



DEPARTMENT OF HEALTH AND ENVIRONMENT

1525 Blue Spruce Drive
Fort Collins, Colorado 80524-2004
General Health (970) 498-6700
Environmental Health (970) 498-6775
Fax (970) 498-6772

PLAN REVIEW PACKET FOR MOBILE UNITS AND PUSH CARTS

ESTABLISHMENT INFORMATION

Establishment Name
Site Address City State Zip
Mailing Address City State Zip
Phone Number: ()
Manager/Contact Person
State Sales Tax Number: License Plate Number:

OWNER INFORMATION

Owner(s) Name
Corporation Name (as it appears on Sales Tax License)
(If you are a sole proprietor or individual(s) as owner(s) please complete House Bill 1023 paperwork)
Owner Address City State Zip
Home Phone No. () Work Phone No. ()
Owner Mailing Address City State Zip
Driver's License No.: E-mail address:

SEND MY LICENSE/RENEWALS TO: (check one)

- Establishment Site Address
Establishment Mailing Address
Owner Mailing Address

When will your mobile unit operate? (circle all that apply)

Year round or Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Indicate Hours of Operation

Sun to Mon to Tues to Wed to Thurs to Fri to Sat to

Do you know where you are setting up? Yes No

If yes, where?

Type of Mobile Unit

- Push Cart
Mobile Unit equipped with plumbing and cooking facilities
Mobile Unit or push cart serving only pre-packaged food from approved sources
Other (Please describe):

Has the Mobile Unit been licensed previously? -Provide pictures if available

- This mobile unit was previously licensed. In what county and state?
This mobile unit has not been licensed and will be built or constructed new.

OFFICE USE ONLY
Date Received:
Fee Paid:

I. MENU AND FOOD (Please attach additional sheet, as necessary) (Please attach menu)

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.) Be sure to include items such as toppings and condiments such as lettuce, tomato, cheese, mayonnaise, etc.

Food and Drink Items	Location where obtained
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

What is the name and location of your commissary?

Name: _____

Address: _____ City: _____ State: _____

Contact Person and Phone Number: _____

****Complete required commissary agreement on Page 8****

II. Preparation at Commissary - No food, utensils, or single service items to be stored or prepared at home.

Check which preparation procedure each menu item requires. (Attach additional sheet on back, as necessary)

Food	Thaw	Cut/ Assemble	Cook/ Bake	Cool	Reheat	Cold Holding	Hot Holding
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

What kind and how many food thermometers (0-220°F) do you have at the commissary? _____

- Metal stem probe Thermocouple Digital

How will frozen foods be thawed at the commissary?

- Refrigeration Microwave
 Under cold running water As part of the cooking process
 Will not have foods that need to be thawed

How will foods be cooked at the commissary?

- Grill Stove/Oven Not applicable
 Deep fat fryer Microwave
 Other (specify) _____

How will foods be rapidly cooled to 41°F or below at the commissary?

- Shallow pans (less than 4") in refrigerator or cooler
 Ice-bath to cool the food product Not applicable
 Ice paddle or wand Other (specify) _____

How will foods be re-heated to at least 165 degrees F at the commissary?

- Microwave Oven/stove Not applicable
 Grill Other (specify) _____

How will hot foods be held at greater than 135° F at the commissary?

- Hot holding unit Steam table
 Held under heat lamps Oven Not applicable
 Held on grill Other (specify) _____

How will cold foods be held at 41° F or below at the commissary?

- Reach-In Refrigerator Reach-In Freezer
 Walk-In Cooler Walk-In Freezer Not applicable
 Other (specify) _____

III. Food Handling in the Unit (Please attach additional sheets to the back, as necessary.)

List all menu items, including beverages, to be served from the mobile unit or push cart. Check which food handling procedure each menu item requires in the unit.

Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble	Other
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

What kind and how many food thermometers (0-220°F) do you have in the unit? _____

- Metal stem probe Thermocouple Digital

How often will you use a thermometer to check food temperatures? _____

How will frozen foods be thawed in the unit?

- Refrigeration Microwave Not applicable
 Under cold running water As part of the cooking process

How will foods be cooked in the unit?

- Grill Stove/Oven Not applicable
 Deep fat fryer Microwave Other (specify) _____

How will foods be rapidly cooled to 41°F or below in the unit?

- Shallow pans (less than 4") in refrigerator or cooler
 Using an ice-bath to cool the food product Not applicable
 Ice paddle or wand Other (specify) _____

How will foods be re-heated to at least 165 degrees F in the unit?

- Microwave Grill Not applicable
 Oven/stove Other (specify) _____

How will hot foods be held at greater than 135° F in the unit?

- Hot holding unit Steam table
 Held under heat lamps Oven Not applicable
 Held on grill Other (specify) _____

How will cold foods be held at 41° F or below in the unit?

- Reach-In Refrigerator Reach-In Freezer Not applicable
 Other (specify) _____

IV. Utensils and Warewashing

How will you prevent bare hand contact with ready to eat foods?

- Tongs/Spatula/Spoon Food-grade disposable gloves Deli tissues
 Other (specify) _____

Where will utensil washing take place?

- Commissary 3 compartment sink Commissary dishwasher
 Mobile unit 3 compartment sink Not applicable

Indicate the size of the 3 compartment sink you will be using including basin and drain board sizes.

3 compartment sink basins:

Length _____ Width: _____ Depth: _____
Length _____ Width: _____ Depth: _____
Length _____ Width: _____ Depth: _____

Drain boards:

Length _____ Width: _____
Length _____ Width: _____

Indicate what will be used as a sanitizer:

In 3 compartment sink or dish machine: _____ In wiping cloth bucket: _____

Chemical test kits must be available for all sanitizers used and at all locations.

V. Water Systems (must be in compliance with section 9-104 and 9-105 of the Colorado Retail Food Establishment Rules and Regulations)

Please provide a plumbing diagram or schematic showing water heater, plumbing fixtures, potable and waste water tanks, lines and inlets/outlets.

Hot Water:

- Water Heater: Make _____ Model _____
Tank size _____ Recovery rate _____ BTU/ KW Rating _____
 Passive system/ Heat exchanger (Water is heated as it passes by hot hold area)
 Other (Specify) _____

Potable Water:

What size is the tank? _____
Describe how and where potable water will be obtained.

If a hose is used, a food grade hose must be provided.

Waste Water:

What size is the tank? _____ (Minimum: 15% larger than potable water tank capacity)
Describe how and where waste water will be removed from unit and disposed.

How will you ensure there is no cross contamination between the tanks and hoses?

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

Handsink must be a pressurized system with continuously flowing water with soap, paper towels and a trash receptacle supplied. NOTE: Hand sanitizers are NOT an acceptable substitute for the required hand-washing set-up.

VI. Physical Facilities

Finishes (what materials are used?)- If applicable

- Walls:** _____
Floors: _____
Ceiling: _____
Counter tops: _____
Cabinets/shelving: _____

Enclosed mobile unit equipped with plumbing and cooking facilities must have outer openings protected from insects and rodents. Please describe how this will be done. Examples include self closing/screened windows and doors, air curtain, etc.

Ventilation:

Stove tops, grills, fryers, broilers, are some examples that require exhaust ventilation. Please describe how this will done.

Storage on Unit (Food/single service/utensils): Provide additional utensils in case they become soiled from cross contamination.

Type	# of Units	Total Cubic Feet
Reach in refrigeration- under the counter/coffin style		
Reach in refrigeration stand up		
Reach in freezer- under the counter/coffin/chest style		
Reach in freezer stand up		
Dry storage		

Equipment:

Please attach specification sheet for each piece of equipment or complete the table below with make and model numbers. (attach additional sheets if necessary)

Piece of equipment	Make/Model Number

At the location that you operate at, are bathroom facilities available? Yes No

What facilities are you going to use? _____

What is your employee sick policy? _____

A mobile unit or push cart will not be allowed to operate under the following conditions: Lack of refrigeration, lack of water, lack of electricity, inability to sanitize, lack of proper disposal of waste water, inability to wash hands, operating without approved commissary or any other situations that pose an imminent health hazard.

Preparation of food or storage of any items related to the operation is prohibited in the home.

Provide a floor plan of the unit drawn to scale. Include clear identification of all equipment and fixtures shown on floor plan. Photographs can be provided in addition to floor plan. ALL EQUIPMENT RELATED TO THE OPERATION MUST BE OF AN APPROVED COMMERCIAL DESIGN.

COMMISSARY AGREEMENT

Complete form if you are not self-contained and report to a commissary as a part of your regular operation.

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

located at _____
(Address of Establishment)

do hereby give my permission to _____
(Name of Mobile Unit/Pushcart/Temporary Booth)

to use my kitchen facilities to perform the following:

- | | |
|---|---------------------------|
| _____ Preparation of foods such as vegetables or fruits,
cutting meats, cooking, cooling, reheating. | _____ Ware washing |
| _____ Storage of foods, single service items, and cleaning agents | _____ Filling water tanks |
| _____ Service and cleaning of the equipment | _____ Dumping waste water |
| | _____ Other (list below) |
-

Commissary Water Supply? Municipal _____ Well _____

Commissary Sanitary Sewer Service? Municipal _____ Septic _____

Indicate hours facility is open for mobile unit use:

Sun ____ to ____ Mon ____ to ____ Tues ____ to ____ Wed ____ to ____ Thurs ____ to ____
Fri ____ to ____ Sat ____ to ____ Sun ____ to ____

Indicate the equipment available at the commissary for the proposed uses:

Hand sink _____ Prep Sink _____ Mop sink _____ Three bay sink _____

Dish machine _____ Refrigeration _____ Cooling equipment _____ Dry Storage _____

Other _____

Owner/Operator

Date

Phone Number

This Commissary Agreement is valid for the calendar year only.