



Foodborne Illness Prevention Program Food Preparation or Process Variance Application

Please complete this application form and submit with supporting material to your local health department. Submit multiple applications if you are requesting variances on more than one item.

Name of Applicant/Operator: _____
Signature: _____
Telephone: _____
Name of Establishment: _____
Statewide Chain? _____ Nationwide Chain? _____
Mailing Address: _____ _____

Request for Variance:

- 1) State proposed variance of Code requirement citing relevant Code section numbers
- 2) Explain rationale for how potential public health hazards and nuisances addressed by the relevant Code sections will be alternatively addressed by the proposal
- 3) Explain how your proposed procedure will control the public health hazards addressed in the Code
- 4) Include HACCP plan if required as specified under Section 8-201.13(A) including the information specified under Section 8-201.14

Submit to:
Administration Fee: _____

For office use only. do NOT fill in

Recommendation of Local Public Health Authority:

- Approval Disapproval Issues needing further resolution

Comments:

**Recommendation of Department of Human Services Foodborne
Illness Prevention Program Variance Committee:**

- Approval Disapproval Regulatory Conditions for Approval

Comments:

Signed: _____ Date: _____

If you need this material in an alternative format, please call 971-673-0185.