AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Mobile Unit Plan Review Form; Colorado Department

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Niky's Donuts is required by the State to have a mobile food permit in order to operate their business at the Airport.

Fiscal Impact: None

Submitted by: swilliams@gunnisoncounty.org **Submitter's Email Address:** swilliams@gunnisoncounty.org

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:
ok - gs

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 2/8/2016 Certificate of Insurance Required

Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 2/9/2016

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted:

Agenda Date: 2/16/2016

Revised April 2015

COLORADO
Division of Environmental Health & Sustainability
Department of Public Health & Environment

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH, Executive Director & Chief Medical Officer

4300 Cherry Creek Drive South, Denver, CO 80246
P (303) 692-3645 | F (303) 753-6809 | www.colorado.gov/cdphe

Dedicated to protecting and improving the health and environment of the people of Colorado

Application Date: 1/1/2016 **Date of Planned Opening:** _____

MOBILE UNIT PLAN REVIEW FORM

ESTABLISHMENT INFORMATION	
Name of Mobile Unit: Niky's Mini Donuts	Phone: (970) 363-6688
Type of Unit: ☐ Mobile (Trailer/Food Catering Truck) ☑ Push Cart ☐ Self-Contained Unit[1] ☐ Prepackaged Only[2]	
Address: 711 Rio Grande Ave	Cell: (281) 796-6722
City: Gunnison	Fax:
State/Zip: CO 81230	Email: info@nikysminidonuts.com
County: Gunnison	
Website/Facebook Page: nikysminidonuts.com	

OWNERSHIP INFORMATION	
Individual(s) or Corporate Name: KRN Enterprise LLC	Phone: (970) 363-6688
Mailing Address: PO BOX 2203	Cell:
City: Gunnison	Fax:
State/Zip: CO 81230	Email: info@nikysminidonuts.com

CONTACT INFORMATION (☑ *CHECK IF SAME AS ABOVE*)	
Name of Primary Contact:	Phone:
Address:	Cell:
City/State/Zip:	Email:

LICENSING INFORMATION		
Has your mobile unit been previously licensed in Colorado? ☐ YES ☑ NO		
If yes, provide the following information		
Year:	County license issued in:	Sales Tax ID Number:

DAYS AND HOURS OF OPERATION							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	12 to 4	12 to 2	12 to 2	12 to 4	12 to 2	12 to 5	12 to 5

CHECK ALL MONTHS YOU PLAN TO OPERATE											
☑ Jan	☑ Feb	☑ Mar	☑ Apr	☐ May	☐ Jun	☐ Jul	☐ Aug	☐ Sept	☐ Oct	☐ Nov	☐ Dec

PROJECTED DAILY MAXIMUM NUMBER OF MEALS TO BE SERVED, WHERE APPLICABLE					
Breakfast		**Lunch**	50	**Dinner**	
What is the maximum number of staff working on the unit? 2					

[1]- **Self-Contained Mobile Unit:**, See definition and additional requirements in Annex page 4.

[2]- **Prepackaged Only:** For operations that offer prepackaged foods only, please complete page 1, provide a menu, and contact your Local Public Health Agency.

Below is a checklist of required information needed to complete the plan review. Please ensure all information is included. ***Lack of complete information will delay review and plan approval.***			
✓	Menu		Table 5: Hot Holding Units
✓	Table 1: Food Handling Procedures		Table 6: Manual Warewashing
✓	Floor Plan/Equipment Layout		Table 7: Water Heater
	Table 2: Finish Schedule		Water Supply Information
	Table 3: Ventilation		Wastewater Tank/Disposal Information
	Equipment Specifications		Commissary Agreement
	Table 4: Refrigeration/Freezer Capacity		

I. MENU AND FOOD HANDLING PROCEDURES

A. Submit a complete menu.

B. Check all the food handling procedures that apply and indicate the location where they will take place in *Table 1* below.

TABLE 1	**FOOD HANDLING PROCEDURES**			
Procedure	Y	N	***If yes, indicate where procedure will take place***	
			Commissary	**Mobile**
Will produce be washed?	☐	☑	☐	☐
Will frozen foods be thawed?	☐	☑	☐	☐
Will foods be prepared in advance? (*e.g. sliced, chopped, etc.*)	☑	☐	☑	☐
Will food be cooked?	☐	☑	☐	☐
Will food be rapidly cooled?	☐	☑	☐	☐
Will food be rapidly reheated?	☐	☑	☐	☐
Will food be held hot?	☑	☐	☐	☑
Will food be held cold?	☐	☑	☐	☐

***** Food shall be obtained from approved sources that comply with the applicable laws relating to food and food labeling.*****
*****Preparation of food or storage of any items related to the operation is prohibited in a personal home.*****

1. How will bare hand contact with ready-to-eat foods be prevented during preparation? Check all that apply.

   ☑ Utensils
   ☑ Gloves
   ☐ Deli Tissue
   ☐ Other: _____

II. FLOOR PLAN/EQUIPMENT LAYOUT:

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

- ☑ Handsinks
- ☐ Food Preparation Sinks
- ☐ Warewashing Sinks
- ☐ Mop Sink
- ☐ Storage Area
- ☐ Refrigeration Units
- ☑ Hot Holding Units
- ☐ Ventilation
- ☐ Water Heater
- ☐ Water Supply Tank
- ☐ Wastewater Tank
- ☐ Drainage Pipes
- ☐ Outdoor Cooking Equipment
- ☐ Spare Tires, Tools, Hoses, etc.

III. PHYSICAL FACILITIES

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

TABLE 2			FINISH SCHEDULE			
Floors			Walls		Ceiling	
Material	**Finish**	**Type of Base**	**Material**	**Finish**	**Material**	**Finish**
Stainless Example	*Smooth*	*Rubber Cove*	*FRP Example*	*Smooth*	*Stainless Example*	*Smooth*

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

1. Are windows and doors screened? ☐ YES ☐ NO ☐ N/A, unit is a push cart
   If no, please describe how the unit will be protected from pest entry:
   _____

2. Are service windows self-closing? ☐ YES ☐ NO ☐ N/A, unit is a push cart
   If no, please describe how the unit will be protected from pest entry:
   _____

C. **Ventilation:** *If the mobile unit is enclosed and grease-cooking is conducted, such as cooking meats on a stove top or deep frying, a Type 1 hood is required.*

1. If applicable, provide specification sheets for the exhaust hood and fan, and provide the hood information in *Table 3* below. Provide the size in feet (*length x width*) of hood. Include manufacturer's recommended exhaust flow in cubic feet per minute (CFM)s.

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

IV. EQUIPMENT SPECIFICATIONS:

A. Submit equipment specification sheets, including make and model numbers. All equipment must be of commercial design, certified by an ANSI accredited certification program, or a design approved by the department. If the specification sheet lists more than one piece of equipment, identify the specific equipment to be used.

B. Provide information on refrigeration/freezer capacities and hot holding units by completing *Table 4* and *Table 5* below.

TABLE 4	REFRIGERATION / FREEZER CAPACITY	
TYPE OF UNIT	**# OF UNITS PROVIDED**	**TOTAL CUBIC FEET**
Reach-in Cooler (under counter)		
Reach-in Cooler (stand up)		
Open Top Sandwich Cooler		
Reach-in Freezer (under counter)		
Reach-in Freezer (stand up)		
Other cold holding storage:		

TABLE 5	HOT HOLDING UNITS
TYPE OF UNIT	**# OF UNITS PROVIDED**
Steam Tables	2
Hot Box	
Cook & Hold Units	
Other hot holding storage: Heat Lamp	2

V. UTENSILS AND WAREWASHING

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

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

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

TABLE 6	MANUAL WAREWASHING			
LENGTH (inches) OF SOILED DRAINBOARD	DIMENSIONS (inches) OF SINK COMPARTMENTS			LENGTH (inches) OF CLEAN DRAINBOARD
	LENGTH	WIDTH	DEPTH	
15	15	15	15	15

*****Sink compartments must be large enough to accommodate the largest piece of equipment or utensil used.*****

VI. WATER SYSTEMS:

A. Please provide plumbing diagrams or schematics showing location of water heater, plumbing fixtures, water supply and wastewater tanks, drain lines and water inlets/outlets on the floor plan.

B. **Hot Water**

1. How will hot water be provided to plumbing fixtures on the unit? (Check all that apply)
   - ☑ Water Heater
   - ☐ Passive System / Heat Exchanger (eg. water is heated as it passes by the heating element)
   - ☐ Other (specify): _____

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

TABLE 7	WATER HEATER		
Make	Model #	KW/BTU Rating	Tank Capacity

C. **Water Supply Information**

1. Provide location where water will be obtained below:

Gunnison Airport	711 Rio Grande Ave	Gunnison	CO 81230
Business Name	Street Address	City	State/Zip

2. Provide water supply tank capacity (in gallons): _____

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

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

   - ☐ 3-compartment sink (Indicate number of sinks):_____
   - ☑ Handsink (Indicate number of sinks): 1_____
   - ☐ Food preparation sink (Specify dimensions in inches LxWxD):_____
   - ☐ Pre-rinse sprayer
   - ☐ Utensil soak sink
   - ☐ Mop sink
   - ☐ Dishmachine
   - ☐ Other (specify): _____

D. **Wastewater Tank/Disposal Information**

1. Provide location where wastewater will be disposed of below:

Gunnison Airport	711 Rio Grande Ave	Gunnison	CO 81230
Business Name	Street Address	City	State/Zip

2. Provide wastewater tank capacity (in gallons): 7_____
   NOTE: The wastewater tank must be at least 15% larger than water supply tank.

3. Prevention of contamination to water supply: How will you ensure there is no cross-connection between the drinking water and waste water tanks and hoses?
   (Check all that apply)

   - ☐ Drinking water inlet above waste outlet
   - ☐ Different colored or sized hoses
   - ☐ Different colored or sized removable tanks
   - ☐ Different threads on inlet and outlet
   - ☑ Other (specify): The handsink station is self contained with it's own fresh water and wast

COLORADO
Division of Environmental Health & Sustainability
Department of Public Health & Environment

COMMISSARY AGREEMENT

1/1/2016
Date

I, Gunnison County Board of County Commissioners of Gunnison-Crested Butte Regional Airport
(Commissary Owner/Operator) (Commissary Establishment Name)

located at 711 Rio Grande Ave, Gunnison, CO 81230
(Address of Establishment, City, State, Zip)

give my permission to KRN Enterprise LLC of Niky's Mini Donuts
(Mobile Unit Owner/Operator) (Name of Mobile unit)

to use my kitchen facilities to perform the following tasks on their operational days:

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

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

Log sheet to be kept in the commissary kitchen

Commissary Water Supply:
☑ Public ☐ Private Public Water System ID Number (PWSID#) _____

Commissary Sanitary Sewer Service:
☑ Public ☐ Private

Signature _____ Date _____
(Commissary Owner/Operator)

Commissary Contact phone number: _____

Commissary Email address: _____

****

This Commissary Agreement is valid for this calendar year only

Annex: Mobile Unit General Requirements

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

I. HANDWASHING SINKS

A. Handwashing sinks must be capable of providing a hands-free, continuous flow of 100°F water delivered under pressure.

B. Handwashing sinks must be easily accessible at all times and used for no other purpose.

II. VENTILATION

A. If the mobile unit is enclosed (floors, hard sided walls, ceiling) and grease-cooking is conducted (i.e. cooking meats on a stove top or deep frying), then a Type 1 hood is required.

B. A single smoker, grill, or oven may be used outside the unit, provided that all foods are prepared, assembled, and served from within the mobile unit and not from the external piece of cooking equipment.

III. WATER SUPPLY

A. Water must be obtained from an approved source, as described in Section 5-101 of the *Colorado Retail Food Establishment Rules and Regulations.*

B. For pushcarts, the water supply tank must have a minimum capacity of at least five gallons.

C. For mobile units equipped with a three-compartment warewashing sink, the water supply must be sized to adequately fill warewashing sinks at least every four hours of operation.

D. The mobile unit must supply three gallons of water to each handwashing sink for each hour of operation. For example, a mobile unit operating for six hours must have a minimum of 18 gallons of drinking water available just for the hand sink. Water can be provided through additional food grade containers if approved by the Department.

E. Adequate water pressure must be provided to all fixtures at all times.

F. Only food-grade hoses can be used to fill or transfer drinking water to or within a mobile unit.

IV. WASTEWATER

A. All wastewater (except water from clean ice) must be contained in a permanently installed holding tank that is at least 15% larger than the water supply tank.

B. Wastewater from the holding tank must be disposed in an approved sanitary sewer system (e.g. toilet or plumbed drain) daily. The wastewater holding tank must never be emptied onto the ground or in the storm drainage system.

C. When using wastewater containers that are not attached to the unit, they must be clearly marked and used for no other purpose.

D. All connections to the wastewater holding tank must be of a different size or type than the connections to the water supply tank in order to prevent a cross-connection between drinking water and wastewater.

E. The connections that release or catch wastewater must be located below the connections on the water supply tank in order to prevent contamination of the supply tank.

V. DEFINITIONS

A. **Mobile Retail Food Establishment:** Means a retail food establishment that is a wheeled vehicle or trailer that is readily moveable and designed for the service of food from the *interior* of the unit that is intended to physically report to and operate from a commissary for servicing, restocking, and maintenance each operating day.

B. **Push Cart:** Means a retail food establishment that is a non-motorized unit designed so foods are served from the *exterior* of the unit, which is intended to physically report to and operate from a commissary for servicing, restocking and maintenance each operating day. Pushcarts shall be limited to cooking approved menu items and serving commercially prepared or commissary prepared food that will result in simple assembly.

C. **Self-Contained Mobile Unit:** Means a licensed mobile retail food establishment that is approved to operate without a commissary. It is not connected to fixed utilities (i.e. water, sewer, and electricity) and it is required to report to an approved servicing location for sewage disposal and water.

Additional Requirements for Self-Contained Mobile Retail Food Establishments

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

A. A pre-approved facility is provided and used to supply drinking water to the unit and for the disposal of wastewater generated by the unit.

B. The mobile unit's drinking water system and waste retention system is sufficiently sized, operated properly to serve the needs of the unit, and liquid waste is emptied only at service locations that have been approved by the Department.

C. Adequate storage areas are provided within the mobile unit for all food, dry goods, single-service articles, and cleaning supplies.

D. Adequate facilities are provided for food preparation; cleaning and sanitizing of equipment and utensils; storage of additional food, equipment, utensils, and other supplies; and other servicing operations.

E. Adequate facilities, as required by the menu, are provided, including hand sink, food preparation sink, ware-washing facilities, mop sink, mechanical refrigeration, and any other necessary equipment.

F. A written operational plan is submitted for the mobile unit demonstrating that its operation as a self-contained unit can be accomplished in compliance with the Colorado Retail Food Establishment Rules and Regulations. Review and approval of the operational plan must include the menu and standard operating procedures for the unit. After an operational plan is approved, any additions or changes to the plan must be approved by the Department prior to implementation. The approved operational plan must be available on the mobile unit at all times.