



PLAN REVIEW CHECKLIST

The following are **REQUIRED** to complete your Plan Review:

- A. Payment of license fee-see Retail Food License Application within attached packet
- B. \$155 application fee & \$75.00 plan review and pre-opening inspection fee. If the review exceeds 1 hour an invoice for the actual time spent on the review will be sent to you at a later date and will not exceed \$900.00.00 [(CRS 25-4-1607(2))].
- C. A brief written description of the scope of work and what changes/construction will occur.
- D. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off- site catering, and banquet menus).
- E. 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, and location of any outside equipment.
 2. Floor plan: show location of equipment, plumbing, and location of ventilation hood. 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, hose bibs and hose reels, laundry facilities etc.
 4. Electrical Plan: show locations and specifications of lights.
- F. 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.
- G. Food Protection Manager Certification: Provide manager certification documentation.
- H. Employee illness policy, or utilize the written policy provided on the last pages of this plan review packet.
- I. Completed plan review packet (attached).

There will be a delay in reviewing your plan review if either the fees or a fully completed packet are not submitted.

Please make check payable to: **Alamosa County Public Health**

Hand deliver or mail the completed application and check for fees to

**8900 Independence Way, Suite B
Alamosa, CO 81101**



Retail Food Establishment License Application

Effective Date, September 1, 2025

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

Ownership type:

Individual (must complete affidavit of residency)
 Corporation (LLC, LLP, S-Corp, etc.)
 Non-profit (includes government)**
 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:
 Seasonal Operation Please indicate the months, days, and hours you are operating: _____
 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	\$481.00
<input type="checkbox"/> Restaurant (101-200 seats)**	3100	\$538.00
<input type="checkbox"/> Restaurant (>200 seats)**	3200	\$581.00
<input type="checkbox"/> Limited Food Service**	2000	\$338.00
<input type="checkbox"/> Mobile Unit (limited/prepackaged TCS)**	6200	\$338.00
<input type="checkbox"/> Mobile Unit (full food service)**	6300	\$481.00
<input type="checkbox"/> Grocery Store (0-15,000 sq ft)**	4000	\$244.00
<input type="checkbox"/> Grocery Store (>15,000 sq ft)**	4150	\$441.00
<input type="checkbox"/> Grocery Store w/ Deli (0-15,000 sq ft)**	5000	\$469.00
<input type="checkbox"/> Grocery Store w/ Deli (>15,000 sq ft)**	5150	\$894.00

License Type	Code	Fee
<input type="checkbox"/> School Cafeteria	1000	\$0.00
<input type="checkbox"/> Correctional Facility Kitchen	1000	\$0.00
<input type="checkbox"/> Health Care Restaurant (0-100 seats)**	3000	\$481.00
<input type="checkbox"/> Health Care Restaurant (101-200 seats)**	3100	\$538.00
<input type="checkbox"/> Health Care Restaurant (>200 seats)**	3200	\$581.00
<input type="checkbox"/> Oil & Gas Temporary	7000	\$1,1063.00
<input type="checkbox"/> Special Event**	8000	Set locally

These new license fees go into effect September 1, 2025.

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.



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

Application Date: _____

Plan Review Form	
Establishment Information	
Name of Establishment:	Phone:
Street Address :	Cell:
City :	Fax :
State/Zip:	Email:
County :	
Business/Ownership Information	
Individual or Corporate Name:	Phone:
Street Address :	Cell:
City :	Fax :
State/Zip:	Email:
Contact Information	
Name of Primary Contact:	Phone:
Street Address :	Cell:
City :	Fax :
State/Zip :	Email:
Name of Architect:	Phone :
Street Address :	Cell:
City :	Fax :
State/Zip:	Email:
Name of Contractor:	Phone :
Street Address :	Cell:
City :	Fax :
State/Zip:	Email:

Date construction is to start: _____ **Date of planned opening:** _____

**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.

Facility Floor Plan/Equipment Layout	Site Plan
Equipment Specifications	Chemical and Personal Storage
Plumbing Plans and Schedules	Fixtures Requiring Hot Water <i>(See Annex 1)</i>
Mechanical Plans and Schedules	Menu and Food Handling Procedures <i>(See Annex 2)</i>
Electrical Plans and Schedules	Employee Hygiene Guidance <i>(See Annex 3)</i>

Have plans for this establishment been submitted to the local building department? YES NO

If yes, name of local building department: _____

Have plans for this operation been previously submitted or do you intend to submit plans to other counties in the state of Colorado? YES NO

If yes, which counties: _____ Date Submitted: _____
 _____ Date Submitted: _____

Choose one or the other: **Newly Constructed** **Extensively Remodeled**

Type of Retail Food Establishment (Check all that apply)	
Full Service Restaurant	Bar
Fast Food	Coffee Shop
Market (Grocery)	School Food Program
Deli	Catering Operation
Fish Market	Concession
Meat Market	Manufacturer with Retail Sales
Convenience Store	Other:

Indicate number of seats in each area:

Indoor: _____ Outdoor: _____

Square Footage and Area Location		
<i>*If the establishment is in a multi-story structure, indicate on which floor each area is located.</i>		
Please indicate square footage in each area	Square Feet (ft²)	*Floor
Total Square Feet of the Establishment		
Total Square Feet of the Kitchen Area		
Square Feet of the Food Preparation and Dishwashing Area		
Square Feet of Food/Beverage Storage Areas		
Square Feet of Retail Sales Area (Markets)		

Days and Hours of Operation											
Insert hours below in the following format: 8am to 8pm											
If there is a break in the hours you are open, use the second line to insert additional hours.											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours	to										
Hours	to										
For seasonal operations, check all that apply.											
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Add additional information (if necessary):											
Projected daily maximum number of meals to be served per shift, where applicable.											
Breakfast		Lunch		Dinner							
Maximum number of kitchen staff per shift, where applicable.											
Breakfast		Lunch		Dinner							

I. FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:

- A. Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to the items listed in Table 1 below. Check all that apply to your facility.

Table 1

Floor Plan/Equipment Layout			
Handsinks		Dry Storage Areas	Ventilation Hoods
Food Preparation Sinks		Ice Bins/Ice Machines	Chemical Dispensing Units
Utility Mop sinks		Wait Stations	Chemical Storage Areas
Dump Sinks		Bar Service Areas	Personal Storage Areas
Warewashing Sinks		Water Heater Locations	Garbage/Recyclables Storage
Dishmachines		Indoor/Outdoor Seating	Dipper Wells
Toilet Facilities		Outdoor Cooking/Bar/Patio	Grease Interceptor/Grease Trap
Floor Sinks/Floor Drains		Buffet Lines	Laundry Facility Locations

II. EQUIPMENT SPECIFICATIONS:

- A. Submit equipment specification sheets, including make and model numbers. All equipment shall be of commercial design. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- B. Provide number of hot holding and refrigeration units. Also provide capacities for refrigeration units in Table 3 and Table 4 below.

Table 3

Refrigeration Capacities		
TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Sandwich Prep Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Other:		

Table 4

Hot Holding Units	
TYPE OF UNIT	# OF UNITS
Steam Tables	
Hot Box	
Cook & Hold Units	
Other:	

C. Bulk and self service food:

- 1. Will food items such as candy, trail mix, etc. be sold in bulk to the public?

YES **NO** If yes, please submit equipment specifications for bulk food bins.

- 2. Will self service foods (i.e., buffets and salad bars) be provided?

YES **NO** If yes, please submit equipment specifications for food shields and/or sneeze guards.

- D. Complete Table 5 to indicate method of equipment installation or attach an equipment schedule, including display units.

III. PLUMBING PLANS AND SCHEDULES:

- A. Submit a plumbing plan that indicates location and specifications of the following:
 - 1. Floor sinks and floor drains
 - 2. Restrooms, toilets, urinals and hand washing sinks
 - 3. Grease trap, grease interceptor, or solids interceptor, if required by the local building, water or sanitation authority
 - 4. Hose bibs and hose reels, if applicable
 - 5. Laundry facilities, if applicable
 - 6. Showers, if applicable

- B. Complete Table 6 below for all food service related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

Table 6

ID # on Plan	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Facilities		
	Dish Machines		
	Garbage Disposals		
	Handsinks		
	Food Preparation Sinks		
	Refrigeration Units		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		

Note: Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets. Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs. Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels. Indirect drainage is required for warewashing, food preparation sinks, ice bins/machines and beverage machines.

- C. Is a dedicated food preparation sink provided? YES NO
 Is more than one food preparation sink provided? YES NO

Attach a specification sheet for the food preparation sinks and complete Table 7.

Table 7

Food Preparation Sink Information			
ID # on Plans	Length (inches) of Drainboard	Dimensions (inches) of Sink Compartments (LxWxD)	
		x	x
		x	x
		x	x

- D. Is a garbage disposal provided? YES NO

If yes, provide location: _____

- E. Food will be primarily served on: Multi-use tableware Single-Service Tableware Both

- F. Provide the locations of drink dump sink installed in areas where soiled drinking glasses are emptied and staged for warewashing: _____

- G. Complete Table 8 and Table 9 for warewashing.

Will alternate equipment or methods be used in place of traditional drainboards? YES NO

If yes, indicate the methods that will be used and provide specification sheets:

- Manual** - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drainboard lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

Table 8

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		
		x	x		
		x	x		

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

2. **Mechanical** - Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

Table 9

Mechanical Warewashing Information						
Make	Model #	Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (inches) (LxWxD)	Water Usage (GPH)
					X X	
					X X	

- a. Is a separate booster heater provided? YES NO If yes, complete Table 10.

Table 10

Booster Heater Information			
Make	Model #	kW/BTU Rating	Distance from Machine (feet)

H. Provide the following water heater information in Table 11, Table 12 or Table 13, where applicable. Attach specification sheets.

1. If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

Table 11

Standard Tank Type Heater		
Make	Model #	kW/BTU Rating

Table 12

Heat Reclaim System		
Make	Model #	kW/BTU Rating

Table 13

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	Model #	BTU Rating	Flow Rate (GPM) @ 80°F or 100°F rise	Storage Tank Capacity (Gallons), if applicable

Note: For instantaneous/tankless systems when a dishmachine is used, a properly sized storage tank (minimum 20 gallons), recirculation line, and an aqua stat (water thermostat) must be installed. For facilities with high temperature dishwashing machines, use 100°F rise. For all other facilities, use 80°F rise. If flow rate in GPM is not provided, contact the manufacturer to obtain the information.

IV. MECHANICAL VENTILATION PLANS AND SCHEDULES:

- A. Provide plans and schedules that indicate the location and specifications of ventilation hoods and restroom exhaust fans. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all kitchen hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building.
- B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in Table 14. Provide the size (length x width) of each hood and include the manufacturer's recommended exhaust listings in CFMs.

Table 14

Ventilation Information					
ID # on Plans	Hood Type	Dimensions (inches) of hood (LxW)	Exhaust CFMs	Total Supply Air CFMs	*Outside Air CFMs
		x			
		x			
		x			

***Note:** Volume of make-up air supplied into building must be greater than or equal to exhaust from building.

V. ELECTRICAL PLANS AND SCHEDULES:

- A. Provide plans and schedules that indicate the locations and specifications of all lights.

Note: All lights in kitchen areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open foods are held or displayed must be equipped with shatter proof bulbs or shields that will protect open food, utensils and single use items from broken glass if a bulb is broken.

VI. SITE PLAN:

- A. Submit a site plan which includes the following:
1. Dumpster enclosures and trash compactors
 2. Outside walk-in coolers/freezers
 3. Outside food storage areas
 4. Location of well heads and well water supply lines servicing the building, if applicable
 5. On-site waste water treatment systems and associated lines servicing the building, if applicable
 6. Grease interceptors/grease traps, if applicable

B. **Water Supply** - Select the type of water supply system that services the establishment.

- Community/Public - Name of district: _____
- Non-Community - Public Water System ID Number (PWSID): _____
- Private - Provide the information requested in section "a" below and complete Table 15.

- a. Submit a copy of the most recent water sample test results and a piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc.

Table 15

Private Drinking Water Supply Information		
	Well	Spring
Depth (feet)		N/A
Method of Disinfection		
Filtration (if applicable)		

C. **Sewage Disposal** - Select the type of sewage disposal system that services the establishment.

- Municipal/Public - Name of district: _____
- On-site Waste Water Treatment System - Indicate location on site plan and attach a copy of the permits for the system.

VII. CHEMICAL AND PERSONAL STORAGE:

- A. Include the proposed locations of chemical and employee personal items storage areas on the floor plan.
1. Describe how food, equipment, utensils, linens, and single-service articles will be protected from contamination by chemicals and personal items.

Annex 1: Number of Plumbing Fixtures Requiring Hot Water

Provide the number of plumbing fixtures requiring hot water in Table 16 below. This information will be used to determine the hot water demand within the facility and sizing criteria for the water heater.

Table 16

Plumbing Fixtures Requiring Hot Water	Number of Fixtures throughout facility
3-compartment sinks	
Warewashing machines	
Pre-rinse sprayers	
Utensil soak sinks	
Handsinks include restrooms	
Mop sinks/Utility sinks	
Garbage can washer	
Showers	
Hose bibs used for cleaning	

Annex 2: Menu and Food Handling Procedures

- A. Submit menus, such as breakfast, lunch and dinner menus.
- B. If Standard Operating Procedures or Food Handling Procedure Manuals that describe food preparation procedures are available, submit with plans and verify that questions C through H below are addressed. Or you may provide responses in the corresponding sections.

C. Will vacuum packaging/reduced oxygen packaging or specialized processes as defined in Section 3-606 and 3-607 of the *Colorado Retail Food Establishment Rules and Regulations* be conducted? **YES** **NO**

If yes, provide specifications sheets for the equipment that will be used and a copy of the required HACCP plan for each category of food to be processed in this manner. (Reference 3-606 and 3-607, *Specialized Processing Methods, Reduced Oxygen Packaging, Colorado Retail Food Establishment Rules and Regulations*)

D. Describe how the temperature of foods will be monitored. Provide the frequency of temperature checks and what foods and/or equipment will be monitored. If logs or other types of documentation will be used to help manage proper food temperatures, please attach copies.

E. Will cooked foods be cooled? **YES** **NO**

What methods will be used to rapidly cool cooked foods to 41°F (5°C) or below? Check all that apply. (Reference 3-603 *Cooling* and 3-604 *Cooling Methods* in the *Colorado Retail Food Establishment Rules and Regulations*.)

- Under refrigeration Ice water bath Adding ice as an ingredient
 Rapid cooling equipment Shallow pans Separating food into smaller portions
 Other: _____

1. List the foods that will require rapid cooling. Include foods that are made from scratch such as soups, sauces, potato salad, pastas, chili, noodles, roasts, casseroles, sausages, yogurts, etc.:

F. Will foods be reheated and then held hot before being served? **YES** **NO**

If yes, please explain how they will be rapidly reheated to above 165°F (74°C) within 2 hours. (Reference 3-504 *Reheating*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

1. List the equipment that will be used for reheating:

G. Describe how frozen foods will be thawed. (Reference 3-601 *Thawing*, in the *Colorado Retail Food Establishment Rules and Regulations*.)

- Under refrigeration Under running water In a microwave
 As part of the cooking process Other: _____

H. Will raw meats, poultry, or seafood be stored/displayed in the same refrigerators and freezers with cooked and/or ready-to-eat foods? **YES** **NO**

I. Will catering be conducted? **YES** **NO**

J. Will food be transported or delivered to another location? **YES** **NO** If yes, please list the equipment that will be used to maintain food at proper temperatures during transport.

K. Will foods be prepared tableside in dining areas? **YES** **NO**

If yes, please list the foods that are intended for tableside preparation.

L. Will a salad bar, buffet line, omelet station, sauté station, carving station, beverage bar or customer self service areas be operated? **YES** **NO**

If yes, describe: _____

M. Will produce be washed? YES NO N/A
If not, will produce be received pre-washed? YES NO
If yes, provide additional documentation.

N. Will the establishment prepare foods that will be sold to other retail food establishments?
 YES NO
If yes, please visit www.colorado.gov/cdphe/dehs/, then click "Food safety", then click "Wholesale food" to obtain information on registering as a wholesaler.

O. How will bare hand contact with ready-to-eat foods be minimized during preparation? (Reference 3-401 *Preventing Contamination from Hands*, in the *Colorado Retail Food Establishment Rules and Regulations*.)
 Utensils Gloves Deli Tissue
 Other: _____

Annex 3: Employee Hygiene Guidance and Requirements

The purpose of this guidance document is to encourage employee practices and behaviors that can help prevent food handlers from spreading viruses and bacteria to food that cause foodborne illness outbreaks. Below is a list of highly infective pathogens that are transmissible through food and cause severe illness:

1. Norovirus
2. Hepatitis A virus
3. *Salmonella Typhi*
4. *Shigella spp.*
5. *Escherichia coli (E. coli) O157:H7* (or other Enterohemorrhagic or Shiga toxin-producing *E. coli*)
6. Other enteric bacterial pathogen such as *Salmonella* or *Campylobacter*

If an employee has been diagnosed by a health practitioner to have any of these pathogens, prior to returning to work, they must be cleared by their health practitioner and the Health Department. In lieu of a diagnosis of any of these pathogens, employees can return to work if they have been free of the symptoms listed above for 24 hours or more.

Section 2-201 of the *Colorado Retail Food Establishment Rules and Regulations* states that management has the responsibility to inform and monitor conditional employees or food employees to ensure that they have good hygienic practices and know when they should not come to work because of illness.

Should employees exhibit the following symptoms, refer to section 2-202 of the *Colorado Retail Food Establishment Rules and Regulations* to determine when a food handler should be excluded or restricted from food handling duties:

- Vomiting
- Diarrhea
- Jaundice (yellow skin or eyes)
- Sore throat with fever
- Infected cuts and burns with pus on hands and wrists

Additional Resources

Employee Health and Personal Hygiene Handbook:

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm>

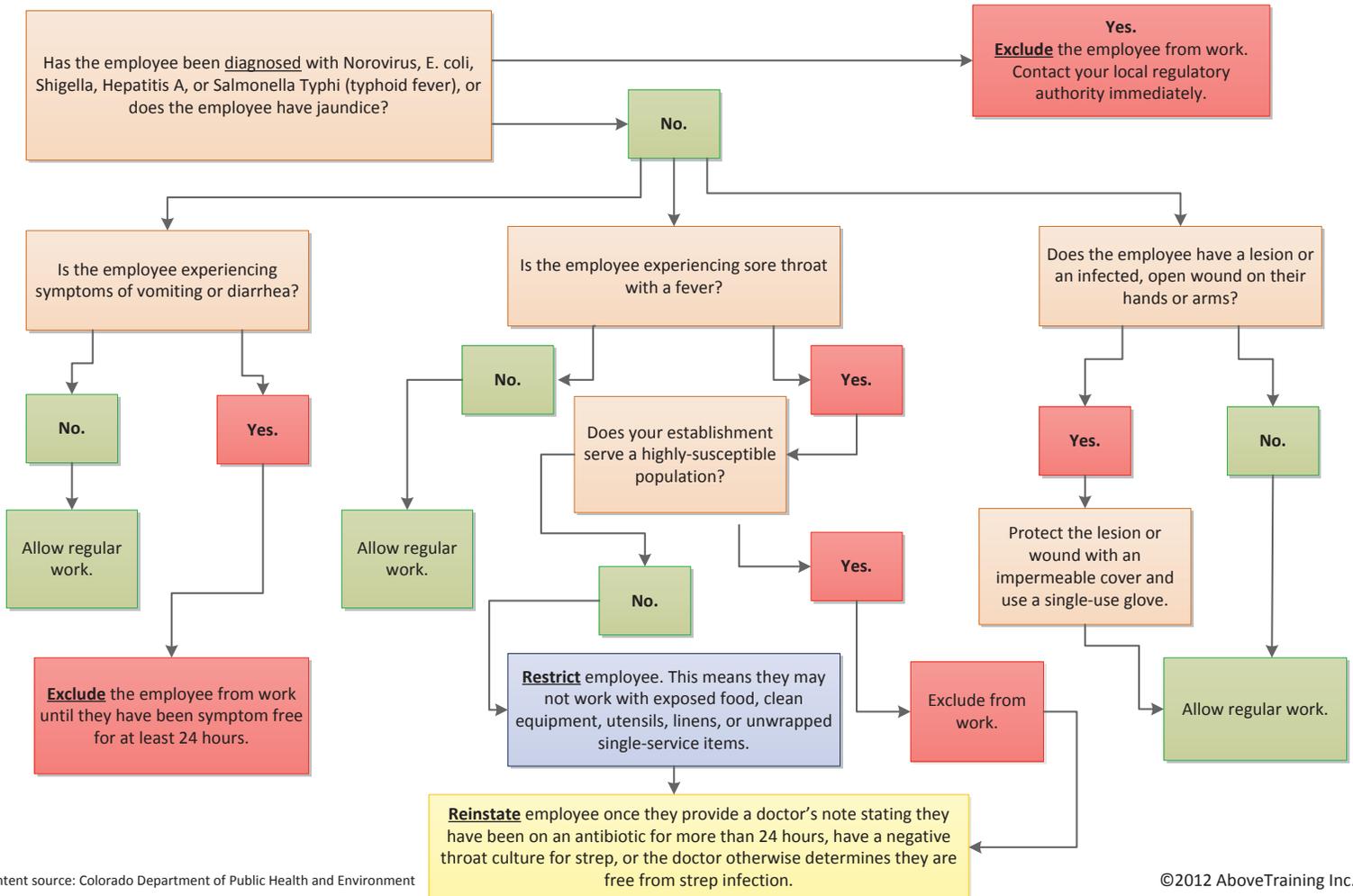
Communicable Disease Manual:

<https://www.colorado.gov/pacific/cdphe/communicable-disease-manual>

Employee Illness Flow Chart: When to exclude and restrict employees from working.

Employee Illness: The Flowchart

Use this diagram to help you determine whether an employee should be restricted or excluded from food handling at your facility.



FORM	Conditional Employee or Food Employee Reporting Agreement
1-B	Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, <i>Salmonella</i> Typhi, <i>Shigella</i> spp., or Shiga toxin-producing <i>Escherichia coli</i> (STEC), nontyphoidal <i>Salmonella</i> or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

- 1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**
- 2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.**
- 3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

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

** These trainings may be offered in multiple languages*

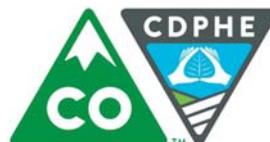
Issued: 1/22/19

For more information contact your local health department or visit these other sources:

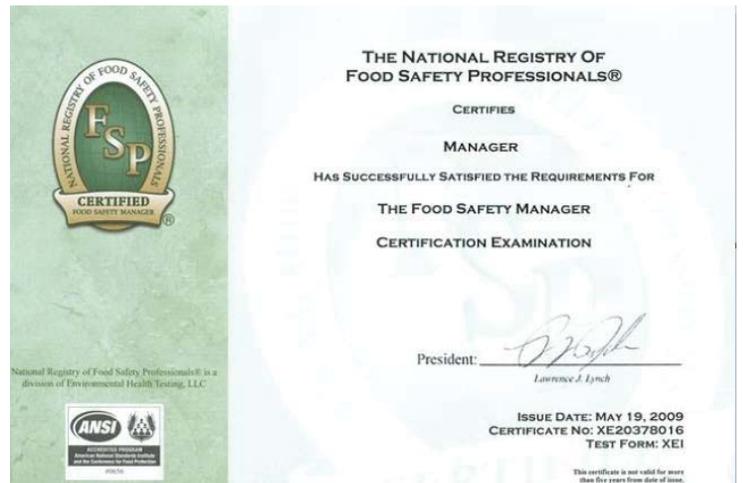
<https://www.colorado.gov/pacific/cdphe/food-code-transition>

Colorado Restaurant Association

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



COLORADO
Department of Public
Health & Environment



Completion Information:

Completion Date: October 2, 2012
Exam Score: 100%
Provider Name: 360training.com
Provider Number: 0975

