



Food Menu Item/Special Process for which this Request for Variance is being submitted: _____

IMPORTANT: A separate variance request is required for each high-risk, special process. A detailed recipe shall be submitted for each scheduled process. Requests for variance are covered under the 2005 FDA Food Code 3-502.11. Include HACCP plan (if required) as specified under Section 8-201.13(A) including the information specified under Section 8-201.14

1. Individual Submitting Request: Date: ___/___/___

Name: _____ Telephone: () _____ Fax: () _____

Mailing Address: _____ E-mail: _____
Number & Street

P.O. Box _____ City _____ State _____ Zip Code _____

2. Food Establishment(s) for Which Variance is Sought

Include the following information for each food establishment: (List here or attach additional pages if necessary)

- Name: _____ Permit #: _____
Owner/Operator Name: _____
Physical Location (if different than mailing address): _____
E-mail Address: _____
Mailing Address: _____ (Number, Street, City, State, & Zip Code)
Telephone Number: () _____ Fax Number: () _____
Person at each retail food establishment most responsible for supervising: _____

3. Type of Variance:

- [] Smoking of Food [] Live Molluscan Shellfish Tank
[] Food Additives [] Reduced Oxygen Packaging
[] Curing of Food [] Custom Processing of Animals
[] Sprouting Seeds or Beans [] Acidified (Pickled Products)
[] Other _____



List how the proposal demonstrates the following (if applicable to the request):

4. Explain how your proposed procedure will control the public health hazards addressed in the Code (attach additional pages if necessary for further explanation):

5. How the proposal differs from what is common and usual in similar industry situations (attach additional pages if necessary for further explanation):

6. How the proposal is unique and not addressed in existing rules or law (attach additional pages if necessary for further explanation):

7. How the proposal does not diminish the protection of public health (attach additional pages if necessary for further explanation):

8. How the proposal is based on new scientific or technological principle(s) (attach additional pages if necessary for further explanation):



9. How the implementation of the variance would be practical (attach additional pages if necessary for further explanation):

10. Attach copies of any related variances, waivers or opinions issued by other governmental agencies that may support your request. (attach additional pages if necessary for further explanation)

11. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted (attach additional pages if necessary for further explanation):

I hereby certify that the above information is correct. I have provided all relevant material to the best of my ability. I understand until such time as this variance is granted I must cease operations that require a variance. I understand that by submitting this application in no way guarantees that my exemption will be granted. I understand that if this exemption is approved it can be revoked immediately during any official inspection.

SPECIAL NOTE: Variance approvals are specific to the recipe/menu item/process submitted by the Process Control Authority (PCA). Any deviations in the PCA reviewed scheduled process (including but not limited to changes in recipe or ingredients, changes in acidulant(s), and/or changes in container sizes, etc..) will invalidate the safety controls, and will void any product-specific variance approvals that may have been issued.

Please Print Name

Signature

Date

FOR OFFICE USE ONLY:

Date Received: _____

Received by: _____



For office use only, do NOT fill in

Recommendation of Kentucky Department for Public Health Food Safety Branch:

Approval

Disapproval

Issues needing further resolution

Comments:

**Recommendation of Department for Public Health Foodborne Illness Prevention Program
Variance Committee (if required):**

Approval

Disapproval

Regulatory Conditions for Approval

Comments:

Cc: File
Pam Hendren, Retail Food Section Supervisor
Shadrick Adams, Food Manufacturing Section Supervisor
Area Food Manufacturing Inspector/Retail Food Inspector
Local Health Department