



Regional Environmental Health Program
Alamosa County Public Health Department
8900-B Independence Way
Alamosa, Colorado 81101
Phone: (719)587-5206 Fax: (719) 589-1103

Mobile Unit Plan Review Packet



Where Colorado Began!





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ENVIRONMENTAL HEALTH SERVICE REQUEST FORM

Owner Name: _____ **Date:** _____

Owner Address: _____

Establishment/Business Name: _____

Establishment/Business Address: _____

Phone: _____ **Fax:** _____ **Email Address:** _____

Retail Food Safety				
	Food Handler Training	\$20.00 per attendee	#	
	Review of Potential Retail Food Establishment	\$100.00 (non-refundable)		
	Pre Operational/Change in Ownership Inspection	\$100.00 (non-refundable)		
	RFE Application Fee	\$150.00 (non-refundable)		
	RFE Plan Review and Pre Opening Inspection	\$75.00/hour not to exceed \$580.00	To be calculated	
	RFE Equipment/Product Review Application	\$150.00 (non-refundable)		
	RFE Equipment/Product Review	\$75.00/hour not to exceed \$500.00	To be calculated	
	RFE HACCP Plan Review (Written)	\$75.00/hour not to exceed \$100.00	To be calculated	
	RFE HACCP Plan Review (Operational)	\$75.00/hour not to exceed \$400.00	To be calculated	
	RFE Other Services Requested	\$75 per hour	To be calculated	
	RFE Temp Event Plan Review and Inspection	\$75 per hour	To be calculated	
Child Care/ Schools				
	Child Care Inspection Fee	\$75.00		
	Childcare Plan Review	\$75.00		
	Childcare Pre Opening Inspection	\$75.00 per hour	To be calculated	
	School Plan Review	\$75.00		
	School Opening Inspection	\$75.00 per hour	To be calculated	
	Childcare/ Schools Other Services Requested	\$75.00 per hour	To be calculated	
Water Recreation				
	Pool/ Spa Inspection	\$80 + \$40 per additional body of water		
	Pool/ Spa Follow up	\$75.00 per hour	To be calculated	
	Pool/ Spa Plan Review	\$100.00		
	Pool/ Spa Pre Opening Inspection	\$75.00 per hour	To be calculated	
	Pool/Spa Other Services Requested	\$75.00 per hour	To be calculated	
Body Art				
	Body Art Yearly Inspection	\$75.00		
	Body Art Follow up	\$75.00 per hour	To be calculated	
	Body Art Plan Review	\$75.00		
	Body Art Pre Opening Inspection	\$75.00 per hour	To be calculated	
	Body Art Other Services Requested	\$75.00 per hour	To be calculated	
			Total Fees	\$

Signature _____

Date _____





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OWNER/CONTRACTOR CONTACT INFORMATION

Today's Date: _____

TYPE OF ESTABLISHMENT: _____ (EX: Retail Food, Mobile Unit)

OWNER INFORMATION: Individual Partnership Corporation

Type of Ownership:

Owner Name: _____

Name of First Contact Person (If corporation or partnership): _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

ESTABLISHMENT/BUSINESS INFORMATION:

Establishment/Business Name: _____

Establishment/Business **Physical** Address: _____

City: _____ Zip: _____

Establishment/Business **Mailing** Address: _____

City: _____ Zip: _____

Establishment/Business Phone Number: _____ Fax: _____

Days & Hours of Operation: _____

Retail Food Only: Total building square footage if grocery store: _____

Total # Seats if restaurant: _____

Total # of Meals per Week: _____

ALTERNATIVE CONTACT INFORMATION (Two contacts other than owner):

Name: _____ **Title:** _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

Name: _____ **Title:** _____

Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____



FOR COUNTY USE ONLY

Date Received: _____

Check #: _____

Amount: _____

Retail Food Establishment License Application

Incomplete applications, or applications without payment (if required), will not be processed.

Ownership type:				
<input type="checkbox"/> Individual (must complete affidavit of residency) <input type="checkbox"/> Corporation (LLC, LLP, S-Corp, etc.) <input type="checkbox"/> Non-profit (includes government)** <input type="checkbox"/> Other				
Full legal name of owner, corporation, or non-profit:				
Trade name (DBA):			Contact name (on site):	
Email:			Business phone number (on site):	
Physical address of business:			City:	State: Zip:
County where business is located:		Owner Primary phone number:		Owner Secondary phone number:
Mailing address (if different from above):			City:	State: Zip:
Date you started the business:		<input type="checkbox"/> Seasonal Operation Please indicate the months, days, and hours you are operating: <input type="checkbox"/> Year-round Operation		
In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Rules and Regulations (6 CCR 1010-2), and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health & Environment, or local board of health. I also agree that in the event sanitation items are not complied with, I will discontinue serving food until such time as requirements are met.				
Signature:		Title:		Date:

Check the appropriate license type from the list below. This is your license fee.

License Type	Code	Fee
<input type="checkbox"/> Restaurant (0-100 seats)**	3000	\$385.00
<input type="checkbox"/> Restaurant (101-200 seats)**	3100	\$430.00
<input type="checkbox"/> Restaurant (>200 seats)**	3200	\$465.00
<input type="checkbox"/> Limited Food Service**	2000	\$270.00
<input type="checkbox"/> Mobile Unit (limited/prepackaged TCS)**	6200	\$270.00
<input type="checkbox"/> Mobile Unit (full food service)**	6300	\$385.00
<input type="checkbox"/> Grocery Store (0-15,000 sq ft)**	4000	\$195.00
<input type="checkbox"/> Grocery Store (>15,000 sq ft)**	4150	\$353.00
<input type="checkbox"/> Grocery Store w/ Deli (0-15,000 sq ft)**	5000	\$375.00
<input type="checkbox"/> Grocery Store w/ Deli (>15,000 sq ft)**	5150	\$715.00
<input type="checkbox"/> Special Event**	8000	Set locally

Total Due: \$

**To qualify for a No-Fee License, you must meet one of the following criteria from §25-4-1607 (9)(a): (I) Public or nonpublic school for students in kindergarten through twelfth grade or any portion thereof; (II) Penal institution; (III) Nonprofit organization that provides food solely to people who are food insecure, including, but not limited to, a soup kitchen, food pantry, or home delivery service; and (IV) Local government entity or nonprofit organization that donates, prepares, or sells food at a special event, including, but not limited to, a school sporting event, firefighters' picnic, or church supper, that takes place in the county in which the local government entity or nonprofit organization resides or is principally located.



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Application Date: _____

Date of Planned Opening: _____

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"/> Self-Contained Unit ¹ <input type="checkbox"/> Prepackaged Only ²		
Address:		Cell:
City:		Fax:
State/Zip:	Email:	
County:		
Website/Facebook Page:		

OWNERSHIP INFORMATION

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:
Address:		Cell:
City/State/Zip:		Email:

LICENSING INFORMATION

Has your mobile unit been previously licensed in Colorado? YES NO

If yes, provide the following information

Year:	County license issued in:	Sales Tax ID Number:
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DAYS AND HOURS OF OPERATION

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	to	to	to	to	to	to	to

CHECK ALL MONTHS YOU PLAN TO OPERATE

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED, WHERE APPLICABLE

Breakfast	Lunch	Dinner	
-----------	-------	--------	--

What is the maximum number of staff working on the unit?

1- Self-Contained Mobile Unit: See definition and additional requirements in Annex Pg 1 & 2.
 2- Prepackaged Only: For operations that offer prepackaged foods only, please complete page 1, provide a menu, and contact your Local Public Health Agency.

**Below is a checklist of required information needed to complete the plan review.
Please ensure all information is included.**

****Lack of complete information will delay review and plan approval.****

	Menu		Table 5: Hot Holding Units
	Table 1: Food Handling Procedures		Table 6: Manual Warewashing
	Floor Plan/Equipment Layout		Table 7: Water Heater
	Table 2: Finish Schedule		Water Supply Information
	Table 3: Ventilation		Wastewater Tank/Disposal Information
	Equipment Specifications		Commissary Agreement
	Table 4: Refrigeration/Freezer Capacity		

I. 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.

TABLE 1 FOOD HANDLING PROCEDURES				
Procedure	Y	N	<i>If yes, indicate where procedure will take place</i>	
			Commissary	Mobile
Will produce be washed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will frozen foods be thawed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be prepared in advance? <i>(e.g. sliced, chopped, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will food be cooked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will food be rapidly cooled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will food be rapidly reheated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will food be held hot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will food be held cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**** 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. ****

1. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.
 - Utensils
 - Gloves
 - Deli Tissue
 - Other: _____

II. FLOOR PLAN/EQUIPMENT LAYOUT:

A. Submit a floor plan drawn to scale that includes the location and identification of all equipment, plumbing fixtures and storage areas, including but not limited to the items listed below. Check all that apply to the mobile unit. **NOTE:** All equipment related to the operation must be of commercial design that is certified or classified for sanitation by an American National Standards Institute (ANSI) certification program or a design that is approved by the Department.

- | | |
|---|--|
| <input type="checkbox"/> Handsinks | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Food Preparation Sinks | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Warewashing Sinks | <input type="checkbox"/> Water Supply Tank |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Wastewater Tank |
| <input type="checkbox"/> Storage Area | <input type="checkbox"/> Drainage Pipes |
| <input type="checkbox"/> Refrigeration Units | <input type="checkbox"/> Outdoor Cooking Equipment |
| <input type="checkbox"/> Hot Holding Units | <input type="checkbox"/> Spare Tires, Tools, Hoses, etc. |

III. PHYSICAL FACILITIES

A. Complete the finish schedule in *Table 2* below to indicate interior finishes for the mobile unit.

TABLE 2 FINISH SCHEDULE						
Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish
<i>Stainless</i>	<i>Example Smooth</i>	<i>Rubber Cove</i>	<i>FRP</i>	<i>Example Smooth</i>	<i>Stainless</i>	<i>Example Smooth</i>

B. **Windows and Doors:** To prevent the entry of pests, outer openings must be protected.

1. Are windows and doors screened? YES NO N/A, unit is a push cart

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

2. Are service windows self-closing? YES NO N/A, unit is a push cart

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

C. **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.*

1. 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 flow in cubic feet per minute (CFM)s.

TABLE 3 VENTILATION		
Hood Type (Type 1 or Type 2)	Dimensions (feet) of Hood (length x width)	Exhaust Flow (CFM)
	X	

IV. EQUIPMENT SPECIFICATIONS:

- A. Submit equipment specification sheets, including make and model numbers. All equipment must be of commercial design, certified by an ANSI accredited certification program, or a design approved by the department. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide information on refrigeration/freezer capacities and hot holding units by completing *Table 4* and *Table 5* below.

TABLE 4 REFRIGERATION / FREEZER CAPACITY		
TYPE OF UNIT	# OF UNITS PROVIDED	TOTAL CUBIC FEET
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:		

TABLE 5 HOT HOLDING UNITS	
TYPE OF UNIT	# OF UNITS PROVIDED
Steam Tables	
Hot Box	
Cook & Hold Units	
Other hot holding storage:	

V. UTENSILS AND WAREWASHING

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

- Commissary 3-compartment sink
- Commissary mechanical dishwasher
- Mobile unit 3-compartment sink

B. If utensil/equipment washing will take place on the mobile unit, provide specifications for the 3-compartment sink in *Table 6* below.

TABLE 6 MANUAL WAREWASHING				
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS (inches) OF 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.****

VI. WATER SYSTEMS:

A. Please 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.

B. Hot Water

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

- Water Heater
- Passive System / Heat Exchanger (eg. water is heated as it passes by the heating element)
- Other (specify): _____

2. If a water heater is installed, complete *Table 7* below.

TABLE 7 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 water supply tank capacity (in gallons): _____

3. Provide the maximum number of hours operating between filling water supply tank: _____

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

3-compartment sink (Indicate number of sinks): _____

Handsink (Indicate number of sinks): _____

Food preparation sink (Specify dimensions in inches LxWxD): _____

Pre-rinse sprayer

Utensil soak sink

Mop sink

Dishmachine

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): _____

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

3. Prevention of contamination to water supply: How will you ensure there is no cross-connection 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): _____



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COMMISSARY AGREEMENT

_____ Date

I, _____ of _____
 (Commissary Owner/Operator) (Commissary Establishment Name)

located at _____
 (Address of Establishment, 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 operational days:

- Preparation of food such as produce, cutting meats/seafood, cooking, cooling, reheating
- Warewashing
- Filling water tanks
- Dumping waste water
- Storage of foods, single service items, and cleaning agents
- Service and cleaning of equipment
- Other (specify) _____

A **Commissary Use Log** will be maintained and made available to the department upon request.
 Indicate how and where the commissary use log will be maintained:

Commissary Water Supply:

- Public Private Public Water System ID Number (PWSID#) _____

Commissary Sanitary Sewer Service:

- Public Private

Signature _____ Date _____
 (Commissary Owner/Operator)

Commissary Contact phone number: _____

Commissary Email address: _____

This Commissary Agreement is valid for this calendar year only



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Annex: Mobile Unit General Requirements

NOTE: The following list of requirements has been provided to assist with frequently asked questions specific to mobile unit plan reviews. The list does not represent the entirety of the requirements. Mobile retail food establishments must comply with all the requirements provided in Chapter 9 of the *Colorado Retail Food Establishment Rules and Regulations*.

I. HANDWASHING SINKS

- A. Handwashing sinks must be capable of providing a hands-free, continuous flow of 100° F water delivered under pressure.
- B. Handwashing sinks must be easily accessible at all times and used for no other purpose.

II. VENTILATION

- A. If the mobile unit is enclosed (floors, hard sided walls, ceiling) and grease-cooking is conducted (i.e. cooking meats on a stove top or deep frying), then a Type 1 hood is required.
- B. A single smoker, grill, or oven may be used outside the unit, provided that all foods are prepared, assembled, and served from within the mobile unit and not from the external piece of cooking equipment.

III. WATER SUPPLY

- A. Water must be obtained from an approved source, as described in Section 5-101 of the *Colorado Retail Food Establishment Rules and Regulations*.
- B. For pushcarts, the water supply tank must have a minimum capacity of at least five gallons.
- C. For mobile units equipped with a three-compartment warewashing sink, the water supply must be sized to adequately fill warewashing sinks at least every four hours of operation.
- D. The mobile unit must supply three gallons of water to each handwashing sink for each hour of operation. For example, a mobile unit operating for six hours must have a minimum of 18 gallons of drinking water available just for the hand sink. Water can be provided through additional food grade containers if approved by the Department.
- E. Adequate water pressure must be provided to all fixtures at all times.
- F. Only food-grade hoses can be used to fill or transfer drinking water to or within a mobile unit.

IV. WASTEWATER

- A. All wastewater (except water from clean ice) must be contained in a permanently installed holding tank that is at least 15% larger than the water supply tank.
- B. Wastewater from the holding tank must be disposed in an approved sanitary sewer system (e.g. toilet or plumbed drain) daily. The wastewater holding tank must never be emptied onto the ground or in the storm drainage system.
- C. When using wastewater containers that are not attached to the unit, they must be clearly marked and used for no other purpose.

- D. All connections to the wastewater holding tank must be of a different size or type than the connections to the water supply tank in order to prevent a cross-connection between drinking water and wastewater.
- E. The connections that release or catch wastewater must be located below the connections on the water supply tank in order to prevent contamination of the supply tank.

V. DEFINITIONS

- 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.
- B. **Push Cart:** Means a retail food establishment that is a non-motorized unit designed so foods are served from the *exterior* of the unit, which is intended to physically report to and operate from a commissary for servicing, restocking and maintenance each operating day. Pushcarts shall be limited to cooking approved menu items and serving commercially prepared or commissary prepared food that will result in simple assembly.
- C. **Self-Contained Mobile Unit:** Means a licensed mobile retail food establishment that is approved to operate without a commissary. It is not connected to fixed utilities (i.e. water, sewer, and electricity) and it is required to report to an approved servicing location for sewage disposal and water.

Additional Requirements for Self-Contained Mobile Retail Food Establishments

NOTE: Mobile retail food establishments must use a commissary unless:

- A. A pre-approved facility is provided and used to supply drinking water to the unit and for the disposal of wastewater generated by the unit.
- B. The mobile unit's drinking water system and waste retention system is sufficiently sized, operated properly to serve the needs of the unit, and liquid waste is emptied only at service locations that have been approved by the Department.
- C. Adequate storage areas are provided within the mobile unit for all food, dry goods, single-service articles, and cleaning supplies.
- D. Adequate facilities are provided for food preparation; cleaning and sanitizing of equipment and utensils; storage of additional food, equipment, utensils, and other supplies; and other servicing operations.
- E. Adequate facilities, as required by the menu, are provided, including hand sink, food preparation sink, ware-washing facilities, mop sink, mechanical refrigeration, and any other necessary equipment.
- F. A written operational plan is submitted for the mobile unit demonstrating that its operation as a self-contained unit can be accomplished in compliance with the Colorado Retail Food Establishment Rules and Regulations. Review and approval of the operational plan must include the menu and standard operating procedures for the unit. After an operational plan is approved, any additions or changes to the plan must be approved by the Department prior to implementation. The approved operational plan must be available on the mobile unit at all times.