



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. Completed Plan Review Packet (Attached)

Application Date:

Date construction is to start:

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

| Plan Review Form | |
|---|--------------|
| Establishment Information | |
| Name of Establishment: | Phone: |
| Street Address: | Fax: |
| City/State/Zip: | Website: |
| Mailing Address | Email: |
| Mailing City/State/Zip | |
| Business/Ownership Information (proprietary rights per C.R.S. 25-1605) | |
| Individual or Corporate Name: | Phone: |
| Mailing Address: | Cell: |
| City: | Fax: |
| State/Zip: | Email: |
| Contact Information- During Plan Review Process | |
| Name of Primary Contact: | Phone: |
| Street Address: | Cell: |
| City: | Fax: |
| State/Zip: | Email: |
| Name of Architect: | Phone: |
| Street Address: | Cell: |
| City: | Fax: |
| State/Zip: | Email: |
| Name of Contractor: | Phone: |
| Street Address: | Cell: |
| City: | Fax: |
| State/Zip: | Email: |

Send License/Renewals to:

Business Owner Mailing
Address

Establishment
Site Address

Establishment
Mailing Address

Type of Retail Food Establishment (Check all that apply)

| | |
|-------------------------|--------------------------------|
| Full Service Restaurant | Bar |
| Fast Food | Coffee Shop |
| Market (Grocery) | School Food Program |
| Deli | Catering Operation |
| Fish Market | Concession |
| Meat Market | Manufacturer with Retail Sales |
| Convenience Store | Other: |

| | |
|---|-----------------------|
| Days and Hours of Operation Insert hours in the following format: 8am to 8pm | |
| Days: | |
| Hours: | |
| Seasonal: Yes No | Months of operations: |
| Projected maximum number of meals to be served. | |
| Number of meals per week: | |

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:

Plumbing Fixtures

Complete table below for all food related plumbing

| ID# on Drawings/Plan | Fixture or Equipment fixtures: | # 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: | |
| | Other: | |
| | Other: | |

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 or not 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, if a machine is provided:

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

| 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? If yes, complete Table 3 on next page.

YES NO

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 and Sewage

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.

Food Handling Procedures

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

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

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.

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

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

List the equipment that will be used for reheating: Under refrigeration
As part of cooking process

- Stove Microwave Other:

C. Describe how frozen foods will be thawed.

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

D. Describe where personal items will be stored.

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

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

- G Gloves Utensils Deli Tissue Other:

G. Food will primarily be served on:

- | | | |
|---------------------|--------------------------|------|
| Multi-use Tableware | Single-service Tableware | Both |
|---------------------|--------------------------|------|

Variance Requirement

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

Environment Prior to doing any of these processes:

(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



RETAIL FOOD ESTABLISHMENT REVIEW APPLICATION

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

Eagle County Public Health & Environment
500 Broadway, Eagle, CO 81631
P 970-328-8755
F 970-328-8788
environment@eaglecounty.us | www.eaglecounty.us/EnvHealth/

Date: _____

Record # _____

Firm ID # _____

Do Not Write in This Space For Office Use Only

Name of Establishment: _____

Location Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Owner/Manager: _____ Phone: () _____

DBA: _____ Email: _____

Type of Ownership **(As indicated on your Colorado Business/State Sales Tax Registration)**

Individual
 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

NOTICE TO APPLICANT: The type of review requested and associated application fee required is indicated in Section A below. If an application fee is required, please make check payable to the Eagle County Environmental Health and mail the completed application and check to the address above. Fees for the actual review are explained on the next page.

Name & Title of Applicant (Please Print): _____ Signature of Applicant _____

SECTION A - THIS SECTION TO BE COMPLETED BY INSPECTOR

| REVIEW TYPE | APPLICATION FEE | REVIEW FEE (NOT TO EXCEED) |
|---|-----------------|----------------------------|
| <input type="checkbox"/> Plan Review (PR) | \$100.00 | \$580.00 |
| <input type="checkbox"/> Equipment Product Review (ER) | \$100.00 | \$500.00 |
| <input type="checkbox"/> HACCP Plan Review/Written (HW) | Not Required | \$100.00 |
| <input type="checkbox"/> HACCP Plan Review/Operational (HO) | Not required | \$400.00 |
| <input type="checkbox"/> Services Requested – Real Estate Review (RE) | \$75.00 | Cost of Actual Time Spent |
| <input type="checkbox"/> Special Event (SE) | Not Required | Not Required |
| <input type="checkbox"/> Special Service (SS) _____ | Not Required | Not Required |
| <input type="checkbox"/> Fee Exempt (EX) _____ | Not Required | Not Required |

Comments: _____

Plan Review (PR):

The fee for filing an application for a plan review is \$100.00, and must accompany the application (when required). The application filing fee does not include the cost of plan review activities. An invoice for the actual time spent on review activities will be sent to you at a later date and will not exceed \$580.00.00 [(CRS 25-4-1607(2))]. There will be a delay in reviewing your plan review if either the application fee or the application form are not submitted with the plans.

Equipment Product Review (ER):

The fee for filing an application for an equipment or product review is \$100.00. This fee must accompany the application. The application filing fee does not include the cost of the review activities. An invoice for the actual time spent on the review activities will be sent to you at a later date and will not exceed \$500.00 [(CRS 25-4-1607(3))].

HACCP (Written) (HW):

An application filing fee is not required for this review process. Upon completion of the written review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed \$100.00. [(CRS 25-4-1607(4))].

HACCP (Operational) (HO):

An application filing fee is not required for this review process. Upon completion of the operational review, an invoice for actual time spent on the review activities will be sent to you. The invoice will not exceed \$400.00. [(CRS 25-4-1607(4))].

Note: If an HACCP plan undergoes significant changes from the original approved plan, the second review may be billed as a new plan. A facility may be required to have separate HACCP plans for food preparation methods that deviate from more than one section of the regulation. An HACCP plan is not considered part of the plan review process. Separate charges can be applied to an HACCP plan that were included with a facility's plan submittal.

Real Estate (RE):

A \$75 pre-paid fee is required with this application, but shall be applied to the actual cost of the services. Additional fees will be added upon completion of the review. An invoice for actual time spent on the review activities will be sent to you [(CRS 25-4-1607(5))].

Special Events (SE):

No application filing fee is required. Actual cost of services associated with the oversight of a special event will be billed when services are completed [(CRS 15-4-1607(6))].

Special Services (SS):

The fee for any other requested service that involves review activities and that are not specifically listed above are chargeable based on the actual cost of such service [(CRS 25-4-1607(7))].

Fee Exempt (EX):

Parochial, public and private schools, penal institutions, and charitable organizations (benevolent, nonprofit retail food establishments) are exempt from the fees associated with plan review activities.

Annex 3: Employee Hygiene Guidance and Requirements

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

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

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

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

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

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

Additional Resources

Employee Health and Personal Hygiene Handbook:

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

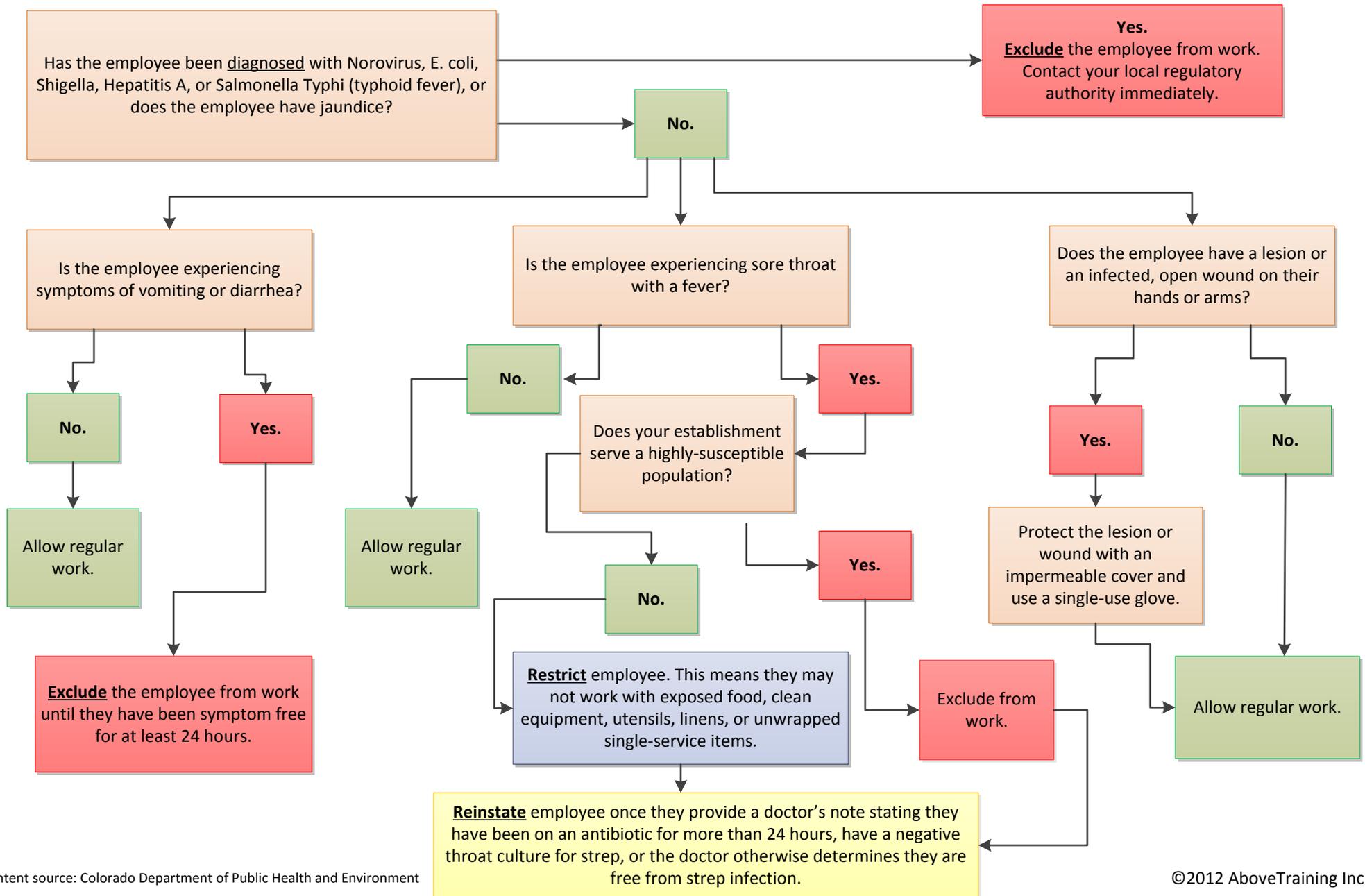
Communicable Disease Manual:

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

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

Employee Illness: The Flowchart

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



Retail Food Establishments: Certified Food Protection Manager

Regulation 6 CCR 1010-2: Retail Food Establishments

Five Risk Factors

Top five causes of illness:

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

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

Regulation

citation 2-102.12 & 2-102.20

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

Trained managers keep food safe!

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

Contacts for Food Protection Manager Training:

360 Training *

<http://www.learn2serve.com>

Customer Support
(877) 881-2235

StateFoodSafety *

<https://www.statefoodsafety.com>

Customer Support
(801) 494-1416

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

<http://www.nrfsp.com>

Customer Service
(800) 446-0257

National Restaurant Association

<https://www.servsafe.com>

Customer Support
(800) 765-2122

Prometric, Inc. *

<https://www.prometric.com>

Customer Support
(877) 725-3708

The Always Food Safe Company, LLC

<https://alwaysfoodsafecompany.com>

Customer Support
(844) 312-2011

** These trainings may be offered in multiple languages*

Updated: 3/11/20

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

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

Colorado Restaurant Association

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



COLORADO
Department of Public
Health & Environment



Completion Information:

Completion Date: 11/14/2013
Exam Score: 100%
Provider Name: 360training.com
Provider Number: 0975



Manager Self-Inspection Checklist

Date: _____

Observer: _____

Use this checklist daily or weekly. If any issues are observed, be sure to take corrective actions and record those actions. Maintain completed checklists in a binder for at least 1 month.

Personnel and Hygiene

| | Yes | No | Corrective Action/Note |
|---|-----|----|------------------------|
| Hands are washed correctly and thoroughly at critical points | | | |
| Fingernails are maintained neat, unpolished, and clean | | | |
| Hair restraints are worn | | | |
| Open wounds, sores, and pustules are covered with impermeable barriers when working with food | | | |
| Staff are working without symptoms of vomiting, diarrhea, jaundice, or fever with a sore throat | | | |
| Drinking and eating take place in designated areas | | | |
| Food Protection Manager certificate on-site and current | | | |

Refrigerators

| | Yes | No | Corrective Action/Note |
|---|-----|----|------------------------|
| Foods were stored at or below 41°F | | | |
| A working thermometer was available and conspicuous | | | |
| Foods are dated and covered | | | |
| Interior is clean | | | |

Hot Holding

| | Yes | No | Corrective Action/Note |
|---|-----|----|------------------------|
| Food is reheated to 165°F before being placed into the hot holding unit | | | |
| Foods were stored at or above 135°F | | | |

Need another copy? Want guidance on corrective actions? Have other questions? Help is just a phone call away, so contact your inspector today! 970-328-8755 or environment@eaglecounty.us

Food Handling and Storage

| | Yes | No | Corrective Action/Note |
|--|-----|----|------------------------|
| Frozen food is thawed under refrigerator or under cold running water | | | |
| Food is stored in a manner that prevents cross-contamination | | | |
| Ready to eat food is handled with clean gloved hands or utensils | | | |
| All food and utensils are stored at least 6 inches off the floor | | | |
| Food is covered and protected from contamination | | | |
| Dented, leaky, bulging, and rusted cans are removed from use | | | |

Sanitation and Cleaning

| | Yes | No | Corrective Action/Note |
|---|-----|----|------------------------|
| The three-compartment sink is set-up and Dishes are washed at the three-compartment sink using the correct procedure (scrape—>wash—>rinse—>sanitize—>air dry) | | | |
| Chemical test strips are available | | | |
| Sanitizer at the 3-compartment sink is at the correct concentration | | | |
| Sanitizer in wiping buckets is at the correct concentration | | | |
| Cutting boards and other in-use utensils are washed, rinsed, and sanitized every 4 hours | | | |
| Floors, walls, and ceiling are clean and well maintained throughout | | | |
| No evidence of pests (e.g. mice, cockroaches, flies) observed | | | |
| Dish machine sanitizing with correct chlorine concentration or temperature | | | |
| Chemicals are stored away from food, utensils, and food contact surfaces | | | |
| Chemicals are clearly labeled | | | |
| Drawers, racks, utensils, deli slicers, and can openers are clean to sight and touch | | | |

Facility Maintenance

| | Yes | No | Corrective Action/Note |
|---|-----|----|------------------------|
| Cooking equipment and utensils are in good repair | | | |
| All hand sinks have soap, paper towels, and hot water | | | |
| Restrooms are clean, toilet paper is in the dispenser, soap and paper towels are at the hand sink | | | |
| All plumbing is working properly and not leaking | | | |
| Screens are on open doors and windows and are in good repair | | | |

Vomit and Fecal Event Clean-up

All food establishments must have a procedure for responding to vomiting and diarrheal events.

Recommended steps:

1. Segregate the area. Remove employees, customers and others up to 25 ft. around the area of the vomit/fecal accident . Exclude the ill employee or customer from the facility.
2. Wear disposable gloves during cleaning. Disposable masks and/or gown, (or apron), and shoe covers are recommended when cleaning liquid matter.
3. Cover the vomit/fecal matter with single use disposable towel to prevent aerosolization.
4. Soak/wipe up the vomit/fecal matter with towels and dispose of them into a plastic garbage bag.
5. Use a chlorine bleach solution (1 cup of bleach per one gallon of water) or other disinfectant registered as effective against norovirus by the EPA. *Note: this is stronger than your bleach solution for general sanitizing.
6. Apply the bleach solution onto the contaminated surface area and allow it to remain wet on the affected surface area for the least 10 minutes. Allow the area to air dry. (Ensure the affected area is adequately ventilated. The bleach solution can be an irritant if inhaled or if it comes in contact with skin.)
7. Discard all gloves, masks, and cover gowns (or aprons) in plastic bag and dispose of the bag immediately.
8. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up the vomit and/or fecal matter.
9. Discard any food or single service articles that may have been exposed in the area.
10. Wash your hands! Take a shower and change your clothes if possible.
11. Document the incident. Information such as: the location of the incident, the time and date, and procedures of the cleanup process should be recorded and kept on file.



Gather Supplies



1 gallon water

1 cup bleach



5000 ppm



Cover and let sit **10 minutes**



Food contact surfaces must then be washed, rinsed and sanitized



(Last step for non-food contact surfaces)

Let air dry



EAGLE COUNTY
Public Health & Environment