bata (delantal) desechable y cobertores de zapatos.



- Soak/wipe up the vomit or fecal matter with towels and dispose of them in a plastic garbage bag.

Lavar/limpiar el vómito o materia fecal con toallas desechables y tirarlas en una bolsa plástica de basura.





# Clean-up Procedure for Vomit/Fecal Events

## Procedimientos de limpieza ante eventos de vómitos o fecales

- Mix a bleach solution that is stronger than the solution used for general sanitizing. *Hacer una solución de cloro más fuerte que la que se usa para la desinfección general:*



- Apply the bleach solution onto the contaminated surface area and allow it to remain wet for at least 10 minutes.

*Aplique la solución preparada sobre la superficie contaminada y deje que permanezca húmeda durante por lo menos 10 minutos.*

- Allow the area to air dry. *Dejar que el área se seque al aire libre.*
- Dispose or disinfect the tools used to clean up the vomit and/or fecal matter. *Tomar medidas para desechar o limpiar y desinfectar todas las herramientas utilizados para limpiar vómito o materia fecal.*
- Wash your hands and if possible take a shower and change your clothes. *Lavarse las manos y si es posible ducharse y cambiarse de ropa.*



**\*\* THIS IS A SAMPLE Procedure. Please let your inspector know if you would like to use the County's policy\*\***



# 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 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

## Contacts for Food Protection Manager Training:

### 360 Training \*

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

### AboveTraining/StateFoodSafety \*

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

### Environmental Health Testing (National Registry for 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. \*

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

### The Always Food Safe Company, LLC

<https://alwaysfoodsafes.com>  
Customer Support  
(844) 312-2011

*\* These trainings may be offered in multiple languages*

Updated: 3/17/20

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

<https://www.corerestaurant.org/foundation/colorado-prostart-servsafe>



**COLORADO**  
Department of Public  
Health & Environment



195 W. 14<sup>th</sup> Street  
Rifle, CO 81650  
(970) 625-5200

2014 Blake Avenue  
Glenwood Springs, CO 81601  
(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: \_\_\_\_\_

Garfield County Public Health Department – working to promote health and prevent disease

## Appendix A

### MOBILE RETAIL FOOD ESTABLISHMENTS Best Practice Recommendations

The Colorado Retail Food Establishment Rules and Regulations apply to mobile retail food establishments as they would to a fixed location. The Colorado Retail Food Establishment Rules and Regulations can be found at <https://cdphe.colorado.gov/retail-food/retail-food-resources> or by writing to us to request a hard copy.

Garfield County Public Health may impose specific requirements in addition to the requirements contained in the Rules and Regulations to protect against health hazards or nuisances related to the conduct of the mobile retail food establishment. This may include maintaining receipts, logs, or any other records. If additional requirements are imposed by Garfield County, it shall be in writing with a copy kept in the Department's file for the Food Establishment. A list of menu items prepared and/or served by the operator shall be submitted to the Department. The original retail food establishment license shall be posted on the unit at all times.

- Mobile Retail Food Establishments shall have equipment installed and/or mounted, within the mobile retail food establishment except for a grill and/or a smoker, approved as part of the plan review process, which shall be allowed outside of the mobile retail food establishment for cooking food.
  - All foods shall be prepared, assembled and served from within the mobile retail food establishment and not from the external piece of cooking equipment.
- Mobile retail food establishments shall provide only single service items for use by the consumer.
- A mobile retail food establishment needs hot and cold drinking water under pressure with sufficient capacity for food preparation, utensil cleaning and sanitizing.
- The water supply tank should be designed so that it can be flushed and with a drain that permits complete drainage of the tank. The drinking water tank shall have no common interior partition with the tank holding non-potable water or other liquids. The water tank overflow or vent shall terminate in a downward direction and shall be located and constructed to prevent the entrance of contaminants.
- When a mobile retail food establishment is equipped with a three-compartment warewashing sink, the water supply should be sized to adequately fill warewashing sinks at least once every four (4) hours of operation.
  - Supply of at least 3 gallons of water to each hand washing sink for each hour of operation.
  - Size water supply according to manufacturer's specifications for each of the following fixtures: Toilets, utility sinks, food preparation sinks, coffee, espresso and soft drink machines.
  - The water supply tank for push carts should have a minimum capacity of at least 5 gallons.
- Adequate water pressure must be always provided at all fixtures. A minimum flow rate of 1 gallon per minute or 32 ounces per 15 seconds is recommended.
- Water heating systems should be adequate to fill the warewashing sink with water at least 110° F without interruptions and to always supply hand sinks with water at least 100° F and other hot water using fixtures and equipment with a continuous supply of hot water. Standard tank type heating systems should be sized to meet peak demand of the operation.
- The water inlet should be located so that it will not be contaminated by waste discharge, road dust, oil, or grease, and be kept capped unless being filled. The water inlet should be provided with a connection of a size or type that will prevent its use for any other service. All water distribution pipes or tubing needs to be designated as "food grade."
- When a mobile retail food establishment is connected to a pressurized water supply, it will need to be provided with approved backflow prevention devices. This includes the protection of the water source, as well as protection of each individual water service connection.

- The water supply hose and couplings need to be of a size and type compatible with the water supply tank inlet fixture and free of cracks and checks. Hose couplings should be constructed to permit a tight connection between the mobile retail food establishment coupling and the water supply hose bib. Hose ends must be capped, connected, or otherwise fully protected when not in use. Only food grade hoses shall be used to fill or transfer drinking water to or within a mobile retail food establishment.
- Water systems and components will need to be disinfected and flushed prior to use if the mobile retail food establishment is not in daily use.
- All liquid waste, except drainage from clean ice made with drinking water, generated by a mobile retail food establishment will need to be stored in a retention tank; that is recommended the retention tank be at least 15 percent larger than the water supply tank. Liquid waste will need to be discharged from the retention tank to an approved sewage disposal system and flushed as often as necessary to maintain sanitary conditions. Discharge onto the surface of the ground is strictly prohibited. Drainage from uncontaminated ice made with drinking water can be discharged onto the surface of the ground provided it does not create a nuisance.
- All connections on the mobile retail food establishment for servicing of wastewater should be of a different size or type than those used for supplying potable drinking water to the mobile food establishment. The wastewater outlet connection should be located lower than the drinking water inlet connection to prevent contamination of the drinking water system.
- Liquid waste discharge piping and the drinking water hose need to be stored in a manner that will prevent contamination.
- A mobile retail food establishment serving foods other than commercially prepackaged foods should be equipped with a convenient, accessible hand sink for employee handwashing. The hand sink needs to be capable of providing a hands-free, continuous flow of water at least 100° F water and always stocked with soap and individually dispensed paper towels.

A commissary is an essential part of a mobile food retail food establishment operation. The commissary will need to be operated in compliance with the requirements of Colorado Retail Food Establishment Rules and Regulations and be able to meet the needs of the operator.

- The commissaries will need to be approved by the department. A signed commissary agreement must be submitted to the department each calendar year and upon change of a commissary location.
- Commissary agreements will need to specify what the mobile retail food establishment will be using the commissary for, such as warewashing, refrigerated storage, food preparation equipment and storage areas as a base for the operation. The agreement will also need to specify how and where the commissary log will be maintained. These commissary records need to be available to the Department when requested.
- All mobile retail food establishments will need to have a service location available with a drinking water supply for the unit. Servicing may include vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks, and restocking of ice bins, and food.
  - Drinking water servicing equipment shall be installed according to the law and be stored and handled to protect the water and equipment from contamination.
  - The mobile retail food establishment liquid waste retention tank should be thoroughly drained and flushed during servicing. All liquid waste/sewage must be disposed through an approved facility such as a public sewage treatment plant or an individual sewage disposal system that is appropriately equipped to for mobile's wastewater disposal needs (i.e., a grease trap for wastewater containing grease).
  - The location provided for the flushing and drainage of liquid wastes needs to be kept separate from the location provided for obtaining drinking water and for the loading and unloading of food and related supplies.

- When servicing areas are part of the commissary, the floor surfaces of the servicing area need to be smooth, nonabsorbent material and maintained in good repair, kept clean, and be graded to drain.

A mobile retail food establishment may not be required to report to a commissary if all operational functions can be carried out entirely within the mobile unit, such as:

- Adequate storage areas are provided within the mobile retail food establishment for food, dry goods, single service articles and cleaning supplies
- Adequate facilities including a hand sink, food preparation sink, warewashing facilities, mop sink, mechanical refrigeration, and any additional equipment are provided as required by the menu
- Adequate accommodations for food preparation, storage of food, equipment, utensils and other supplies
- Approved arrangements and facilities are provided and used to supply drinking water to the mobile unit and for the disposal of wastewater generated by the establishment
- A written operational plan has been submitted by the mobile retail food establishment, which demonstrates that processes can be accomplished in compliance with the Colorado Retail Food Establishment Rules and Regulations. Once an operational plan is approved, any additions or changes to the approved plan must be approved by the Department prior to implementation.

**This is not an all-inclusive list.** Each mobile retail food establishment is evaluated based on the plan submitted for that specific operation to determine if a commissary will be required. A mobile retail food establishment is prohibited from acting as a commissary for another retail food establishment.

#### Additional Recommendations

- Store spare tires, tools, and other equipment relating to the mechanical operation of the vehicle in a way that does not contaminate food, food equipment, or utensils.
- Except for service windows, any openable windows and doors should be screened to prevent entry of pests. Service windows should be screened or self-closing.
- Access to restroom facilities should be available to employees at all times that the mobile retail food establishment is in operation.
- Equipment shall be adequate to maintain Time/temperature Controlled for Safety (TCS) foods at required temperatures (41° F or below for cold holding, 135° F for hot holding) in accordance with the Colorado Retail Food Establishment Rules and Regulations.
- Mobile retail food establishments will need to have mechanical refrigeration to hold and serve TCS foods.
- Mobile retail food establishments should provide enough clean utensils so that in use utensils in contact with TCS foods can be changed out at a minimum of every 4 hours.
- Any items for customer self-service need to be protected from contamination.