



Cochise County
Health and Social Services

APPLICATION		
Type of Work:	Date:	
<input type="checkbox"/> New Construction (Plan review fee \$300) <input type="checkbox"/> Remodeling Existing Facility (Fee to be determined) <input type="checkbox"/> Reopening Existing Facility that has been closed (Plan review fee \$300)	<input type="checkbox"/> Name Change <input type="checkbox"/> Change of Ownership (Inspection fee \$125) <input type="checkbox"/> Mobile Food Unit** (Plan review fee \$200) (provide **Commissary Information)	
TYPES OF PERMITTED FACILITIES:		
<input type="checkbox"/> Bakery <input type="checkbox"/> Drinking Establishment <input type="checkbox"/> Eating Establishment <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Meat Market <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Food Bank <u>Institutional Eating</u> <input type="checkbox"/> Detention Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care Facility	<input type="checkbox"/> Children's Camp <input type="checkbox"/> Food Processor/Vending Machine (TCS) Site # of sites per building ____ <input type="checkbox"/> Day Care Eating <input type="checkbox"/> School Campus (safety inspection) <u>School Eating</u> <input type="checkbox"/> Satellite serving kitchen <input type="checkbox"/> Full Kitchen	<input type="checkbox"/> Motel/Hotel/B&B/Lodging # of rooms ____ <input type="checkbox"/> Swimming Pool Only <input type="checkbox"/> Spa Only <input type="checkbox"/> Pool/Spa Combination # of pools ____ spas ____ <input type="checkbox"/> Septic Pumper # of trucks ____ <input type="checkbox"/> Mobile Home # of sites ____ <input type="checkbox"/> RV # of sites ____
FACILITY INFORMATION		
Name of Facility:	Phone:	
Name of Contact Person:	Phone:	
Physical Address of Facility:		
Mailing Address (for billing purposes):		
Email:		
BUSINESS INFORMATION		
Business Owner and/or Corporation Name (EH Dept only: ID verification form for new businesses attached)	Phone:	
Name of Contact Person:	Phone:	
Mailing Address:		
Email:		
Name of Contact Person for Plan Status Notification:	Phone:	



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Email of Contact Person for Status Notification:	
Commissary Information must be provided for Mobile Food Unit ONLY	
Name of Commissary:	
Address:	
Email:	
Contact person:	Phone:
Permit#:	County:

ESTABLISHMENT INFORMATION	
Hours of Operation	
Sunday:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Number of Seats:	
Number of Staff:	
Total Square Feet of Facility:	
Number of Floors on which operations are conducted:	
Maximum Meals to be served (approximate number)	
Breakfast:	
Lunch:	
Dinner:	
Projected Start Date of Project:	
Projected Completion Date of Project:	
Type of Service (check all that apply)	
Sit Down Meals <input type="checkbox"/>	Caterer <input type="checkbox"/>
Take Out <input type="checkbox"/>	Mobile Vendor <input type="checkbox"/>
	Other <input type="checkbox"/>



A.R.S. Section 11-1604

- A.** A county shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirements or condition.
- B.** Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C.** This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.
- D.** A county shall not request or initiate discussions with a person about waiving that person's rights.
- E.** This section may be enforced in a private civil action and relief may be awarded against a county. The court may award reasonable attorney fees, damages, and all fees associated with the license application to a party that prevails in an action against a county for a violation of this section.
- F.** A county employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the county's adopted personnel policy.
- G.** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

It is agreed the above-named business will be conducted in accordance with the appropriate State & County Health Department Regulations.

Signature: _____

Date: _____

Plan Review Process

New Food Establishment, New Operator or Renovations requiring Plan Review



Applicant obtains a Permit Application and Plan Review Packet available on-line, at an office or by phone request.

Schedule initial review/consult with inspector for additional questions or assistance.



Submit **COMPLETED** Plan Review Packet and pay \$300.00 (Fixed Food Facilities) \$200.00 (Mobile Food Unit) review fee

Additional documents needed refer to checklist on next page.



Plan Review reviewed by Cochise County EH within 30 business working days



<u>Approved Plan Review</u>	<u>Denied Plan Review</u>
Plan approval (expires 1 year after issued)	Requested information and acceptable plan revision is submitted. Plan approval (expires 1 year after issued)



Applicant contacts Cochise County EH for construction and pre-operational inspections.

Checklist of Required Additional Documentation
Fixed Food Facilities

****These documents MUST be submitted along with Plan Review Packet****

1. **Proposed menu** (include seasonal, off site and banquet menu)
Document(s) attached

2. **Manufactured specifications sheets/Equipment schedule** (include Spec. Sheets)
Provide manufacture name and model# for each piece of equipment listed on plan.
All equipment must meet ANSI approval.
Document(s) attached

3. **Site plan** showing locations of business in building, location of building on site
including alleys, streets, and location of any outside equipment (dumpsters, well,
septic system if applicable).
Document(s) attached

4. **Fixed Food Facility Plan drawn to scale** showing location of equipment,
plumbing, electrical services, and mechanical ventilation. Location of three
compartment sink(s), hand washing sink(s), mop sink(s) and toilet rooms.
Document(s) attached

5. **Plan Review Fee of \$300.00 (Fixed Food Facilities)**
Document Attached

Additional documentation needed prior to operating:

Certified Food Protection Manager (CFPM) Document(s) attached



Checklist of Required Additional Documentation

Mobile Food Unit

****These documents MUST be submitted along with application****

1. **Proposed menu** (Including seasonal)
Document(s) Attached
2. **Cochise County Permit Application (page 1-3) & Cochise County Mobile Food Plan Review**
Document(s) Attached
3. **Commissary Agreement** Document(s) Attached
4. **Mobile Food Unit Plan drawn to scale** showing location of equipment, plumbing, electrical services, and mechanical ventilation. Location of three compartment sink(s) and hand washing sink(s).
Document(s) attached
5. **Manufactured specifications sheets/ Equipment schedule** (include Spec. Sheets) Provide manufacture name and model# for each piece of equipment listed on plan. All equipment must meet ANSI approval.
Document(s) attached
6. **Plan Review Fee of \$200.00 (Mobile Food Unit)**
Attached

Additional documentation needed prior to operating:

Food Handlers Certification Document(s) attached



FOOD PREPARATION REVIEW	
Check categories of Time/Temperature control for Safety Foods (TCS) to be handled, prepared, and served:	
Thin meats, poultry, fish eggs, (hamburger, sliced meats, fillets) <input type="checkbox"/>	
Thick meats, whole poultry (roast beef, whole turkey, chickens, hams) <input type="checkbox"/>	
Cold processed foods (salads, sandwiches, vegetables) <input type="checkbox"/>	
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) <input type="checkbox"/>	
Bakery goods (pies, custards, cream filling & toppings) <input type="checkbox"/>	
Other	
*A generic HACCP plan for each category of food may be available for the regulatory authority for reference.	
FOOD SUPPLIES	
Are all food supplies from inspected and approved sources?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the projected frequencies of deliveries for foods below?	
Frozen foods:	
Refrigerated foods:	
Dry goods:	
Provide information on the amount of space allocated for:	
Dry storage (square feet):	
Refrigerated storage (cubic feet):	
Frozen storage (cubic feet):	
How will dry goods be stored off the floor?	
COLD STORAGE	
Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F and below?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will raw meats, poultry and seafood be stored in the refrigerators and freezers with cooked/ready-to-eat foods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does each refrigerator/freezer have a thermometer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of refrigerator units:	
Number of freezer units:	
Is there bulk ice machine available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
THAWING FROZEN TCS FOODS	
Please indicate by the checking the appropriate boxes how frozen (TCS) foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.	
Thawing Method for Thick Frozen Foods (approximately more than an inch)	
Refrigeration <input type="checkbox"/>	
Running Water less the 70°F <input type="checkbox"/>	
Microwave (as part of cooking process) <input type="checkbox"/>	
Cooked from Frozen state <input type="checkbox"/>	
Other (describe):	



Thawing Method for Thick Frozen Foods (approximately less than an inch)	
Refrigeration <input type="checkbox"/>	
Running Water less the 70°F <input type="checkbox"/>	
Microwave (as part of cooking process) <input type="checkbox"/>	
Cooked from Frozen state <input type="checkbox"/>	
Other (describe):	
COOKING	
Will food product thermometers be used to measure final cooking/reheating temperatures of TCS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of temperature measuring device?	
List types of cooking equipment:	
HOT/COLD HOLDING	
How will hot TCS be maintained at 135°F or above during holding service? Indicate type and number of hot holding units	
How will cold TCS be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units	
COOLING	
Please indicate by checking the appropriate boxes how TCS will be cooled to 41°F with 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.	
Shallow Pan	
Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Ice Baths	
Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Reduce Volume or Size	



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Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Rapid Chill	
Thick Meats <input type="checkbox"/>	
Thin Meats <input type="checkbox"/>	
Thin Soups/Gravy <input type="checkbox"/>	
Thick Soups/Gravy <input type="checkbox"/>	
Rice/Noodles <input type="checkbox"/>	
Other (describe):	
REHEATING	
How will TCS that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods:	
How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?	
PREPARATION	
Please list categories of foods prepared more than 12 hours in advance of service:	
Will food employees be trained in good food sanitation practices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Method of training:	
Number(s) of employees:	
Dates of completion:	
Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions? Please describe briefly:	



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Will employees have paid sick leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?	
Chemical type:	
Concentration:	
Test Kit:	
Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will all produce be washed on-site prior to use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a planned location used for washing produce?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the procedures used for minimizing the length of time TCS's will be kept in the temperature danger zone (41-135°F) during preparation:	
Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.	
HACCP plan (attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the facility be serving food to a highly susceptible population?	Yes <input type="checkbox"/> No <input type="checkbox"/>
FINISH SCHEDULE	
Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic cover molding, etc.) will be used in the following areas	
Kitchen	
Floor:	
Coving:	
Walls:	
Ceilings:	
Bar	
Floor:	
Coving:	
Walls:	
Ceilings:	
Food Storage	
Floor:	
Coving:	
Walls:	
Ceilings:	
Other Storage	
Floor:	
Coving:	
Walls:	
Ceilings:	
Toilet Rooms	



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Floor:	
Coving:	
Walls:	
Ceilings:	
Dressing Rooms	
Floor:	
Coving:	
Walls:	
Ceilings:	
Garbage & Refuse Storage	
Floor:	
Coving:	
Walls:	
Ceilings:	
Mop Service Basin Area	
Floor:	
Coving:	
Walls:	
Ceilings:	
Warewashing Area	
Floor:	
Coving:	
Walls:	
Ceilings:	
Walk-in Refrigerator and Freezers	
Floor:	
Coving:	
Walls:	
Ceilings:	
INSECT AND RODENT CONTROL	
Will all outside doors be self-closing and rodent proof?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are screen doors provided on all entrances left open to the outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all openable windows have a minimum #16 mesh screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the placement of electrocution devices identified on the plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust, and intakes protected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is area around building clear of unnecessary brush, litter, boxes and other harborage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will air curtains be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
GARBAGE AND REFUSE	
Inside	
Do all containers have lids?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will refuse be stored inside?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an area designated for garbage can or floor mat cleaning?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Outside	



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Will a dumpster be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Will a compactor be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Will garbage cans be stored outside?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Describe surface and location where dumpster/compactor/garbage cans be stored?					
Describe location of grease storage receptacle:					
Is there an area to store recycled containers?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Indicate what materials are required to be recycled					
Glass <input type="checkbox"/>					
Metal <input type="checkbox"/>					
Paper <input type="checkbox"/>					
Cardboard <input type="checkbox"/>					
Plastic <input type="checkbox"/>					
Is there any area to store returnable damaged goods?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
PLUMBING CONNECTIONS					
Toilet					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Urinals					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Dishwasher					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Garbage Grinder					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Ice Machines					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Ice Storage Bin					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Sinks					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Steam Tables					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Dipper Wells					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Refrigeration Condensate/Drain Lines					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Hose Connections					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Potato Peeler					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>
Beverage Dispenser w/carbonator					
Air Break <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Condensate Pump <input type="checkbox"/>	Integral Trap <input type="checkbox"/>	P Trap <input type="checkbox"/>	Vacuum Breaker <input type="checkbox"/>



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<p>*TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture. A "P" Trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.</p>	
Are floor drains provided & easily cleanable? If so, indicate location	Yes <input type="checkbox"/> No <input type="checkbox"/>
WATER SUPPLY	
Is the water supply:	
Public <input type="checkbox"/>	
Private <input type="checkbox"/>	
If private, has source been approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please attach copy of written approval and/or permit (document attached)	
Is ice made on premises <input type="checkbox"/> or purchased commercially <input type="checkbox"/> ?	
What is the capacity of the hot water generator?	
Is the hot water generator sufficient for the needs of establishment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide calculations for necessary hot water:	
Is there a water treatment device?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are backflow prevention devices inspected & serviced?	
SEWAGE DISPOSAL	
Is building connected to a municipal sewer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, is disposal system approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please attach copy of written approval and/or permit (document attached)	
Are grease traps/interceptor provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type and size:	
Is the grease trap/interceptor located so that it is easily accessible and is it located outside of the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often will grease trap/interceptor be emptied or pumped?	
If no grease trap/interceptor is provided, a letter for appropriate jurisdiction is included to waive the requirement for grease trap/interceptor	
LIGHTING	
At least 10 foot candles (100 lux) are provided at a distance of 30 inches (75 cm) above that floor, in walk-in refrigeration units and dry storage areas and in other areas and rooms during periods of cleaning. Overhead lighting is recommended inside walk-in refrigerators to ensure that all areas are well lit.	
At least 20 foot candles (220 lux) are provided: At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption:	
<ul style="list-style-type: none"> a. Inside equipment such as reach-in and under counter refrigerators b. At a distance of 30 inches (75 cm) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms. 	
At least 50 foot candles (540 lux) are provided at surfaces where employees prepare food or work with utensils or equipment such as knives, slicers, grinders, or saws where safety is a factor.	
DRESSING ROOMS	
Are dressing rooms provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.)	
GENERAL	
Are insecticides/rodenticides stored separately for cleaning & sanitizing agents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate location:	
Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all containers of toxics including sanitizing spray bottles clearly labeled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will linens be laundered on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a laundry dryer available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of clean linen storage:	



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Location of dirty linen storage:	
Are containers constructed of safe materials to store bulk food products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate type:	
Indicate all areas where exhaust hoods are installed	
Location:	
Filters and/or extraction devices:	
Square feet:	
Fire protection:	
Air Capacity CFM:	
Air Makeup CFM:	
Location:	
Filters and/or extraction devices:	
Square feet:	
Fire protection:	
Air Capacity CFM:	
Air Makeup CFM:	
How is each listed ventilation hood system cleaned?	
SINKS	
Is a mop sink present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If menu dictates, is a food preparation sink present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DISHWASHING FACILITIES	
Will sink(s) <input type="checkbox"/> or a dishwasher <input type="checkbox"/> be used for warewashing?	
Three compartment sink(s) <input type="checkbox"/> (required by food code)	
Two compartment sink(s) <input type="checkbox"/> (only allowed under certain circumstances)	
Dishwasher <input type="checkbox"/> (optional)	
Type of sanitization used	
Hot water (temp provided) <input type="checkbox"/>	
Booster heater <input type="checkbox"/>	
Chemical type	Chlorine <input type="checkbox"/> Quaternary ammonium <input type="checkbox"/>
Is ventilation provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all dish machines have templates with operating instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all dish machines have temperature/pressure gauges as required that are accurately working?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the largest pot and pan fit into each compartment of the pot sink?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there drain boards, utensil racks and/or tables large enough to accommodate soiled and clean items?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of sanitizer is used?	
Chlorine <input type="checkbox"/>	Hot water <input type="checkbox"/> Iodine <input type="checkbox"/> Quaternary ammonium <input type="checkbox"/>
Are test papers and/or kits available for checking sanitizer concentration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
HANDWASHING/TOILET FACILITIES	
Is there a handwashing sink in each food preparation and warewashing area?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is hand cleanser (soap) available at all handwashing sinks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are covered waste receptacles available in each female toilet room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is hot and cold running water under pressure available at each handwashing sink?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all toilet room doors self-closing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all toilet rooms equipped with adequate ventilation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If required, is a handwashing sign posted in each employee restroom?	Yes <input type="checkbox"/> No <input type="checkbox"/>
SMALL EQUIPMENT REQUIRMENTS	
Please specify the number and location and types of each of the following:	
Slicer(s):	
Cutting board(s):	
Can opener(s):	
Mixer(s):	
Floor mats:	
Other:	



Licensing Time Frames

Pursuant to A.R.S. § 11-1605, Cochise County Environmental Health Services has established timeframes for each type of license (permit) that it reviews. The overall time frame for each type of permit states separately the administrative completeness review time frame and the substantive review time frame.

Review time frames may be temporarily suspended under the following circumstances provided by A.R.S. § 11-1605.

1. Temporary suspension for public hearings.
2. Temporary suspension for state or federal approvals of licenses (permits).
3. Temporary suspension to wait for the applicant to submit additional information as requested by CochiseCounty.

Applications that have been inactive for more than one year since the date of a suspension notice will be administratively closed.

Cochise County has considered a number of factors including, staffing and budgetary constraints, and the overall complexity of the licenses that we issue in formulating these time frames. These time frames may be subject to modification in accordance with state statutes. These time frames include Cochise County's review time and not the time the applicant takes responding to notices of deficiencies for either the administrative or substantive review.

An applicant may receive a clarification from the county of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in section A.R.S. § 11-1609.

Table 1. Licensing Timeframes (in days)

Type of Approval	Overall Time-frame	Administrative Completeness Review Time-frame	Substantive Review Time-frame
Approval of Environmental Health Services Permit (when plans are not required)	60	30	30
Approval of Variance under FC§8-103.10	90	30	60
Approval of Plans and Specifications under FC§8-201.11	90	30	60
Approval of HACCP Plan under FC§8-201.13	90	30	60



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ADDITIONAL INFORMATION/NOTES: