



PERMIT # _____

APPLICATION FEE IS NON-REFUNDABLE

APPLICATION TO

INSTALL (660) EXPAND (662) MAJOR REPAIR (662) MINOR REPAIR (662)
\$998 \$593 \$593 \$298

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM:

Street Address _____ City _____

Zip Code _____ County _____

Parcel ____ 1/4 Sec ____ 1/4 Sec ____ Section ____ Township ____ Range ____ Lot ____ Block ____
Legal Description (if no street address) _____

Subdivision Name _____ Filing (if applicable) _____
If GPS Information Available/Obtained: Longitude _____ Latitude _____ Elevation _____

Property Owner:
Name _____
Address _____
City, State _____
Zip _____ Phone _____
E-mail: _____

Applicant:
Name _____
Address _____
City, State _____
Zip _____ Phone _____
E-mail: _____

Systems Contractor: _____ TCHD Use Only: License # _____

Soils/Percolation Test Engineer _____ Job # _____

TCHD Use Only: FSE # _____

Design Engineer (if applicable) _____ Job # _____

TCHD Use Only: FSE # _____

Is this to be an Engineered System? Yes No

Is lot marked? Yes No Are percolation holes staked? Yes No

Lot Size: _____

PROPOSED FACILITY:

Single Family (SF) Multi-Family (MF) Commercial (CM) Other (OT) _____

WATER SUPPLY:

On Site: Yes No Community Water Yes No If Yes, Supplier _____

Continued on back

PERMIT # _____

SINGLE FAMILY RESIDENTIAL GENERAL INFORMATION:

Number of Bedrooms _____ Basement: Full (F) Walkout (W) Partial (P) None (N)

Basement Plumbed: Yes No

Are Additional Bedrooms Planned? Yes No Are the premises within 400 ft. of a sewer line? Yes No

Is property within boundaries of a sewer district? Yes No

If Yes, name of sewer district _____

COMMERCIAL GENERAL INFORMATION:

Type of Business: _____

TCHD Use Only: SIC Code _____

Number of Employees _____

Design Flow > 3,000 Gallons/Day Yes No

If Yes, has Site Approval been given from CDPHE? Yes No

(Note: Permit cannot be issued until site approval is given from CDPHE)

Floor Drains Yes No

EPA Shallow Injection Well Inventory Request Form Completed Yes No

Date Paid: _____ Received By: _____

Payment Type: Cash

Check (# _____)

Charge

Other _____

Amount Paid \$ _____

Applicant's Name _____

Please Print

Applicant's Signature _____ Date _____

Aurora
15400 E. 14th Place, Suite 309
Aurora, CO 80011
303-341-9370

Castle Rock
4400 Castleton Court
Castle Rock, CO 80109
303-663-7650

Commerce City
4201 E. 72nd Avenue
Commerce City, CO 80022
303-288-6816

Greenwood Village
6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111
720-200-1670



APPLICATION FOR A LICENSE TO CLEAN INDIVIDUAL SEWAGE DISPOSAL SYSTEMS

New/Lapsed () \$50.00

Renewal () \$45.00

Renewals must be received before January 31st, 2011 -or- a \$50.00 fee will be charged to renew the license

TCHD License Number: (If renewing their license)

Name of Applicant:

Company Name:

Name of Owner:

Company Address:

City State Zip Phone:

Email Address:

The applicant certifies that he/she is fully acquainted with the Tri-County Health Department Rules and Regulations Governing Individual Sewage Disposal Systems, and will clean and pump all individual sewage disposal systems in compliance with the regulations and permits issued by the Health Department.

Name of Applicant (please print)

Date Signature of Applicant

IMPORTANT: On the next page of this application, the applicant must list -and- attach a copy of their contract, of all the sites utilized in the last year and upcoming year for disposing of pumpings. This application will not be processed without this information.

* * * * * *BELOW SPACE FOR TCHD OFFICE USE* * * * *

Received Affidavit of Citizenship? [] Yes [] No [] Not Applicable

Licensing Granted Date Health Department Verification

Approved by Health Officer

Please make checks payable to: TRI-COUNTY HEALTH DEPARTMENT



**USE PERMIT APPLICATION
FOR AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS)**

IMPORTANT NOTE: All items listed below MUST be completed and submitted at the same time:

- Tri-County Health Department Use Permit Application form AND Application fee.
- Tri-County Health Department Inspection Report completed by a CERTIFIED inspector (an inspection report completed by an uncertified inspector will NOT be accepted). If multiple ISDS systems serve the property, then a separate inspection report for each ISDS system must be completed.
- Copy of the most recent septic tank pumper’s receipt (if available).
- If the ISDS system needs to be repaired then a Minor or Major Repair Permit Fee may be applicable.

Completion of All Fields is Required

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Applicant Phone: _____ Email: _____

Name of Property Owner: _____

Owner Phone: _____ Email: _____

Address of property for which Use Permit is requested:

City: _____ State: _____ Zip: _____

Legal Description of property: _____

Number of Bedrooms (existing): _____

Is more than one building connected to the one ISDS system? Yes _____ No _____

Are multiple ISDS serving the property? Yes _____ No _____ *If yes, a separate inspection form will need to be completed for each ISDS.*

Reason for Use Permit (Check One): Sale: _____ Bedrooms Added: _____ (# Added _____)
Change in Use: _____ Addition of Mobile Home: _____ Other (explain): _____

Use Permit Inspector

Name: _____ Phone: _____ Email: _____

National Association of Wastewater Transporters (NAWT) (or other approved) Certification

Number: _____ If Other, certifying entity: _____



For Tri-County Health Department Use Only:

Use Permit # _____

Was system originally permitted and approved by TCHD? Yes _____ No _____

Original certification approval date (if applicable): _____

Pump receipt received? Yes _____ No _____

Name of Use Permit inspector: _____

Were deficiencies noted on Inspection Report? Yes _____ No _____

If yes, were deficiencies repaired? Yes _____ No _____

If yes, do repairs require a repair permit? Yes _____ No _____

If yes, indicate type of repair permit: Major _____ Minor _____

If yes, Systems Contractor who completed repairs: _____

Does system meet set back requirements? Yes _____ No _____ Unknown _____

Follow-up Inspection by TCHD? Yes _____ No _____

If follow-up, are additional repair(s) necessary? Yes _____ No _____

Number of Bedrooms: _____

Comments:

Use Permit Issued? Yes _____ No _____

Conditional Use Permit Issued? Yes _____ No _____

If yes to a Conditional Use Permit, then the applicant needs to complete "Agreement to Repair" form.

Issued by EHS: _____ ID#: _____

Date of Issuance: _____



Richard L. Vogt, M.D.
Executive Director

DATE

OWNER'S NAME
OWNER'S ADDRESS
CITY, STATE & ZIP

RE: Individual Sewage Disposal System (ISDS) located at:
(ADDRESS)
ISDS Permit # (XXXX-XX-XXXXXX)

Dear (Owner's Name):

On (MMDDYY), an Individual Sewage Disposal System (ISDS) inspection was conducted on the above referenced property. The following item(s) must be completed and/or submitted prior to this department giving final approval of your ISDS:

(ITEMS STILL NEEDED)

If the ISDS is not approved for use by this department, the file will reflect this and it may prevent the issuance of a Certificate of Occupancy (CO) or have an adverse effect on any future sale of this property.

If you have any questions concerning this letter, please contact this office at (EHS phone #).

Sincerely,

(EHS Name)
Environmental Health Specialist

XX/xx

cc:



Richard L. Vogt, M.D.
Executive Director

October 13, 2010

OWNER'S NAME
OWNER'S ADDRESS
CITY, STATE & ZIP

Re: Individual Sewage Disposal System (ISDS) located at: (ADDRESS)
ISDS Permit #(XXXX-XX-XXXXXX)

Dear ISDS Permit Holder:

This Department issued a permit to you to install an Individual Sewage Disposal System (ISDS) at the above referenced address on (MMDDYY). The permit expires (MMDDYY). This office has not been notified to make an inspection of the ISDS nor have we received a request for extension of the permit as required under Section 3.7 of Regulation I-02, Individual Sewage Disposal Systems, promulgated by the Board of Health of the Tri-County Health Department. Once the permit has expired, no work can take place on the ISDS until the permit is renewed.

You may renew the permit for a \$50.00 fee, subject to the following requirements:

1. Provide us a written request to renew the original permit no later than one year after the expiration date of the current permit. For example, if the original permit was issued 2/1/03 and it expires 2/1/04, you will have until 2/1/05 to come in and renew the permit for the \$50.00 fee
2. Under no circumstances will the expiration date of the renewed permit be later than two years after the **date of issue** of the **original** permit. In the example discussed in #1 above, the expiration date of the renewed permit could not be later than 2/1/05. For example, if the permit is renewed on 6/1/04, the expiration date would still be 2/1/05.
3. The original permit may only be renewed **one time**
4. There are no "significant changes" in the permit, as described below.

If the Department determines that there is a "significant change", a new permit will be required and a new permit fee of \$998.00 will be charged. Examples of "significant changes" include, but are not limited to:

1. Relocating (either horizontally or vertically) the ISDS absorption area such that new soils and percolation tests are required;
2. A change in engineer design of the system.

If you have any questions concerning this letter, please contact this office at (EHS Phone #).

Sincerely,

(EHS Name)
Environmental Health Services
/xx



Richard L. Vogt
Executive Director

October 13, 2010

Certified Mail #:(xxxxxxx)
Return Receipt Requested

NAME
ADDRESS
CITY, STATE & ZIP

NOTICE OF VIOLATION
INDIVIDUAL SEWAGE DISPOSAL SYSTEM
SERVING THE PROPERTY AT(Address)

Dear (Name):

The individual sewage disposal system located on and serving the above referenced property is malfunctioning in violation of the Individual Sewage Disposal Systems Act, Title 25, Article 10, Colorado Revised Statutes and Regulation I-02 adopted by the Board of Health of the Tri-County Health Department, and constitutes an imminent public health nuisance.

You are hereby notified that within two (2) business days after receipt of the notice you must apply for a Repair Permit from our (Name) Office located at (Address, City) ,Colorado. At the time of your application, you will be given a time schedule for the correction of the malfunction. The malfunction must then be corrected within the period specified in the Repair Permit.

Failure to apply for the Repair Permit within the time stated or to properly correct the malfunction, will require this office to request a hearing before the Health Officer at which you may attend accompanied by legal counsel. At the time of the hearing this office will ask that a Cease and Desist Order be issued.

In the interim, you must make every effort to assure the above referenced property is maintained in a manner in which no nuisance exists.

If you have any questions regarding this Notice or on measures to be taken for corrective action, please do not hesitate to call this office at (EHS Phone #).

Sincerely,

(EHS Name)
Environmental Health Services

XX/xx



Complaint #: _____

**Official Notice of Violation
Individual Sewage Disposal Systems (ISDS) / Sewage Spills**

To (Homeowner Occupant): _____

Property Address: _____

City: _____ State: _____ Zip: _____

The violation consists of the following (indicated by an):

Section 18.0 Regulation I-02, General Prohibitions and Penalties, Individual Sewage Disposal Systems

- A. No person shall establish, construct, or maintain any premises having a dwelling or other structure which is not equipped with approved facilities for the disposal of sewage in a sanitary manner. Under no condition shall sewage or effluent from any premises having a dwelling or other structure be deposited upon the surface of the ground, into a stream, irrigation ditch, drainage ditch, or other water course, except in such manner as provided by these regulations, the *Statutes of the State of Colorado*, the Standards, Rules, and Regulations adopted by the Colorado Department of Public Health and Environment, and the Colorado Water Quality Control Commission.
- B. No person or persons shall install, alter, or repair an individual sewage disposal system (ISDS) within the counties of Adams, Arapahoe and Douglas, State of Colorado, unless such person holds a valid permit, issued by the Health Officer in the name of the property owner for the specific construction, remodeling, installation, or use proposed at the location described on the permit.
- H. Construction and/or use of cesspools defined as covered underground receptacles which receive untreated sewage from a building and permit the untreated sewage to seep into surrounding soil is prohibited.
- I. Not more than one dwelling, commercial, business, institutional, or industrial unit shall be connected to the same individual sewage disposal system unless such multiple connection was specified in the application submitted and in the permit issued for the system.

Description of the Violation: _____

Corrective Actions Required: _____

Official Notice Issued by:

Official Notice Received by:

Environmental Health Specialist (Print)

Owner/Occupant (Print)

Environmental Health Specialist (Signature)

Owner/Occupant (Signature)

Date Notice Given: _____

Date Notice Received: _____



Application for Inspection
For Individual Sewage Disposal System

FORM MUST BE COMPLETED IN FULL

Name of Applicant Phone

Mailing Address of Applicant

Name of Present Owner

Inspection Report to be Sent to: Name

Address

City State Zip

Address and complete legal description of property for which permit is used:

Number of Bedrooms in Home: Year Home was Built

Source of Water Private Well Public (Specify)

Name of Original Homeowner if known

Is Residence Currently Occupied Vacant (Specify how long)

OWNER/AGENT CERTIFICATION

(I), Owner/Agent (Circle One) of the dwelling at the location Described in this application do hereby certify that the sewage disposal system has been operating satisfactorily Without malfunction. The septic tank was pumped and inspected on (Date).

Date Signature

A non-refundable fee of \$310.00 shall be payable to Tri-County Health Department when the application is made.

Check # M. O. Cash Rec'd by: Date

Property Address _____

Legal Description _____

DEPARTMENTAL RECORD SEARCH

Conducted by _____ Date _____

- | | | | | |
|-------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------|-------------|
| 1) Record on File | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 8) # of Bedrooms or System Capacity | _____ |
| 2) Permit # | _____ | | 9) Original Owner | _____ |
| 3) Date of Final Inspection | _____ | | 10) Installer | _____ |
| 4) System Type | Bed <input type="checkbox"/> | Trench <input type="checkbox"/> | 11) Water Supply | _____ |
| | Bed (Chamber) <input type="checkbox"/> | Trench (Chamber) <input type="checkbox"/> | 12) Inspections Issued | _____ |
| | Drip <input type="checkbox"/> | Mound <input type="checkbox"/> | | Dates _____ |
| | ET <input type="checkbox"/> | | 13) Repair Permits Issued | _____ |
| 5) Septic Tank Size | _____ | | | Dates _____ |
| 6) Dosing Tank Size (if applicable) | _____ | | | |
| 7) Field Size (square feet) | _____ | | | |

SITE INSPECTION

- 1) Properly Permitted Yes No
- 2) Soil Conditions at Time of Inspection Dry Wet Snow Covered
- 3) Surfacing Sewage Yes No
- 4) Tank Tees/Baffles _____
- 5) # of Bedrooms in Home _____ OR System Capacity _____
- 6) Properly Sized Based Upon # of Bedrooms OR System Capacity Yes No
- 7) Did TCHD Representative Take a Water Sample Yes No

Comments _____

Neither Tri-County Health Department nor any of its agents or employees undertake or assume any liability to the owner of the above property, to any purchaser of the above property or any lending agency making a loan on the above property in connection with either its examination of the property or in the report.

This inspection was conducted solely for the purpose of detecting health hazards observable at the time of inspection, and does not constitute a warranty that the system is without flaw or that it will continue to function in the future. Inspections requested during periods of rain, snow cover, or when a residence is unoccupied may be of questionable value.

Date

Signature (Environmental Health Specialist)

Final Visit Worksheet

Printed
AS/400 Reference

Permit Number
Property Information:
Address

County

Owner

Installer

Number of Bedrooms

Site Information

Keys for completing information on installed tanks:

Usage: D – Dosing T – Treatment V – Vault

Tank Type: C – Concrete PT – Polyethylene FG – Fiberglass

Tank Information

<u>Tank 1</u>			
Size	_____		
Type:	C	PT	FG
Use:	D	T	V
T's or Baffles:	T	B	UK
Effluent Screen:	T	B	UK

<u>Tank 2</u>			
Size	_____		
Type:	C	PT	FG
Use:	D	T	V
T's or Baffles:	T	B	UK
Effluent Screen:	Yes	No	UK

<u>Tank 3</u>			
Size	_____		
Type:	C	PT	FG
Use:	D	T	V
T's or Baffles:	T	B	UK
Effluent Screen:	Yes	No	UK

Secondary Treatment System

SF – Sand Filter
AS – Aerobic System

Yes No If Yes, type: (Circle one)
 CW – Constructed Wetlands TG – Trickling Filter
 RSF – Recirculating Sand Filter OT – Other

Final Treatment Type

BD – Bed
ET – ET
BD-CH – Bed (chambers)
TR-CH – Trench (chambers)

MD – Mound
PD – Pond
TR-SB – Trench SB-2
OT – Other

T – Trench
SF – Sand Filter
DR – Drip Irrigation

Area Size (sf) _____ If chambers used, number _____ ET lined Yes No UK

Method of Waste Water Application

DP – Dosed w/ pump DS – Dosed w/siphon GR – Gravity
 UD – Uniformly dosed w/pump UDS – Uniformly dosed w/siphon

Final Visit Worksheet

Printed

AS/400 Reference

Permit Number _____

Record of Site Visits:

Visit 1 Date _____ By EHS Name _____ EHS # _____

Visit 2 Date _____ By EHS Name _____ EHS # _____

Visit 3 Date _____ By EHS Name _____ EHS # _____

Visit 4 Date _____ By EHS Name _____ EHS # _____

GPS Coordinates Elevation _____ N: _____ W: _____

Comments:

Need As-built drawing

Received As-built drawing

Need Engineer's letter

Received Engineer's letter

Final approval given? Yes No

Date of final approval: _____

By EHS Name: _____ EHS # _____



Tri-County Health Department Body Art Facility Inspection Report

Type of Inspection 1. Regular 2. Follow-up 3. Complaint 4. Temporary Event	Date
	Est. #
Facility Name	Phone #
Address	City
Manager	Zip
Legend: C = Compliance NC = Non-Compliance NA = Not applicable	

C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-201 BODY ARTIST UP knowledge, HBV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-301 PERSON IN CHARGE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-302 EMPLOYEE INFORMATION legal name, home address, phone number, HBV proof
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-303 FACILITY RECORDS sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-401 CLIENT RECORDS 3 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-402 CLIENT MEDICAL HISTORY proper documented risk factors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-403 CLIENT CONSENT FORMS client info, procedure date, type and location of body art, aftercare, side effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-501 FLOORS, WALLS AND CEILINGS construction, outer openings protected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-502 TOILET FACILITIES construction, availability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-503 PREMISES clean, good repair
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-504 LIGHTING 50ft. Candles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-505 SURFACES construction in critical areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-506 HANDSINKS hot & cold, accessible to procedure areas, toilet areas, soap and drying devices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-507 SEPARATION OF EQUIPMENT cleaning, packaging, handling, storage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-508 SEPARATION OF SINKS handwashing, instrument cleaning, utility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-509 WATER approved source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-510 SEWAGE proper disposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-511 REFUSE lined receptacles, frequency of disposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-512 WAITING AREA Separated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-513 REUSABLE CLOTH ITEMS mechanically washed 140 degrees + or disinfectant or heat dryer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-514 ANIMALS prohibited in critical areas

C	NC	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-515 CHEMICALS labeling, storage, use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-516 SEPARATION FROM LIVING SPACES human habitation, food preparation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-517 BACKFLOW PREVENTION threaded faucets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-518 HANDLING SHARPS/INFECTIOUS WASTE sharps containers, bio-hazard bags, contracted treatment facility, on site disposal (7-701(b)4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6-601 TEMPORARY EVENT waste water collected, handwashing facilities, on site sterilization or neqative spore test (30 days)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6-602 TEMPORARY EVENT clean up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7-701 INFECTION/EXPOSURE CONTROL WRITTEN PROCEDURES compliance, instrument and procedure area cleaning and sterilization, UP procedures, infectious waste management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-801 INSTRUMENT CLEANING packaging & sterilization, glove use - multi use, soaked, disassembled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-802 INSTRUMENT PACKAGING/WRAPPING clean gloves, sterilizer indicator, labeled with sterilization time & date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-803 INSTRUMENT STERILIZATION labeled medical instrument, operators manual, cleaned & maintained, load log available w/ instrument description, date & time cycle time & temperature (3 years), monthly independent spore test (3 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-804 STERILIZED INSTRUMENTS hands washed prior to handling, store in dry & clean area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-805 SINGLE USE ITEMS proper disposal, no re-use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9-901 PROHIBITIONS persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9-902 BODY ARTIST'S PRACTICES handwashing between clients, new clean gloves, fresh linens, instruments remaining packaged prior to use, cross- contamination prevention, supplies properly disposed, disinfection of procedure area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9-903 TATTOOING PROCEDURES hctographic or single-use stencils for outlines, non-toxic single use markers for free hand, multi-use stencils only if disinfected prior to use, area cleaned and treated, unused ink properly disposed, excess ink properly removed after body area covered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9-904 BODY PIERCING PROCEDURES needles are sterile, single use, manufactured for use, disposed properly, jewelry is new or disinfected, clean and good repair, studs-and-clasp used according to manufacturer

VIOLATIONS

2-201 BODY ARTIST:

UP knowledge, HBV

3-301 PERSON IN CHARGE

3-302 EMPLOYEE INFORMATION

legal name, home address, phone number, HBV proof

3-303 FACILITY RECORDS

sharps disposal, spore test log, client records, manufacturer's info on sterilization equip, written infection control procedures

4-401 CLIENT RECORDS

3 years

4-402 CLIENT MEDICAL HISTORY

proper documented risk factors

4-403 CLIENT CONSENT FORMS

client info, procedure date, type and location of body art, aftercare, side effects

5-501 FLOORS, WALLS AND CEILINGS

construction, outer openings protected

5-502 TOILET FACILITIES

construction, availability

5-503 PREMISES

clean, good repair

5-504 LIGHTING

50ft candles

5-505 SURFACES

construction in critical areas

5-506 HANDSINKS

hot & cold, accessible to procedure areas, toilet area, soap and drying devices

5-507 SEPARATION OF EQUIPMENT

cleaning, packaging, handling, storage

5-508 SEPARATION OF SINKS

handwashing, instrument cleaning, utility

5-509 WATER

approved source

5-510 SEWAGE

proper disposal

5-511 REFUSE

lined receptacles, frequency of disposal

5-512 WAITING AREA

separated

5-513 REUSABLE CLOTH ITEMS

mechanically washed 140°+ or disinfectant or heat dryer

5-514 ANIMALS

prohibited in critical areas

5-515 CHEMICALS

labeling, storage, use

5-516 SEPARATION FROM LIVING SPACES

human habitation, food preparation

5-517 BACKFLOW PREVENTION

threaded faucets

5-518 HANDLING SHARPS/INFECTIOUS WASTE

Sharps containers, bio-hazard bags, contracted treatment facility, on site disposal (7-701(b)4)

6-601 TEMPORARY EVENT

waste water collected, handwashing facilities, on site sterilization or neg. spore test (30days)

6-602 TEMPORARY EVENT

clean up

7-701 INFECTION/EXPOSURE CONTROL WRITTEN PROCEDURES

compliance, instrument and procedure area cleaning & sterilization, UP procedures, infectious waste mgt

8-801 INSTRUMENT CLEANING

packaging & sterilization, glove use- multi use, soaked, disassembled

8-802 INSTRUMENT PACKAGING/WRAPPING

clean gloves, sterilizer indicator, labeled with sterilization time & date

8-803 INSTRUMENT STERILIZATION

labeled medical instrument, operators manual, cleaned & maintained, load log available w/ instrument description, date & time cycle time & temperature (3 years), monthly independent lab spore test (3 years)

8-804 STERILIZED INSTRUMENTS

hands washed prior to handling, store in dry & clean area

8-805 SINGLE USE ITEMS

proper disposal, no re-use

9-901 PROHIBITIONS

persons under influence, smoking, eating, drinking in procedure/instrument cleaning areas, procedures on unhealthy conditions

9-902 BODY ARTIST'S PRACTICES

handwashing between clients, new clean gloves, fresh linens, instruments remaining packaged prior to use, cross-contamination prevention, supplies properly disposed, disinfection of procedure area

9-903 TATTOOING PROCEDURES

hectographic or single-use stencils for outlines, non-toxic single use markers for free hand, multi-use stencils only if disinfected, prior to body area cleaned and treated, unused ink properly disposed, excess ink properly removed after-body area covered

9-904 BODY PIERCING PROCEDURES

Needles are sterile, single use, manufactured for use, disposed properly, jewelry is new or disinfected, clean and good repair, studs-and-clasp used according to manufacturer

School Chemical Safety Inspection Form

Est. Num.:	County:	Office:
------------	---------	---------

Principal: _____ Num. of Students: _____

Chem Safety Contact: _____

Fire Dept.: _____

Inspection Date: _____

Inspection Type: Routine Follow-up Complaint

Follow-up required? Yes No Follow-up date: _____

Est. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

District: _____

Phone: _____

Fax: _____

Inspectable Components:

- | | | | |
|---------------------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Agriculture/Farm Shop(s) | <input type="checkbox"/> Biology Lab(s) | <input type="checkbox"/> Drama Dept. Storeroom | <input type="checkbox"/> Photography Lab |
| <input type="checkbox"/> Art Rooms | <input type="checkbox"/> Chemistry Lab(s) | <input type="checkbox"/> Fume Hood(s) | <input type="checkbox"/> Wood/Metals |
| <input type="checkbox"/> Auto Shop | <input type="checkbox"/> Chemical Store Room | <input type="checkbox"/> General Science | <input type="checkbox"/> Other: |

C= compliant; NC= non-compliant; N/A= not applicable

- | C | NC | N/A | |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6-106 Maintenance Equipment Storage
Cleaning and maintenance materials shall be stored in secure, locked area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6-107 Maintenance Chemical Storage
Maintenance chemicals secured and stored appropriately |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-101 Safety Provisions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-102 Chemical Storage/Segregation
Chemicals in approved containers, stored by reactive group, and in appropriate NFPA cabinets |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-103 Container Labels
All containers labeled with name and date of entry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-104 Prohibited Chemicals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-105 Restricted Chemicals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-106 Restricted Chemicals –Demo Use |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-107 Exposure controls
Exposure to noise, hazardous materials, and other hazards controlled through equipment or PPE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-108 Inventory
Inventory complete, accurate, and current |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-109 MSDS's |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-110 Chemical/Flammables Storage-NFPA |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-111 Flammables Storage-Refrigerator |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-112 Response Plans
Response plans for chemical spills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-113 Handling Plans |

- | C | NC | N/A | |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-114 First Aid Notification
First aid instruction and number for Poison Control Center posted |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-115 Food Storage
Food is prohibited where hazardous materials are present |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-116 Glassware
Glassware stored safely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-117 Aspirators |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-118 Eye Protection
Eye protection available and sanitized |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-119 Fire Blankets
Provided where open flame used |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-120 Hand Washing Stations
Available where exp. to poisonous, infectious, or irritating materials |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-121 Eye Washes
Eye wash adequate annually (portable eyewashes NOT acceptable) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-122 Safety Showers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-123 Shut-off Valves
Emergency shut-off valves for gas (where present) and electricity (where power equipment is used) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-124 Safety Equipment Testing and Labeling
Safety equipment tested annually and labeled for high visibility |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-125 Radiation
X-ray machines used according to regulations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-201 Ventilation-TLV
Adequate ventilation to ensure that TLV values are not exceeded |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-202 Ventilation-Local Exhaust
Local exhaust vented away from breathing zone |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8-203 Fume Hoods
Fume hoods tested annually |

Inspector Comments: _____

Inspector Name _____

School Representative _____

School Chemical Safety Inspection Form

Excerpted from *Rules and Regulations Governing Schools in the State of Colorado (6 CCR §1010-6)*. Please contact the Colorado Dept. of Public Health and Environment Consumer Protection Div or visit www.cdphe.state.co.us/cdphehom.asp for a copy of the complete regulations.

- 6-106** Cleaning materials, tools, and maintenance equipment shall be provided and shall be safely stored and secured in a locked area.
- 6-107** Pesticides, toxic or hazardous cleansing and maintenance chemicals and materials shall be stored separately in a ventilated and locked cabinet or area accessible only to authorized personnel. The ventilation requirement of this section may not be required in areas where minimum quantities of the above mentioned materials are stored for daily use. In the absence of more stringent guidelines flammable or combustible materials shall be stored in accordance with the 2000 National Fire Protection Association Code 30 Flammable and Combustible Liquids Code.
- 8-101** Provisions shall be made for the protection of students engaging in arts, crafts, industrial arts, physical sciences, vocation, educational or any activities where hazardous chemicals, hazardous devices or hazardous equipment are used. These provisions include the development and posting of operating instructions, regulations, and procedures.
- 8-102** Toxic or hazardous materials shall be stored in approved laboratory containers, separated by reactive group and stored in a ventilated, locked, fire-resistant area or cabinet. The ventilation requirement of this section may not be required where minimum quantities of such materials are stored for daily use.
- 8-103** Containers of chemicals, poisons, corrosive substances and flammable liquids shall be clearly labeled with the name of the material and the date the material entered the school.
- 8-104** Prohibited chemicals are those chemicals that pose an inherent, immediate and potentially life threatening risk, injury or impairment due to toxicity or other chemical properties to the students, staff or other occupants of the school. These chemicals are prohibited from use and/or storage at the school and school is prohibited from purchasing or accepting donations of such chemicals. Prohibited chemicals are listed in Appendix A to this regulation.
- 8-105** Restricted chemicals are those chemicals that are restricted by use, and/or quantities. If restricted chemicals are present at the school, each chemical shall be addressed in the school's written emergency response plan as addressed in sections 8-112 and 8-113 of these regulations. Restricted chemicals are listed in Appendix B to this regulation.
- 8-106** Restricted chemicals (demonstration use only) are a subclass in the restricted chemical lists that are limited to instructor demonstration. Students may not participate in the handling or preparation of restricted chemicals as part of the demonstration. If restricted chemicals (demonstration use only) are present at the school, each chemical shall be addressed in the school's written emergency response plan as addressed in sections 8-112 and 8-113 of these regulations. Restricted chemicals are listed in Appendix B2 to this regulation.
- 8-107** Exposure to noise, or toxic liquids, dusts, gases, mists, fumes or vapors or other hazards shall be controlled to avoid health hazards.
- 8-108** All chemicals, solvents, and hazardous substances shall be inventoried by the school a minimum of once a year. The inventory shall include the name of the compound, the amount, and the date it entered the school. A copy of the inventory shall be kept on file in a location away from the areas where the aforementioned materials are stored.
- 8-109** A current material safety data sheet shall be provided for all poisonous, toxic, or hazardous substances and shall be available for review upon request.
- 8-110** In the absence of more stringent guidelines the 2000 National Fire Protection Association Code 30 Flammable and Combustible Liquids Code and 2000 National Fire Protection Association Code 45 Fire Protection for Laboratories Using Chemicals shall be used as guidelines for the proper storage, handling and use of chemicals in the school.
- 8-111** Refrigerators used for flammable compounds shall be prominently marked to indicate they meet the appropriate design requirements for safe storage of flammable liquids.
- 8-112** A written plan for response to and cleanup of chemical spills shall be provided by the school. A copy of the plan shall be Response plans for chemical spills kept on file in a location away from the areas where the chemicals are stored.
- 8-113** A written plan that explains the proper storage, handling and disposal procedures for all poisonous, toxic or hazardous substances shall be on file in each school in a location away from the areas where these substances are stored and shall be available for review upon request.
- 8-114** A list of first aid procedures for accidental poisoning shall be posted. The telephone number and the location of the poison control center shall be posted near the telephone.
- 8-115** The storage, preparation, and consumption of food and drink is prohibited in any area where there are poisonous, toxic or hazardous substances.
- 8-116** Glassware shall be properly constructed and designed for its intended use and shall be handled and stored in a safe manner.
- 8-117** Aspirators or suction bulbs shall be used for drawing liquids into pipets. The mouth must not be used directly on the pipets.
- 8-118** Eye protection, that meet the American National Standards Institute 1979 Z87.1 Standard – Practice for Occupational/Education Eye and Face Protection must be worn by all students participating in, observing, or in close proximity to any experiment or activity which could result in eye injury. Eye protection glasses, goggles, face shields, and similar eye protection devices shall be issued clean and properly sanitized and stored in a protected place.
- 8-119** An easily accessible fire blanket must be provided in each laboratory or other area where an open flame is used.
- 8-120** Where there is exposure to skin contamination with poisonous, infectious or irritating materials, a hand washing facility shall be available.
- 8-121** An easily accessible operation eye wash fountain must be provided in each laboratory or other areas where corrosives or irritating chemicals are used. The eye wash fountain shall be clean and must be tested annually. The use of portable eye wash bottles as substitutes is not permitted.
- 8-122** An easily accessible operational safety shower, capable of providing continuous flowing water, shall be provided for each laboratory or other areas where corrosive or irritating chemicals are used. The safety shower can be centrally located so as to serve more than one area if doors are not locked, and convenient prompt access is available.
- 8-123** Master gas valves and electric shut-off switches shall be provided for each laboratory or areas where power equipment is used.
- 8-124** All emergency and safety equipment including master valves, shut off switches, eye wash fountains, safety showers, fire extinguishers (appropriate for intended use), and fire-alarm pull stations and other similar equipment shall be tested at least once annually and labeled for high visibility.
- 8-125** Use of X-ray machines and other electronic devices producing ionizing or non-ionizing radiation and radioactive materials and equipment shall conform to the Colorado Department of Public Health and Environment Rules and Regulations Pertaining to Radiation Control, 6 CCR § 1007-1.
- 8-201** All areas shall be adequately ventilated so that exposures to hazardous or toxic materials are maintained to a safe level. In the absence of more stringent guidelines the American Conference of Government Industrial Hygienists 1989 Threshold Limit Values and Biological Indices shall be used as guideline to determine safe levels.
- 8-202** Local exhaust ventilation shall be provided so that contaminants are exhausted away from the student and not through the breathing zone.
- 8-203** Sufficient fume hood capacity ventilation shall be provided and shall be used for any activity producing hazardous toxic or noxious gases, mists, vapors, or dusts.
- Hoods must exhaust directly to the outside and shall be located at a minimum of 10 feet from any building air-intakes or building openings.
 - Discharges from any exhaust hood must meet applicable Colorado Air Pollution Standards.
 - A minimum face velocity of 100 feet/minute for general laboratory hoods must be provided.
 - Air flow of fume hoods must be tested at least once each school year.
- 10-103** Procedures shall be established, as may be indicated, at each school district to provide for the protection of the health of the students and other users.
- 10-104** The school plant shall be maintained and used in a safe manner to minimize health, safety and fire hazards. Fire control methods shall conform to state and local fire prevention regulations.



CHILD CARE FACILITY PROFILE DATA SHEET
Environmental Health Division

DATE: _____ New Establishment New Owner Changes

PREVIOUS EST. NAME (old owner) _____ Previous Est. # _____

NEW EST. NAME _____ New Est. # _____

Address 1 (street) _____

Address 2 (Mailing for Location Only PO Box) _____

City _____ Zip Code _____ Phone (____) _____ - _____ County _____

OWNER NAME _____ Phone (____) _____ - _____

Owner Address _____ City _____ State _____

Zip Code _____ Owner Email _____ Fax # _____

CDHS License Number _____

Water Supply Municipal Well Sewage Disposal Method Municipal ISDS Diaper Changing Food Preparation

PERMIT TYPE:

EXPIRATION DATE: _____

Onsite Inspection \$175 CCO CCOIZ
 Mail In Inspection \$55 CCM CCMIZ

LICENSED FOR: 5 – 20 51 – 100 151 – 250
 21 – 50 101 – 150 251 + Children

EHS NAME _____ ID # _____

COMMENTS:

Child Care Facility Inspection Report



Est. # _____
 Facility _____
 Phone # _____
 Address _____
 City _____
 CDHS # _____

Date: _____ Time: _____ Water _____ Sewer _____ Diaper Changing: Yes No

Based on an inspection this day, the items marked below identify the violations which must be corrected by the next routine inspection or such shorter period of time as may be specified by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in non-approval for re-licensing.

Number of Children CDHS Licensed for: _____ Inspection Type: Routine _____ Follow-up _____
 Number of Children Enrolled ages 0 to under 5 years: _____

02 PREMISES	a. Toxins, accessible hazards, pool disinfected	02 PREMISES	b. Grounds, pools
03 FACILITY	a. Lead paint, insects/rodents	03 FACILITY	b. Building, detached structures, modulares
04 SANITARY FACILITIES AND CONTROLS	a. Safe water source, under pressure, temperature	04 SANITARY FACILITIES AND CONTROLS	f. Water supply, plumbed facilities, custodial areas
	b. Backflow, back siphonage/cross-connections	05 INTERIOR DESIGN	c. Individual storage, ill/injured child area
	c. Sewage disposal, toilet facilities		d. Play and napping/sleeping equipment
	d. Handwashing facilities	06 DISEASE PREVENTION	e. Hygienic practices
	e. Laundry temperature, soiled linen storage		f. Sanitizer test kit, first aid equipment
05 INTERIOR DESIGN	a. Proper sanitization of sleeping surfaces, linens		g. Demonstration of knowledge
	b. Proper sanitization of toys, indoor play surfaces	07 FOOD SERVICE	d. Colorado RFE Rules & Regulations
06 DISEASE PREVENTION	a. Staff and children health, disease control		e. Prohibited activities
	b. Staff and children hand washing	08 INFANT AND TODDLER NURSERIES	d. Personal items/bedding, smocks for infant care
	c. Proper use, storage, labeling of medications		e. Infant feeding/diapering
	d. Proper use, storage, labeling of sanitizers/disinfectants, immunization records	09 CARE OF ANIMALS	d. Number, animal feed, allergies
07 FOOD SERVICE	a. Colorado RFE Rules & Regulations	10 TOXIC MATERIALS MANAGEMENT	c. Storage of bulk art and science materials
	b. Dish machine temperature, limited kitchen		
	c. Approved snacks and meals from guardians		
08 INFANT AND TODDLER NURSERIES	a. Infant feeding-hygienic practices, re-use of bottles		
	b. Formula/breast milk held at 41° F or less		
	c. Diaper changing procedures and hand sink		
09 CARE OF ANIMALS	a. Prohibited animals		
	b. Animal bite control and child participation		
	c. Proper storage/maintenance of enclosures		
10 TOXIC MATERIALS MANAGEMENT	a. Proper use, storage, labeling of toxic materials		
	b. Asbestos		

Permit Type* CCOIZ CCO CCMIZ CCM

*Note: If permit type is marked CCOIZ or CCMIZ, an immunization review is required. A separate Approval for Licensing Letter will be provided when both the EH inspection and immunization review are compliant.

Inspection Fee Paid Yes No

EH Inspection Compliant* Yes No

Reinspection Required Yes No

Return CIVCS Form Yes No

If yes, reinspection date on/about _____

If yes, return CIVCS form by _____

Inspected by: _____

Operator: _____

Print

Print

Sign

Sign



General Establishment/Facility Profile Data Sheet

Environmental Health Division – Tri-County Health Department

- | | | |
|-------------------------------------------------|------------------------------------------------|-------------------------|
| <input type="checkbox"/> Body Art | <input type="checkbox"/> Food Processor | _____ New establishment |
| <input type="checkbox"/> School Chem Lab | <input type="checkbox"/> Warehouse | _____ New owner |
| <input type="checkbox"/> Vector | | |

Date _____

Establishment Information

Previous EST# and Name (old owner) _____	
Establishment Name _____	
Address 1 (street location) _____	
Address 2 (mailing for location only-P.O. Box) _____	
City _____	Zip Code _____
Est. Phone _____	Est. Fax _____ Est. E-mail _____
County:(circle one) Adams Arapahoe Douglas	
Office: (circle one) Aurora Commerce City Bellevue East Castle Rock	

Owner Information

Owner Name: _____	Owner Phone: _____
Owner Address: _____	
Owner City: _____	State: _____ Zip Code: _____
Owner E-Mail Address: _____	Owner Fax: _____

EHS Information and Comments

E.H.S. Assigned: _____	E.H.S. Employee Number _____
Comments: _____	

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

FOR CALENDAR YEAR 2011

This application will be rejected unless all questions are fully answered, proper remittance is attached, and Health Department approval is obtained. The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically. Make remittance payable to:

Tri-County Health Department
 6162 S. Willow Drive, Suite 100
 Greenwood Village CO 80111

Health Department Approval

Approved by _____

Date _____ New Renewal
 Circle one

Type of Ownership

- Individual (if individual or sole proprietor owner, you must complete the enclosed affidavit and provide a notarized copy of an approved identification.)
 General Partnership Limited Partnership Limited Liability Company Limited Liability Partnership Limited Liability Limited Partnership
 Corporation "S" Corporation Association Estate Government
 Joint Venture Trust Non-Profit 501(c)(3) [Please enclose copy of IRS letter of exemption] Other Non-profit

Certificate/License to be issued in the name(s) of (full legal name of corporation; individual owner or name of first partner)

(names of second and additional partners or corporation officers)

Trade Name (DBA)

FEIN Number/Social Security Number

Business Located at (street or rural route, city, state, and ZIP code)

County in which business is actually located

Phone Number

Mailing Address (if different from location above; include street, city, state, and ZIP code)

Date you started the business

If seasonal, mark each business month

- JAN MAR MAY JULY SEPT NOV
 FEB APR JUNE AUG OCT DEC
 Seasonal Date of Operation: Begin Date ____ / ____ / ____ End Date ____ / ____ / ____
 Month Day Month Day

Are you liable for reporting state sales tax?

Yes No

Liquor?

Yes No

Gaming?

Yes No

Colorado Sales Tax Account Number (required)

Name and address of previous owner

In consideration thereof, I do hereby certify that I have complied with all items of sanitation as listed in the Colorado Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment or local board of health. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Signature

Title

Date

Colorado Sales Tax Account Number (required)

Name and address of current owner

Calendar Year

For Health Department Use Only

- | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> No fee License (School, Charitable, Other) .. (3273 750).....\$0 | <input type="checkbox"/> Grocery Store Over 85,000 Sq Ft (3294 750)..... \$500.00 |
| <input type="checkbox"/> Mobile Unit (3289 750).....\$255.00 | <input type="checkbox"/> Grocery w/Deli 0-3,500 Sq Ft (3283 750)..... \$207.00 |
| <input type="checkbox"/> Mobile Unit (Prepackaged Food) (3292 750).....\$115.00 | <input type="checkbox"/> Grocery w/Deli 3,501-15,000 Sq Ft (3284 750)..... \$338.00 |
| <input type="checkbox"/> Temporary/Special Event Establishment (3291 750).....\$255.00 | <input type="checkbox"/> Grocery w/Deli 15,001-25,000 Sq Ft (3285 750)..... \$360.00 |
| <input type="checkbox"/> Temporary/Special Event(Prepackaged Food) (3293 750).....\$115.00 | <input type="checkbox"/> Grocery w/Deli 25,001-45,000 Sq Ft (3286 750)..... \$395.00 |
| <input type="checkbox"/> Restaurant 0-100 Seats (3274 750).....\$265.00 | <input type="checkbox"/> Grocery w/Deli 45,001- 65,000 Sq Ft (3287 750)..... \$450.00 |
| <input type="checkbox"/> Restaurant 101-200 Seats (3275 750).....\$285.00 | <input type="checkbox"/> Grocery w/Deli 65,001- 85,000 Sq Ft (3288 750)..... \$575.00 |
| <input type="checkbox"/> Restaurant Over 200 Seats (3276 750)..... \$310.00 | <input type="checkbox"/> Grocery w/Deli Over 85,000 Sq Ft (3295 750)..... \$690.00 |
| <input type="checkbox"/> Grocery Store 0-3,500 Sq Ft (3277 750).....\$115.00 | <input type="checkbox"/> Oil & Gas Temp. 0-50 (Initial License) (3296 750)..... \$750.00 |
| <input type="checkbox"/> Grocery Store 3,501- 15,000 Sq Ft (3278 750)..... \$180.00 | <input type="checkbox"/> Oil & Gas Temp. Over 50 (Initial License) (3298 750) .. \$1,250.00 |
| <input type="checkbox"/> Grocery Store 15,001-25,000 Sq Ft (3279 750).....\$200.00 | <input type="checkbox"/> Oil & Gas Temp. 0-50 (Renewal)..... (3297 750).....\$275.00 |
| <input type="checkbox"/> Grocery Store 25,001-45,000 Sq Ft (3280 750).....\$235.00 | <input type="checkbox"/> Oil & Gas Temp. Over 50 (Renewal)..... (3299 750)..... \$500.00 |
| <input type="checkbox"/> Grocery Store 45,001-65,000 Sq Ft (3281 750).....\$290.00 | |
| <input type="checkbox"/> Grocery Store 65,001-85,000 Sq Ft (3282 750).....\$415.00 | |

(999)

\$.00



Retail Food Establishment Information

-Continued-

_____ New Establishment

_____ New Owner (COO)

Previous Name & Est. # (COO) _____

Address: _____

Address 2 (P. O. Box): _____

Owner Phone _____

Owner e-mail _____

Owner/Corp President or
Registered Agent _____

RF1: _____ Seats (Circle One): RF2 & RF3: _____ sq.ft.

Water Supply
(Circle One): None Municipal Supply Private Well

Sewage Disposal
(Circle One): None Municipal On-Site Disposal
System

EHS Name: _____

County Code
(Circle One): 1 = Adams 3 = Arapahoe 8 = Douglas

Office Code
(Circle One): 20 = Englewood 40 = Commerce City 60 = Aurora 70 = Castle Rock

Risk Category
(Circle One): 1 = Very Low 2 = Low 3 = Medium 4 = High

Comments: _____

TRI-COUNTY HEALTH DEPARTMENT
Retail Food Establishment
First Operation Inspection

RFE Name _____

RFE Address _____

Est. # _____

Owner / Manager Name _____

EHS Name _____ # _____

Date / Time _____

A representative of this establishment has been provided with a First Operational packet, and the following topics were reviewed:

- Advanced preparation of food.
- Proper food temperatures including hot and cold holding, cooking, cooling and reheating procedures
- Hand washing
- Thermometer Calibration and Usage
- Ill Employees and Infected Workers
- Cross Contamination and Food-borne Illness
- Utensil and equipment washing and sanitization
- A regular inspection will follow in approximately 90 days

Comments: _____

EHS Signature

RFE Representative Signature

Retail Establishment Inspection Report

Date: _____ Time: _____ Water _____ Sewer _____ HACCP Plan/Time Temp Control Plan:

Based on an inspection this day, the items marked below identify the violations which must be corrected by the next routine inspection or such shorter period of time as may be specified by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in revocation or suspension of your retail food license.

01	FOOD SOURCE
	a. Approved source, shellfish tags
	b. Wholesome, free of spoilage, damaged cans, raw fish frozen
	c. Cross-contamination
	d. HACCP plan
02	PERSONNEL
	a. Personnel w/infections restricted, infected worker
	b. Wounds properly covered
	c. Hands washed as needed
	d. Common towel, appropriate sink, fingernails, minimize hand contact
	e. Smoking, eating, drinking
	f. Demonstration of knowledge
03	FOOD TEMPERATURE CONTROL
	a. Rapidly cool foods to 41°F or less
	b. Rapidly reheat to 165°F or greater
	c. Hot hold at 135°F or greater
	d. Required cooking temperatures
	e. Cold hold at 41°F or less
	f. Food thermometer (probe-type)
	g. Adequate equipment to maintain food temperatures
04	SANITIZATION RINSE
	a. Manual
	b. Mechanical
	c. In-place
05	WATER, SEWAGE, PLUMBING SYSTEMS
	a. Safe water source
	b. Hot and cold water under pressure metered faucet
	c. Backflow, backsiphonage/cross-connections
	d. Sewage disposal
06	HAND WASHING FACILITIES
	a. Adequate number, location
	b. Accessible
	c. Soap and drying devices
07	PEST CONTROL
	a. Evidence of insects, rodents, other pests
	b. Pesticide application, unapproved pesticides used
	c. Animals prohibited
08	POISONOUS OR TOXIC ITEMS
	a. Properly stored
	b. Properly labeled
	c. Properly used, unapproved toxics, sanitizer too high

09	FOOD LABELING, FOOD PROTECTION
	a. Original container, properly labeled
	b. Protected from contamination, thawing, food off floor, covered
10	EQUIPMENT DESIGN, CONSTRUCTION
	a. Food -contact surfaces
	b. Nonfood-contact surfaces, equipment installation
	c. Warewashing facility designed, operated, maintained
11	TESTING DEVICES
	a. Thermometer location, inaccurate product thermometer
	b. Dishmachine thermometer, pressure gauge
	c. Chemical test kits provided
12	CLEANING OF EQUIPMENT & UTENSILS
	a. Food-contact surfaces
	b. Nonfood-contact surfaces
	c. No pre-wash/scrape, clean water, improper sequence, water temp
	d. Wiping cloths
13	UTENSILS, EQUIPMENT, SINGLE-SERVICE ARTICLES
	a. Utensils & equipment, used, stored, protected, air dried
	b. Single-service articles stored
	c. Reuse of single-service articles
14	PHYSICAL FACILITIES
	a. Plumbing, handsinks, mop sink: installed, maintained
	b. Dumpster/trash cans: insect proof, covered
	c. Floors, walls, ceilings, construction / cleaning
	d. Lighting
	e. Ventilation
	f. Locker Rooms, personal belongings
	g. Premises maintained, unnecessary articles, outer openings
	h. Separation of living & laundry facilities
	i. Restroom facilities, clean, doors, toilet paper, waste container
15	OTHER OPERATIONS
	a. Personnel: clean clothes, hair restraints, authorized
	b. Linen properly stored
Enforcement actions:	
<input type="checkbox"/> Voluntary Closure <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Condemnation	
Notes:	

Number of seats/sq. ft. _____ Number of meals _____

Reinspection Required Yes No

Return CIVCS Form Yes No

If yes reinspection date on/about _____

If yes return CIVCS form by _____

Inspected by: _____

Operator: _____

Print

Print

Sign

Sign

RESTAURANT COPY

Item # Descriptions

1	Food Source – Food in sound condition, from approved sources. Unwrapped or potentially hazardous foods not reserved. Prevent cross contamination. Proper HACCP plan/consumer advisory if necessary.
2	Personnel – Food handlers: No infectious diseases or exposed wounds. Proper handwashing in approved sinks. Use of cloth hand towel prohibited. Eat/smoke in approved areas. Employee drinks in covered containers. Employees must have appropriate food safety knowledge. Minimal hand contact with food.
3	Food Temperature Control – Cooked potentially hazardous foods cooled from 140-70° F within 2 hours and 70-41° F within 4 hours. Potentially hazardous foods stored at or above 140° F or at 41° F or below. Potentially hazardous foods reheated to 165° F within 2 hours. Accurate metal stem thermometer. Cooking temperatures: poultry 165° F, pork and ground beef 155° F, eggs and fish 145° F. Adequate equipment for hot and cold storage. Using an approved time control policy.
4	Sanitization Rinse – Machine: final rinse temperature at 160° F on dish surface or 50-200 ppm chlorine residual or equivalent. Manual: 50-200 ppm chlorine residual at 75° F for one minute, 200 ppm quaternary ammonium, or other approved sanitizer. In Place: 50-200 ppm chlorine residual, 200 ppm quaternary ammonium, or equivalent on in-use wiping cloths.
5	Water/Sewage/Plumbing Systems – Hot and cold water provided under pressure. Potable water supplies protected from contamination. Vegetable prep sinks, warewashing sinks, ice machines, etc. indirectly plumbed. Proper sewage and wastewater disposal.
6	Handwashing Facilities – Adequate toilet/handwashing facilities. Handsinks accessible. Soap and proper hand drying devices/towels provided.
7	Pest Control – Proper insect and rodent control. Proper pesticide use. Animals prohibited.
8	Toxic Items – Chemical containers labeled. Proper storage of chemicals, personal medications, and first aid supplies. Sanitizer concentration must not exceed approved maximum concentration.

Action Taken

#	Indicate in the space below the corrective action taken to correct the critical violations noted on the reverse side.

Operator's Name (please print)

Signed

Date

AUTHORITY TO CANCEL OR CORRECT RETAIL FOOD ESTABLISHMENT LICENSE

This form will be used by the Health Department to authorize Registration Control Section, Department of Revenue to correct Retail Food Establishment Licenses or to authorize Cancellation of a license.

Complete and forward this form to the Department of Revenue, 1375 Sherman Street, Registration Control B 132, Denver, CO 80261.

DO NOT WRITE IN THIS SPACE

Date		DOR Sales Account Number			
<input type="checkbox"/> Correct <input type="checkbox"/> Cancel Final Date _____ If correction, show name and/or address as it should appear after correction. If cancellation, show name and address of license to be cancelled.					
Owner(s) Name		Phone Number			
Trade Name		Business Phone Number			
Location Address					
City		State	ZIP		
Mailing Address					
City		State	ZIP		
Authorized by		Phone	Date		
Indicate appropriate item(s) for correction					
<input type="checkbox"/> Name <input type="checkbox"/> Trade Name <input type="checkbox"/> Spelling <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> Change of Required Fee Status (<i>check box below</i>)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> No Fee License (School, Charitable, Other).... (3273) \$0 <input type="checkbox"/> Mobile Unit..... (3289).....\$255.00 <input type="checkbox"/> Mobile Unit (Prepackaged Food)..... (3292).....\$115.00 <input type="checkbox"/> Temporary/Special Event Establishment..... (3291).....\$255.00 <input type="checkbox"/> Temporary/Special Event(Prepackaged Food)...(3293).....\$115.00 <input type="checkbox"/> Restaurant 0-100 Seats (3274) \$255.00 <input type="checkbox"/> Restaurant 101-200 Seats (3275) \$285.00 <input type="checkbox"/> Restaurant Over 200 Seats (3276) \$310.00 <input type="checkbox"/> Grocery Store 0-3,500 Sq Ft (3277) \$115.00 <input type="checkbox"/> Grocery Store 3,501- 15,000 Sq Ft (3278) \$180.00 <input type="checkbox"/> Grocery Store 15,001-25,000 Sq Ft (3279) \$200.00 <input type="checkbox"/> Grocery Store 25,001-45,000 Sq Ft (3280) \$235.00 <input type="checkbox"/> Grocery Store 45,001-65,000 Sq Ft (3281)\$290.00 <input type="checkbox"/> Grocery Store 65,001-85,000 Sq Ft (3282)....\$415.00 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Grocery Store Over 85,000 Sq Ft (3294)\$500.00 <input type="checkbox"/> Grocery w/Deli 0-3,500 Sq Ft..... (3283)\$207.00 <input type="checkbox"/> Grocery w/Deli 3,501-15,000 Sq Ft (3284)\$338.00 <input type="checkbox"/> Grocery w/Deli 15,000-25,000 Sq Ft (3285)\$360.00 <input type="checkbox"/> Grocery w/Deli 25,001-45,000 Sq Ft (3286)\$395.00 <input type="checkbox"/> Grocery w/Deli 45,001-65,000 Sq Ft (3287)\$450.00 <input type="checkbox"/> Grocery w/Deli 65,001- 85,000 Sq Ft (3288)\$575.00 <input type="checkbox"/> Grocery w/Deli Over 85,000 Sq Ft (3295)\$690.00 <input type="checkbox"/> Oil & Gas Temp. 0-50 (Initial License).....(3296).... \$750.00 <input type="checkbox"/> Oil & Gas Temp. Over 50 (Initial License).....(3298)..\$1,250.00 <input type="checkbox"/> Oil & Gas Temp. 0-50 (Renewal).....(3297)....\$275.00 <input type="checkbox"/> Oil & Gas Temp. Over 50 (Renewal).....(3299)....\$500.00 </td> </tr> </table>				<input type="checkbox"/> No Fee License (School, Charitable, Other).... (3273) \$0 <input type="checkbox"/> Mobile Unit..... (3289).....\$255.00 <input type="checkbox"/> Mobile Unit (Prepackaged Food)..... (3292).....\$115.00 <input type="checkbox"/> Temporary/Special Event Establishment..... (3291).....\$255.00 <input type="checkbox"/> Temporary/Special Event(Prepackaged Food)...(3293).....\$115.00 <input type="checkbox"/> Restaurant 0-100 Seats (3274) \$255.00 <input type="checkbox"/> Restaurant 101-200 Seats (3275) \$285.00 <input type="checkbox"/> Restaurant Over 200 Seats (3276) \$310.00 <input type="checkbox"/> Grocery Store 0-3,500 Sq Ft (3277) \$115.00 <input type="checkbox"/> Grocery Store 3,501- 15,000 Sq Ft (3278) \$180.00 <input type="checkbox"/> Grocery Store 15,001-25,000 Sq Ft (3279) \$200.00 <input type="checkbox"/> Grocery Store 25,001-45,000 Sq Ft (3280) \$235.00 <input type="checkbox"/> Grocery Store 45,001-65,000 Sq Ft (3281)\$290.00 <input type="checkbox"/> Grocery Store 65,001-85,000 Sq Ft (3282)....\$415.00	<input type="checkbox"/> Grocery Store Over 85,000 Sq Ft (3294)\$500.00 <input type="checkbox"/> Grocery w/Deli 0-3,500 Sq Ft..... (3283)\$207.00 <input type="checkbox"/> Grocery w/Deli 3,501-15,000 Sq Ft (3284)\$338.00 <input type="checkbox"/> Grocery w/Deli 15,000-25,000 Sq Ft (3285)\$360.00 <input type="checkbox"/> Grocery w/Deli 25,001-45,000 Sq Ft (3286)\$395.00 <input type="checkbox"/> Grocery w/Deli 45,001-65,000 Sq Ft (3287)\$450.00 <input type="checkbox"/> Grocery w/Deli 65,001- 85,000 Sq Ft (3288)\$575.00 <input type="checkbox"/> Grocery w/Deli Over 85,000 Sq Ft (3295)\$690.00 <input type="checkbox"/> Oil & Gas Temp. 0-50 (Initial License).....(3296).... \$750.00 <input type="checkbox"/> Oil & Gas Temp. Over 50 (Initial License).....(3298)..\$1,250.00 <input type="checkbox"/> Oil & Gas Temp. 0-50 (Renewal).....(3297)....\$275.00 <input type="checkbox"/> Oil & Gas Temp. Over 50 (Renewal).....(3299)....\$500.00
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Authorized by		Date			
Processed by (<i>Colorado Department of Revenue</i>)		Date			

STATE OF COLORADO
DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION					ISSUE DATE			LICENSE VALID TO DECEMBER 31
	county	city	indust.	type	liability date	month	day	year	

THIS LICENSE MUST BE POSTED AT THE FOLLOWING LOCATION:

VOID

This certifies that licensee shown hereon is authorized and licensed to engage in business in accordance with the provisions of the law and regulations of the Colorado Department of Public Health and Environment. Any alterations made on this license will automatically make it null and void.

**POST IN A
CONSPICUOUS
PLACE**

▼ DETACH HERE ▼

New Automated Services For and About Businesses

The Colorado Department of Revenue Sales Tax Information System provides the following automated services:

- Colorado Sales Tax Rates - find specific city, county and special district rates.
- Verification of Sales Tax License Exemption Numbers - determine whether a Colorado sales tax license or exemption certificate is valid.
- Tax Rates by Account Number - find sales tax rates and locations for specific sales tax accounts.

These services make it possible for taxpayers to help themselves to information 24 hours a day - without requiring the assistance of a customer service representative. In this way, more complicated or confidential tax information inquiries can be reserved for speaking to a live agent.

Listen and look for these services on the department's business tax information phone line at 303-238-FAST (3278) for specific account information. Call 303-238-SERV (7378) for general information OR visit the DOR Web site at www.TaxColorado.com

Web users can try the system online at www.taxview.state.co.us We are interested in your comments about the system. You can send us an e-mail with your comments through our Department of Revenue Web site.

**TRI-COUNTY HEALTH DEPARTMENT
MOBILE FOOD ESTABLISHMENT SPECIFICATIONS FORM**

Prior to our review, the required \$100.00 application fee for the plan review must be paid. The amount of the total plan review fee (\$580.00 maximum) will be stated in the plan review approval letter. This amount is due and payable when the approval letter is received. An accurate and detailed plan and specification document is most important and critical for the proper construction and operation of your establishment.

Please take your time and fill out the following pages in detail, with accuracy, and completely, including the finish schedule and the equipment installation list. Notations of "see plans" will not be accepted. YOUR APPLICATION WILL NOT BE REVIEWED IF THE REQUESTED INFORMATION IS NOT PROVIDED.

DATE _____ DATE OF PLANNED OPENING _____

ESTABLISHMENT NAME _____ PHONE _____

ESTABLISHMENT ADDRESS _____
(full address is required) street name & number city zip

PARTY TO RECEIVE
CORRESPONDENCE: _____ PHONE _____

Address: _____

CONTRACTOR _____ PHONE _____

Address: _____

ARCHITECT _____ PHONE _____

Address: _____

OWNER _____ PHONE _____

Address: _____

SERVICE TYPE: _____ full service _____ fast food _____ bar _____ retail _____ convenience
_____ other _____

TABLE SERVICE TYPE: _____ multi-use flatware, glassware and plates.
_____ disposable flatware, glassware and plates.

_____ NEW ESTABLISHMENT _____ REMODEL _____ MENU ATTACHED

TCHD
USE:

OWNER
USE:

A. UTILITY INSTALLATION

_____ All plumbing and electrical conduit are to be installed within and _____
behind walls and ceilings or below floors. Exposed water pipes, sewerlines, or electrical
conduit running along walls, ceilings or floors are not approved and will not be accepted.

B. DOORS AND WINDOWS

_____ All outside openings must be tight-fitting and self closing to exclude the entrance of insects. _____
and rodents.

This included serving windows.

Openable windows: screened _____ air curtain _____ self-closing _____ other _____

Outside doors: self-closing _____ screens _____ air curtain _____ other _____

C. LIGHTING REQUIREMENTS

_____ 50 foot-candles of light on all working surfaces and equipment inside mobile food _____
preparation and utensil washing areas, including equipment located under vent hoods.

_____ Protective shielding for all light fixtures in food preparation utensil and equipment washing, _____
and other areas where food is stored or displayed. Shatterproof bulbs may be substituted.

D. VENTILATION

_____ Ventilation must be adequate so that all areas are kept free from _____
excessive heat, steam, condensation, vapors, or objectionable odors.

_____ Ventilation systems must be exhausted to the outside air. _____

_____ Ventilation hoods and devices must be designed to prevent grease or condensate from _____
dripping out of the hood or device. Domestic type hoods are acceptable.

_____ Ventilation system filters must be readily removable for cleaning. _____

_____ Details (shop drawings) indicating size (length and width) and type of all exhaust hoods _____
must be provided.

_____ Fire prevention or extinguishing equipment must be installed so that it does not create a _____
-cleaning problem or compromise the integrity of original design of hood

_____ Intake air ducts must be designed and located to prevent the entrance of dust, dirt, insects, _____
exhausted air, etc.

E. WATER

Water must be obtained from an approved commissary.

Source _____ If private well, give depth and method of water treatment:

TCHD
USE:

OWNER
USE:

_____ Hot and cold water under pressure must be supplied to all fixtures and equipment requiring water. _____

F. HAND WASHING FACILITIES

_____ Handwashing facilities must be readily accessible in all food preparation areas and ware-washing areas. _____

_____ All hand washing facilities provided with hot and cold or tempered water under pressure. _____

_____ Each hand washing facility provided with soap and sanitary toweling or hand-drying device. _____

* PLEASE NOTE: Self-dispensing, spring loaded, or metering faucets must provide a flow of water for at least fifteen seconds without the need to reactivate.

G. DESIGN, CONSTRUCTION, AND INSTALLATION OF EQUIPMENT

_____ All equipment and utensils meet National Sanitation Foundation Standards (NSF) or equivalent.. Submit the make and model numbers of all equipment (see Appendix A). Drop-in cold plates in ice machine or jockey boxes are not acceptable. _____

_____ Ice storage bins. Protected with splash shields (protective covers). _____

_____ Proper installation of mix and liquor guns (indirect waste). _____

_____ All Vegetables must be purchased pre cleaned and pre cut. _____

_____ Equipment used for food preparation or storage installed so as to facilitate cleaning around and beneath each unit. _____

_____ 1. Equipment which is placed on tables or counters either readily movable, sealed thereto or mounted on legs or feet at least 4" high to facilitate easy cleaning. _____

_____ 2. Floor mounted equipment, unless readily movable (on casters), sealed to floor, or installed on raised platforms of concrete or masonry, or elevated at least 6" above floor. _____

_____ 3. All floor mounted equipment and the space between adjoining units, and between a unit and an adjacent wall, must be either closed or sealed if exposed to seepage or have sufficient space to facilitate easy cleaning between, behind, and beside equipment. _____

TCHD
USE:

OWNER
USE:

4. Space requirements:

- a. If equipment is less than 24" wide, the space between equipment and wall must be at least 6".
- b. If equipment is more than 24" but less than 72" wide, the space between equipment and wall must be at least 12".
- c. If equipment is more than 72" wide, the space between equipment and wall must be at least 18".
- d. If equipment is installed on castors with flex fuel lines or quick disconnects, the space requirements listed above are not applicable. Flex lines must be long enough to allow the equipment to be pulled away from the wall to permit easy cleaning.

H CLEANING-SANITIZING OF EQUIPMENT AND UTENSILS (kitchen & tableware)

1. MANUAL PROCESS

- a. A three-compartment sink must be provided. Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used. Size of each compartment: _____ (length x height x depth)
- b. Drainboards must be as wide as adjoining sink compartments.
Double 24" drainboards are required in establishment using single service utensils.
Double 36" drainboards are required in establishment using multi-use utensils.

I HOT WATER SUPPLY

Water Heater: Make _____ Model # _____
 Recovery Rate: _____ gal. per hr. at _____ ° F rise at sea level
 BTU/KW rating _____, Storage Tank Capacity _____ gallons
 Hot water requirement of establishment is _____ gal. per hr.-based on usage requirements of all fixtures. (See Appendix D)

J. STORAGE AND HANDLING OF EQUIPMENT AND UTENSILS

All utensils and equipment must be stored at least 6" off the floor; clean, dry, and protected from splash and dust.

No storage under exposed water or sewer lines.

N. HOT AND COLD FOOD STORAGE

Hot and/or cold food storage units must be provided which are large enough to accommodate maximum food storage or holding during peak periods. Refrigeration equipment must be provided for the rapid cooling of cooked food products.

1. REACH-IN REFRIGERATOR AND FREEZER UNITS

Refrigerator Units: Number _____, Approx. cu.ft. total _____
 Freezer Units: Number _____, Approx. cu.ft. total _____

Domestic type units are not acceptable.

TCHD
USE:

OWNER
USE:

2. HOT FOOD HOLDING UNITS

Must be capable of holding foods at a minimum of 140° F. List number and type:

All hot and cold holding and/or storage units must be provided with accurate, numerically scaled thermometers.

* PLEASE NOTE: Refrigeration equipment when installed in conjunction with heat producing cooking equipment must be designed and installed so refrigeration equipment can maintain foods below 41° F.

L. DRY STORAGE FOOD AND FOOD PRODUCTS

Food and food products must be stored at least 6" off the floor; dry, splash free, and not exposed to water or sewer lines.

M. CHEMICAL STORAGE

All toxic, poisonous materials, including cleaning chemicals and sanitizers, must be stored physically separate from food and utensils. Insecticides and rodenticides must be stored separately, preferably in a locked cabinet.

N. The minimum storage size and recovery rate of the required water heater will be calculated by the Department and stated in the plan review approval letter.

O. The minimum size of the required water storage tank will be calculated by the Department and stated in the plan review approval letter.

P. The minimum size of the required wastewater storage tank will be calculated by the Department and stated in the plan review approval letter.

REQUEST FOR INSPECTIONS – Two inspections are required prior to opening:

1. A construction inspection is done when interior finishes are complete, but prior to the installation of equipment.
2. An opening inspection will be done when all remodeling or construction is complete, the facility has been cleaned and is ready to operate.

You must notify Tri-County at least 1 week in advance for each inspection. If you wish to change plans that have already been approved the changes must be submitted in writing to the department for approval.

THE PLAN REVIEW is good for a period of 180 days from the date below. If construction/remodeling is not started within this time period, it will be necessary to re-submit plans for a new review. Regulations are subject to change. Any changes in Health Department approved plans MUST have prior approval by the Department.

Representative

Title

Date



Truck/Push Cart Licensing Check List

Check list is to be for hot trucks/trailers/carts previously licensed by TCHD. A plan review must be done on all hot trucks and trailers not previously licensed by TCHD.

Establishment #: _____

License Plate #: _____

Establishment Name: _____

Telephone #: _____

Address: _____

Date: _____

Owner: _____

Owner Address: _____

Type of Mobil Food: Hot Truck Trailer Cold Truck Hot Dog Cart

The following must be provided prior to the inspection (check box if provided):

- Original State Sales Tax License Number
- New Commissary Letter (and a copy of commissary's Retail Food License)
- Written Menu
- Restroom Affidavit (if fixed location)

Inspection

Inspection Item		Yes	No	N/A
1.	Is hot and cold water under pressure at the handsink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are paper towels and soap available at the handsink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is hot and cold water under pressure at the 3-comp. sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are windows (including serving window) screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the food trailer back door screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do hood exhaust fans work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is steam table temperature at least 140° F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do cold holding units maintain food at 41° F or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is the hot truck, trailer or push cart self contained/self powered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do cold holding unit doors seal tightly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are floors, walls, and ceilings in good repair, smooth and easily cleanable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the grill commercial or an approved domestic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are the proper sanitizer test strips and a metal stem thermometer available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does the push cart have an umbrella/awning over the cart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is the food menu appropriate for the operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are the water and wastewater tanks appropriately sized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is the commissary approved by a health department (a maximum of 30 minutes or 30 miles away)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is the food obtained from an approved source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Is food prepared at an approved facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Has the source of the water and wastewater dump site been verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Does the mobile unit have the required identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Environmental Health Specialist

Owner

**RENEWAL APPLICATION FOR LICENSE TO
 CONDUCT A RETAIL FOOD ESTABLISHMENT**

(Please send application and payment to the address at the bottom of the renewal form.)

**DO NOT USE THIS FORM IF THERE HAS BEEN A CHANGE IN OWNERSHIP.
 Contact the health agency noted below for an original application form and approval.
 THIS APPLICATION FOR LICENSE WILL BE REJECTED UNLESS PROPER PAYMENT IS ATTACHED.**

Taxpayer Name					
DBA					
ACCOUNT NUMBER Use for all reference	LIABILITY INFORMATION			DUE DATE	
	COUNTY	CITY	INDUST TYPE	LICENSE FOR THE YEAR	MO DAY YEAR

LOCATION ADDRESS

KEEP THIS COPY

In consideration thereof, I do hereby certify that I have complied with all the items of sanitation as listed in the Colorado State Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Authorized Signature	Title	Date
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▼ RETURN COPY BELOW - DETACH HERE ▼

**RENEWAL APPLICATION FOR LICENSE TO
 CONDUCT A RETAIL FOOD ESTABLISHMENT**

Taxpayer Name					
DBA					
ACCOUNT NUMBER Use for all reference	LIABILITY INFORMATION			DUE DATE	
	COUNTY	CITY	INDUST TYPE	LICENSE FOR THE YEAR	MO DAY YEAR

LOCATION ADDRESS

RETURN THIS COPY

In consideration thereof, I do hereby certify that I have complied with all the items of sanitation as listed in the Colorado State Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Authorized Signature	Title	Date
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MAIL THIS PORTION OF APPLICATION WITH A CHECK OR MONEY ORDER PAYABLE TO:



Certified Pool Operator (CPO) Information Form

New CPO information Update/Changes

Pool/Spa Information:

Facility Name: _____

Establishment #: _____

Date of Inspection: _____

Certified Pool Operator's (CPO) Information:

CPO's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Certification Number: _____

Expiration Date: _____

Obtain a copy of CPO or equivalent certification card for the person named above.