



Working to Promote Health and Prevent Disease

195 West 14th Street
Rifle, CO 81650

2014 Blake Avenue
Glenwood Springs, CO 81601

P 970.625.5200 Ext. 8130
consumerprotection@garfield-county.com

Restaurant/Catering CHECKLIST

The following are REQUIRED to complete your review:

- ☐ A. \$100 application fee
- ☐ B. A brief written description of the scope of work and what changes/construction will occur.
- ☐ C. Proposed menu & food handling procedures - Breakfast/Lunch/Dinner (including seasonal, off-site catering, and banquet menus).
- ☐ D. Drawings/schedules (please note that not all may be required based on scope of work):
 - ☐ 1. Site plan: showing location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).
 - ☐ 2. Floor plan: show location of equipment, plumbing, and location of *hood and make-up air returns and ducts, *if applicable. (Minimum 1/4 inch scale for architectural renderings). Please identify any garage doors and outer openings.
 - ☐ 3. Plumbing plan: show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease trap, grease/solids interceptor (if required by the local building, water, or sanitation authority) hose bibs and hose reels, laundry facilities etc.
 - ☐ 4. Electrical Plan: show locations and specifications of lights.
- ☐ E. Equipment Specifications: Sheets must include make and model numbers and all equipment must be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.
- ☐ F. Food Protection Manager Certification: Provide manager certification documentation (if applicable).
- ☐ G. Vomiting & Diarrheal Event Clean-Up Procedures. Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment.
- ☐ H. Employee Illness policy. Written procedures are not required. Information regarding exclusions and restrictions can be provided.
- ☐ I. Complete Plan Review Packet (Attached)
- ☐ J. Inter-Agency Sign-Off (Included)

Opening a Restaurant in Garfield County

Step 1: Application

Submit all the required materials listed on page 1 (Checklist).

Step 2: Plan Review

The inspector will review the plans and contact you with any questions or concerns. CRS 25-4-1605(4) states that the health department shall respond to any plans submitted within 14 working days. **Please be advised that does not mean the plans will be approved within 14 days.**

Step 3: Plan Approval

The inspector issues a plan approval letter. **This is not approval to sell and operate!**

Step 4: Pre-Operational Inspection

Once construction is complete, contact our department to schedule a pre-operational inspection approximately 1-2 weeks prior to desired opening date. If there are no unresolved critical items at that time, approval to open will be granted pending the following:

- Retail Food Establishment License Application is submitted
- License fee is paid
- Completed Inter-Agency Sign-Off Sheet returned to inspector

FAQ

How long does it take? The whole process takes several weeks to several months - each situation is different. Incomplete applications will delay your approval.

How much does it cost? The fee for the plan review is \$100.00. The annual license fee for a restaurant 0-100 seats, which is the most common license type, is \$385.00.

Is someone available to meet with me? Absolutely! We ask that you make an appointment since our inspectors are out in the field a lot. We also ask that you look over the plan review application before the meeting and come prepared with specific questions to ask. **PLEASE DO NOT EXPECT US TO FILL OUT THE APPLICATION FOR YOU.**

How many sinks are required? This depends on each operation, but typically at least 4: hand sink, 3-compartment sink, food preparation sink, and a mop/utility sink. More than one hand sink is required in almost all establishments.

When will my first inspection be? Your first unannounced routine inspection will occur within 30 days of opening.

Application Date: _____

Construction is to start
Date: _____

Date of planned opening: _____

Indicate number of seats in
each area: Indoor: _____

Outdoor: _____

Choose one:

☐

Newly Constructed

☐

Extensively Remodeled
(currently licensed)

☐

Conversion of an
existing structure

☐

Change in Operation/Equipment

☐

Menu Change

Restaurant/Catering Plan Review Form

Establishment Information

Name of Establishment:	Phone:
Street Address:	Cell:
City/State/Zip:	Email:
Mailing Address:	
City/State/Zip:	

Business/Ownership Information (proprietary rights per C.R.S. 25-1605)

<input type="checkbox"/> Individual* <input type="checkbox"/> Corporate Name:	Phone:
<i>* If Individual or Sole Proprietor please complete Affidavit attached (Appendix ____)</i>	Cell:
Mailing Address:	Email:
City/State/Zip:	
CO Sales Tax ID#	City Sales Tax ID#

CONTACT INFORMATION (☐ CHECK IF SAME AS ABOVE)

Name of Primary Contact:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

CONTRACTOR INFORMATION

Name:	Phone:
Street Address:	Cell:
City:	Fax:
State/Zip:	Email:

Type of Retail Food Establishment (Check all that apply)

<input type="checkbox"/>	Full-Service Restaurant	<input type="checkbox"/>	Bar
<input type="checkbox"/>	Fast Food	<input type="checkbox"/>	Coffee Shop
<input type="checkbox"/>	Grocery	<input type="checkbox"/>	School Food Program
<input type="checkbox"/>	Grocery with Deli	<input type="checkbox"/>	Catering Operation
<input type="checkbox"/>	Food Insecure Feeding Site	<input type="checkbox"/>	Concession
<input type="checkbox"/>	Meat Market	<input type="checkbox"/>	Manufacturer with Retail Sales
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Other:

Days and Hours of Operation
Insert hours in the following format: 8am to 8pm

Days:

Hours:

Seasonal: ☐ Yes ☐ No

Months of operations for seasonal:

Have plans for this establishment been submitted to the local building department?

☐ Yes

☐ No

If yes, name of local building department: _____

FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile 4" plastic coved molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR WALL Junctures	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				

Identify the finishes of cabinets, countertops, and shelving:

Equipment Installation Table

Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.).

If equipment schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found.

Equipment Installation Table **Used Equipment may require visual inspection for pre-approval**			
ID# on Plans/ Drawings	Equipment	Make/Model	Check box if utilizing previously used equipment
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Plumbing Fixtures

Complete table below for all food related plumbing fixtures:

ID# on Drawings/Plan	Fixture or Equipment	# of Fixtures
	Hand Sinks	
	Dish Machines	
	Garbage Disposals	
	3-Compartment Warewashing Sinks	
	Food Preparation Sinks	
	Hose Bibs	
	Ice Bins/Machines	
	Beverage Machines	
	Mop/Utility Sink	
	Chemical Dispensing Units	
	Dump Sink	
	Other Sink:	
	Other Sink:	
	Other Sink:	

Note:

- Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100 mesh screen and may require a drain.
- Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher rinsers.
- Indirect drainage is required for all warewashing (3-compartment and dish machines) food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.
- Items may not drain into buckets.

Plumbing - Sink Sizes

Manual Warewashing Information: The minimum requirement for warewashing in a food establishment is a three-compartment sink. A mechanical warewashing machine may be installed in addition to the three-compartment sink.

Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drainboard lengths, and whether a pre-rinse spray hose will be installed for each warewashing area, including bars.

Manual Warewashing Information				
ID# on Plans	Length (inches) of soiled drainboard	Dimensions (inches) of Sink Compartments (LxWxD)	Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No
		x x		
		x x		
		x x		

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

Mechanical Warewashing Information:

Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether a pre-rinse spray hose will be used, utensil soak sink dimensions and water usage in gallons per hour (GPH).

Mechanical Warewashing Information						
Make	Model#	Select one: Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-rinse Yes/No	Utensil Soak Sink Dimensions (inches) (LxWxD)	Water Usage (GPH)
					x x	
					x x	

If heat sanitizing on a dish machine, is a separate booster heater provided?

YES

NO

☐
☐

If yes, complete Table 3 on next page.

Water Heater Information

Provide the following water heater information in Tables 1, 2, and 3 as applicable. Attach specification sheets.

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

Table 1

Standard Tank Type Heater		
Make	Model#	kW/BTU Rating

Table 2

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

NOTE: Alternative information may be needed. For instantaneous/tankless systems approval of system may require further review.

Table 3 (if applicable)

Booster Heater Information- Dish Machine			
Make	Model#	kW/BTU Rating	Distance from Machine (Feet)

Water Supply

Select the type of water supply system that services the establishment

- ☐ Community/Public- Name of district:
- ☐ Non-Community- Public Water System ID Number (PWSID):
- ☐ Private - ** If the retail food establishment does not meet the definition of a public water system in accordance with the *Colorado Primary Drinking Water Regulations* additional monitoring and sampling is required. For more information about the *Colorado Primary Drinking Water Regulations* please visit:

<https://www.colorado.gov/pacific/cdphe/water-quality-control-commission-regulations>

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

Private Drinking Water Supply Information

Private System Type: ☐ Well ☐ Surface water influence

Depth (feet)	
Method of Disinfection	
Filtration (if applicable)	

Sewage Disposal

Select the type of sewage disposal system that services the establishment.

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

Ventilation:

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

Please note: Fire suppression systems may be required if food preparation ***. Please contact your local fire department for approval of hood and the City for a permit.

Food Handling Procedures

If Standard Operating Procedures (SOP's) are available, please submit with plans.

Procedures	Yes	No
Will foods be held cold?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be held hot?	<input type="checkbox"/>	<input type="checkbox"/>
Will produce be washed?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be cooled after cooking?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be reheated after cooling?	<input type="checkbox"/>	<input type="checkbox"/>
Will frozen foods be thawed?	<input type="checkbox"/>	<input type="checkbox"/>
Will foods (raw meats, for example) be cooked?	<input type="checkbox"/>	<input type="checkbox"/>
Will raw or undercooked animal foods be served? (sushi, breakfast eggs, or cooked-to-order meat, for example)	<input type="checkbox"/>	<input type="checkbox"/>
Will foods be sold to other retail food establishments?	<input type="checkbox"/>	<input type="checkbox"/>
Will catering be conducted?	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a salad bar or buffet?	<input type="checkbox"/>	<input type="checkbox"/>
Will bulk food items (candy, trail mix, etc.) be sold to the public?	<input type="checkbox"/>	<input type="checkbox"/>

****Food shall ONLY be obtained from approved sources that comply with the applicable laws relating to food and food labeling****

List of approved sources (who will you be purchasing from):

Food Process Template

Ensure to include a copy of your menu & please fill out the Food Process Template below

- If you have foods that are Time/Temperature Control for Safety (TCS), Ready-To-Eat (RTE), and are going to be kept for more than 24 hours in refrigeration, they MUST be date marked.
- Please include the following in the processes:
 - Preparation of foods
 - Cook temperatures
 - Cooling procedures
 - Reheating procedures
 - Hot holding monitoring
 - Cold holding monitoring

Item	Ingredients	Process
<i>Example: pork</i>	<i>pork, pineapple and spices</i>	<i>Pork is pre-cooked to 145°F and placed in a shallow pan and shredded. It is then placed in the freezer and cooled to 41°F (from 135°F to 70°F within the first 2 hours and then 70°F to 41°F within the next 4 hours). Once cooled, pork is then placed in Ziplock bags and date marked to be used within 7 days and placed in the refrigeration and held at 41°F or below. When needed pork is reheated to 165°F in a microwave and hot held at 135°F in the steam table. Served per order.</i>

Item	Ingredients	Process

Attach additional pages as needed.

Food Handling Procedure Descriptions

Complete Applicable Sections

A. List the foods that will require rapid cooling (examples: rice, green chili, soup, etc.):

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

- | | | |
|--------------------------------------------------|-----------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Under refrigeration | <input type="checkbox"/> Ice water bath | <input type="checkbox"/> Separating food into smaller portions |
| <input type="checkbox"/> Rapid cooling equipment | <input type="checkbox"/> Shallow pans | <input type="checkbox"/> Adding ice as an ingredient |
| <input type="checkbox"/> Other | | |

B. Describe what methods will be used in your facility to rapidly reheat cooled foods/leftovers.

Choose the equipment that will be used for reheating:

- | | | |
|--------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Stove | <input type="checkbox"/> In a microwave | <input type="checkbox"/> Other _____ |
|--------------------------------|-----------------------------------------|--------------------------------------|

C. Describe how frozen foods will be thawed.

- | | | |
|-------------------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Under refrigeration | <input type="checkbox"/> Under running water | <input type="checkbox"/> In a microwave |
| <input type="checkbox"/> As part of a cooking process | <input type="checkbox"/> Other _____ | |

D. How will bare hand contact with ready-to-eat foods be prevented during preparation?

- | | | | |
|---------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Utensils | <input type="checkbox"/> Deli Tissue | <input type="checkbox"/> Other _____ |
|---------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|

E. Food will primarily be served on:

- | | | |
|----------------------------------------------|---------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Multi-use Tableware | <input type="checkbox"/> Single-service Tableware | <input type="checkbox"/> Both |
|----------------------------------------------|---------------------------------------------------|-------------------------------|

F. Describe where personal items will be stored.

G. Describe where chemicals used for operation will be stored.

Variance Requirement

If your operation includes any of the following specialized processing methods you must obtain a variance from the Colorado Department of Public Health & Environment:

(Check all boxes that apply to your operation)

- A. ☐ Smoking food as a method of preservation rather than as a method of flavor enhancement
- B. ☐ Curing food
- C. ☐ Using food additives or adding components such as vinegar:
 - a. As a method of food preservation rather than as a method of flavor enhancement, or
 - b. To render the food so that it is not time/temperature control of safety food
- D. ☐ Packaging TCS Food using a reduced oxygen environment
- E. ☐ Operating a molluscan shellfish life support system display tank
- F. ☐ Custom processing of animals that are for personal use as food
- G. ☐ Sprouting seeds or beans

HACCP Requirement

If your operation includes any of the following procedures you will need a HACCP Plan that meets the requirements of 3-502.12 and a designated work area accessible only to responsible trained personnel.

(Check all boxes that apply to your operation)

- H. ☐ Vacuum Packaging
- I. ☐ Sous Vide
- J. ☐ Cook-Chill

Clean-up Procedure for Vomit/Fecal Events

Procedimientos de limpieza ante eventos de vómitos o fecales

- Minimize disease transmission by promptly removing customers and others from the area.

Minimice la transmisión de enfermedades eliminando rápidamente a los clientes y otras personas en el área donde a ocurrido el evento de vómito/fecal.

- Cover the vomit/fecal matter with paper towels to prevent aerosolization. Aislar el área y cubrir el vómito o materia fecal con una toalla desechable para impedir la aerosolización.



- Wear disposable gloves. It is recommended that a disposable mask, apron, and shoe covers be worn. Usar guantes desechables. Es recomendable usar una máscara y bata (delantal) desechable y cobertores de zapatos.



- Soak/wipe up the vomit or fecal matter with towels and dispose of them in a plastic garbage bag.

Lavar/limpiar el vómito o materia fecal con toallas desechables y tirarlas en una bolsa plástica de basura.



Clean-up Procedure for Vomit/Fecal Events

Procedimientos de limpieza ante eventos de vómitos o fecales

- Mix a bleach solution that is stronger than the solution used for general sanitizing. **Hacer una solución de cloro más fuerte que la que se usa para la desinfección general:**



1 cup bleach
1 taza de cloro

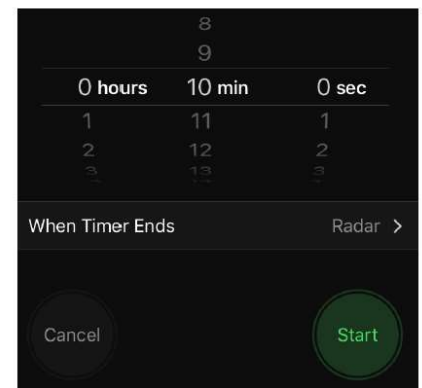
+

1 gallon water
1 galón de agua

- Apply the bleach solution onto the contaminated surface area and allow it to remain wet for at least 10 minutes.

Aplique la solución preparada sobre la superficie contaminada y deje que permanezca húmeda durante por lo menos 10 minutos.

- Allow the area to air dry. **Dejar que el área se seque al aire libre.**
- Dispose or disinfect the tools used to clean up the vomit and/or fecal matter. **Tomar medidas para desechar o limpiar y desinfectar todas las herramientas utilizados para limpiar vómito o materia fecal.**
- Wash your hands and if possible take a shower and change your clothes. **Lavarse las manos y si es posible ducharse y cambiarse de ropa.**



SAMPLE ILLNESS POLICY

195 West 14th Street
Rifle, CO 81650
P 970.625.5200 Ext. 8130
F 970-625-4804



Working to Promote Health and Prevent Disease

2014 Blake Avenue
Glenwood Springs, CO 81601
P 970.625.5200 Ext. 8130
F 970-625-4804

The purpose of this agreement is to inform employees who handle food of their duty to notify the person in charge when they experience any of the conditions indicated below, so that the person in charge can take appropriate measures to prevent the transmission of diseases to food.

WHAT SYMPTOMS ARE THOSE THAT THE EMPLOYEE HAS TO REPORT TO THE PERSON IN CHARGE?

The employee must report to the manager or the person in charge when experiencing any of the following symptoms:

- Diarrhea
- Vomit
- Sore throat with a fever
- Jaundice (yellowing of the eyes or skin)
- Infected cuts or lesions, or injuries that present pus or may be infected in the hands, wrists, or any exposed part of the body. (Cuts should be completely covered)

It is the responsibility of the person in charge to exclude employees from the establishment immediately experiencing these symptoms until they have been free of symptoms for at least 48 hours.

REPORT OF DIAGNOSED DISEASES

The employee agrees to inform the manager or the person in charge when they themselves or a family member have been diagnosed by a medical professional with:

- Norovirus
- Hepatitis A
- Shigella spp.
- E. coli shiga toxin producer
- Salmonella typhi (typhoid fever)
- Non-typhoid Salmonella

It is the responsibility of the person in charge to excluding employees from the establishment immediately.

The person in charge will have to contact local health department and report the employee's diagnosis. The employee cannot return to work without a medical note and/or authorization from the health department.

I _____, understand that I must:

1. Report when I have or have been exposed to any of the symptoms or diseases mentioned above; and
2. Comply with work restrictions and/or exclusions given to me in case of having any of the symptoms or diagnosed diseases mentioned above.

I understand that if I do not comply with this agreement, it may jeopardize my work.

Employee Name (print) _____

Employee Signature _____ Date _____

Signature of Manager or Person in Charge _____ Date _____

THIS IS A SAMPLE ILLNESS POLICY. Please let your inspector know if you would like to use the County's policy.

Retail Food Establishments: Certified Food Protection Manager

Regulation 6 CCR 1010-2: Retail Food Establishments

Five Risk Factors

Top five causes of illness:

1. Improper Holding Temps
2. Inadequate Cooking
3. Contaminated Equipment
4. Food from Unsafe Sources
5. Poor Personal Hygiene

All 5 of these risk factors can be reduced by having a certified food protection manager

Regulation

citation 2-102.12 & 2-102.20

At least one employee with authority to direct and control food preparation and service shall be a food protection manager who has been certified by an accredited program. Only conference for Food Protection ANSI certified Food Protection Manager courses meet the requirements of 2-102.20

Trained managers keeps food safe!

Food protection managers have an important role in formulating policies, verifying food employees carry out these policies, and communicating with employees about best practices to keep food safe.

Contacts for Food Protection Manager Training :

360 Training*

<http://www.learn2serve.com>
food-manager-certification/Customer Support
(877) 881-2235

AboveTraining/StateFoodSafety.com

<https://www.statefoodsafety.com>

Customer Support
(801) 494-1416

Environmental Health Testing (National Registry of Food Safety Professionals)*

<http://www.nrfsp.com>

Customer Service
(800) 446-0257

National Restaurant Association

<https://www.servsafe.com>

Customer Support
(800) 765-2122

Prometric, Inc. *

<http://www.prometric.com>

Customer Support
(877) 725-3708

**These trainings may be offered in multiple languages*

Issued: 1/8/18

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

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

Colorado Restaurant Association

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



COLORADO
Department of Public
Health & Environment



195 W. 14th Street
Rifle, CO 81650
(970) 625-5200

2014 Blake Avenue
Glenwood Springs, CO 81601
(970) 945-6614

Retail Food Establishment Inter-Agency Sign-Off Sheet

Date: _____

Please check one:

_____ New Establishment _____ New Operator/Change of Ownership _____ Remodel/Fire/System Discharge
_____ Mobile Establishment

NAME OF ESTABLISHMENT _____

ADDRESS _____

TYPE OF BUSINESS _____

OWNED BY _____ PHONE _____ EMAIL _____

CONTACT PERSON _____ PHONE _____ EMAIL _____

Building Permit # _____ Agency Name _____

If applicable: Septic Permit # _____ Well Permit # _____

The following departments are required to inspect, if applicable, and sign off below on this establishment before a Retail Food Establishment Permit can be issued by the Garfield County Public Health Department. PLEASE SUBMIT THIS FORM PRIOR TO SCHEDULING PRE-OPERATIONAL INSPECTION.

BUILDING/ZONING SIGNATURE: _____ **DATE** _____

COMMENTS: _____

FIRE INSPECTOR SIGNATURE: _____ **DATE** _____

COMMENTS: _____

WASTEWATER/UTILITIES SIGNATURE: _____ **DATE** _____

COMMENTS: _____

HEALTH DEPARTMENT SIGNATURE: _____ **DATE** _____

COMMENTS: _____

Garfield County Public Health Department – working to promote health and prevent disease