FORM
3100

JEFFERSON COUNTY PUBLIC HEALTH

Environmental Health Services Division
645 Parfet Street, Lakewood, CO 80215
(303) 232-6301 FAX (303) 271-5760
jeffco.us/public-health

FORM
3100

MANUFACTURER and WHOLESALE PLAN REVIEW – NEW AND REMODEL - Instructions and Application Forms

USE THIS PACKET TO HAVE YOUR PLANS REVIEWED FOR A CONSTRUCTING A MANUFACTURER / WHOLESALE FOOD SERVICE FACILITY OR REMODELING AN EXISTING FACILITY.

INSTRUCTIONS

The following must be submitted to process your plan review request:

1. *Completed plan review application (pgs 1-5)*
2. *Floor plan of establishment including equipment location, sinks, etc.*
3. *Equipment specification sheets*
4. *Water heater specification sheet*
5. *Proposed food products to be stored or manufactured*
6. *Other required documents as listed on the application*
7. *Check, with appropriate fee (below), payable to Jefferson County Department of Health and Environment. Do not send cash in mail.*

FEES: (payable to Jefferson County Treasurer)

For facilities less than 3,000 sq ft	**$ 75.00**
For facilities 3000 sq ft or greater	**$175.00**

PROCESSING TIME

Please allow 7-10 working days for review. The contact person listed on page 1 will be notified upon completion of the review process and instructed to pick up the plans. A letter stating approval, or additional requirements needed, will be attached to the plans. Approved plans will be retained for no more than 30 days after approval.

DEPARTMENT CONTACT: Leslie Frank (303) 271-5776
lefrank@jeffco.us

ADDITIONAL GOVERNMENTAL REQUIREMENTS

In addition to approval by the Department, you must ALSO obtain approval of the following federal and state agencies to operate as a food manufacturer or wholesaler in Colorado:

U.S. FOOD AND DRUG ADMINISTRATION – you must complete FORM 3537 for review by the FDA. Go to http://www.cfsan.fda.gov/~furls/papercd.html or call 800-216-7331.

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT – you must complete the application for registration:
http://www.cdphe.state.co.us/cp/wholesalefood/CPDWF-400-revD-WholesaleFoodRegistrationApplication.pdf or call 303 692-3620

For questions about these requirements, please contact the specific agencies for information.

Revised 12/10/2012

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FACILITY NAME: _____

FACILITY ADDRESS: _____

TYPE OF FACILITY: MANUFACTURER / WHOLESALE FOOD SERVICE FACILITY

DESIRED OPENING DATE:

TYPE OF CONSTRUCTION: ☐ New Construction ☐ Remodel

FEE (from instructions): ☐ **$75.00** ☐ **$175.00**

PART I – CONTACT INFORMATION

Primary _____
Address _____
City/ST/Zip _____
Phone (_____)_____Fax(_____)_____
Email: _____

Architect _____
Phone (_____)_____Fax(_____)_____
Email: _____

Owner _____
Address _____
City/ST/Zip _____
Phone (_____)_____Fax(_____)_____
Email: _____

PART II - GENERAL CONSTRUCTION

1. Is this proposal for the remodeling of an existing facility?
   ( ) NO
   ( ) YES (previous name) _____

2. The 3-compartment sink(s) will have (check one):
   ( ) side drain boards
   ( ) racks above sink
   ( ) no 3-compartment sink in facility

3. Is there a separate employee area for personal items?
   ( ) NO
   ( ) YES

4. Have you developed a Hazard Analysis Critical Control Point (HACCP) Plan or a Food Handling Procedures Manual?
   ( ) NO
   ( ) YES – please attach copy

5. Will vacuum packaging be conducted in the establishment?
   ( ) NO
   ( ) YES - provide a HACCP Plan for each category of food.

POTABLE WATER SUPPLY

Water service must be provided either by a public water district or a well which has been approved as a non-community water system and assigned a public water system identification number (PWSID).

Please indicate the source of water for the facility:

( ) INDIVIDUAL WATER WELL
Provide PWSID number _____

( ) PUBLIC WATER SYSTEM
Provide name of water district _____

WASTEWATER DISPOSAL

Wastewater disposal must be provided either by a public sewer system or an individual sewage disposal system that has been designed and approved for that purpose.

Please indicate the method of wastewater disposal for the facility.

( ) INDIVIDUAL SEWAGE DISPOSAL SYSTEM*

Provide permit number _____

**if the existing system is not currently approved for commercial use, approval of the Board of Health is required. Call the program coordinator at 303 271-5759 for information.*

( ) PUBLIC SEWER SYSTEM

Name of Sanitation District _____

PART III - INTERIOR SURFACE FINISHING SCHEDULE

Please complete the chart / form on Page 5 to show the finishing materials to be used for ceilings, walls and floors for all rooms in the facility - including restrooms, dining and storage areas.

BASIC REQUIREMENTS
All interior surfaces in food-handing and storage areas shall be durable, smooth, continuous, non-absorbent and easily cleanable. Typical materials include:

FLOORS: Industrial grade linoleum, quarry tile, coated and sealed cement

WALLS: Stainless steel panels, fiber-reinforced plastic (FRP) board, tile (sealed), painted and sealed gypsum board.

CEILINGS: Painted and sealed gypsum board, painted and sealed acoustical tile, raising (exposed) ceilings.

PART IV - HOT WATER USE CALCULATIONS

Based on the information provided in this section the Department will determine the total per-hour peak demand of general-purpose 140°F water required for your facility. This figure is the amount of hot water that must be generated per hour by the water-heating system and will be made a condition of approval for your plans.

PLEASE ATTACH A COPY OF YOUR WATER HEATER SPECIFICATION SHEET.
(sheet must include BTU, Efficiency Rating and Recovery Rate)

MULTI-COMPARTMENT SINKS

(utensil, glass, bar, ware washing)

Sink location	Individual compartment measurements (inches)			Number of Compartments
	Length	Width	Depth	

SINGLE COMPARTMENT SINKS

Sink location	Compartment measurements (inches)		
	Length	Width	Depth

Please show the *number* of the following sink types (if none, mark N/A)

Utensil soak sinks _____ Mop sinks _____

Hand-washing sinks _____ (including sinks in restrooms)

Other sinks (specify) _____

DISH MACHINES

(attach equipment specification sheets)

TYPE: ( ) Hot Water Rinse
( ) Chemical Sanitization

MANUFACTURERS GPH RATING [ ]

OTHER HOT WATER-USING DEVICES

Please show the number of the following devices (if none, mark N/A)

Garbage can washer _____ Utensil pre-washing hose _____

Employee showers _____ Clothes washer* _____

Hose bibs _____ Other (Specify) _____

**must attach manufacturer's specification sheet.*

PART V – TERMS AND CONDITIONS OF APPLICATION

In applying for this plan review, I hereby authorize the health officer and / or their representative to determine compliance with the **COLORADO WHOLESALE FOOD REGULATIONS CURRENT GOOD MANUFACTURING PRACTICE AND MANUFACTURING, PACKING OR HOLDING HUMAN FOOD REGULATIONS** for the purpose of constructing a food manufacturer / wholesale food facility. I further acknowledge that false or misleading statement on this application may be cause to revoke the approval issued for this property.

_____ _____

OWNER / APPLICANT / AGENT DATE

Room Name	Floors		Walls (material and finish)				Ceilings	
	material	base	North	South	east	west	material	finish
Example: Kitchen	*Quarry Tile*	*Tile 6"*	*FRP*	*FRP*	*stainless*	*paint*	*Paint*	*sealed*

INTERIOR SURFACE FINISHING SCHEDULE – See Page 3 for instructions.

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AFFIDAVIT OF COMMISSARY

PART 1

Mfgr / Wholesaler business name: _____

Owner name of above: _____

STATEMENT / CERTIFICATION OF OWNER OF MANUFACTURING OPERATION
By signing below, I hereby state that I will use the Retail Food Establishment shown below as my commissary for the preparation and storage of food items, cleaning or equipment and utensils and other uses as mandated by the Colorado RETAIL FOOD ESTABLISHMENT RULES and REGULATIONS.

_____ _____
Signed Date

PART 2

Retail Food Establishment that will serve as the commissary: _____

Address _____

City St Zip _____

County where located _____

Owner / manager _____

Phone _____

STATEMENT / AFFIDAVIT of COMMISSARY OWNER
By signing below, I hereby state that I am the owner / manager of the above licensed Retail Food Establishment and that I have authorized the owner of the above referenced manufacturing / wholesaling business to use my facility as a commissary for the storage and preparation of food, washing and sanitizing of equipment, provision of potable water and disposal of wastewater. This authorization is valid through the end of the current calendar year.

_____ _____
Signature Date