Cured TCS/PHF Food (3-502.11)
Variance/ HACCP Submission Checklist

Firms that are requesting a variance/ HACCP review are required to submit the following documents:

- ☐ Completed and signed Variance Application **(attached)**
- ☐ Signed Prerequisite Program Agreement **(attached)**
- ☐ A categorization of the types of foods that will be cured
- ☐ A list of ingredients used in each product (e.g. commercial cure brand, sausage casings, spices, etc.)
- ☐ Label(s) of any pre-mixed cure used by the firm
- ☐ Cure recipes for standard batch of product: include the weights of ingoing meat, cure mix, and any other ingredients such as accelerants or binders
- ☐ Equipment Specifications (e.g. smoker, sausage grinder, etc.)
- ☐ Flow diagrams for each specific food or category type: either appropriately modified ODA templates or flow diagrams developed by the firm—indicate which steps in the flow diagram are critical control points (CCPs) **(example flow diagram – attached)**
- ☐ HACCP plan(s): either appropriately modified ODA templates or a HACCP plan developed by the firm **(example HACCP plan – attached)**
- ☐ Batch records to include scale accuracy measurements **(example batch record – attached)**
- ☐ Packaged product (if applicable) – final labels for each item requesting a variance/HACCP plan
- ☐ Unpackaged product (if applicable) – provide pull date and/or date marking information and how dates will be monitored

With my signature below, I acknowledge that I am submitting all the required documents listed above. I understand that failure to submit the required documents may result in the delay or rejection of my variance/HACCP request.

Facility DBA_____ **Owner Name**_____

Owner Signature_____ **Date**_____

Food Safety Program
Variance Application

Website: https://oda.direct/FoodSafety

Please send the completed variance application form to the Oregon Department of Agriculture's Food Safety Program. Please submit a separate application form for each variance request, using additional pages if necessary.

Date:_____

Name of Applicant / Owner/ Operator:_____

Name of Establishment:_____

Mailing:_____

Physical Address:_____

Statewide Chain Establishment:_____ Independent:_____

Telephone:_____

Email:_____

Signature:_____

Product or Process Requested:_____

Request for Variance: (OAR 603-25-0030 Section 8-103.11):

1. Describe the proposed Code variance being requested, citing the relevant Code section numbers.

2. Explain specifically how your proposed procedure will adequately control the public health hazards addressed in the Code. Please include supporting documentation.

3. Include a HACCP plan if required as specified under OAR 603-25-0030 Section 8-201.13(A), including the information specified under OAR 603-25-0030 Section 8-201.14.

OAR 603-25-0030 Food Code Website: https://oda.direct/FoodSafety

Oregon Department of Agriculture
Food Safety Program
635 Capitol Street NE, Salem, OR 97301-2532
Phone:(503) 986-4720 and Fax: (503) 986-4729

Prerequisite Programs, Standard Sanitation Operating Procedures (SOP), and Employee Training Program

HACCP (Hazard Analysis and Critical Control Point) is a systematic approach in identifying, evaluating and controlling food safety hazards. HACCP represents an important food protection tool supported by prerequisite programs, Standard Sanitation Operating Procedures (SSOPs), and employee training. In order to achieve active managerial control of hazards associated with foods, firms that are submitting a HACCP plan or variance request are required to agree to the development and implementation of the following:

1. Prerequisite Programs

Firm agrees to follow the establishment construction, maintenance, sanitation and product handling procedures as outlined in the ODA 2013 Retail Food Code (OAR 603-025-0030), ORS 603, ORS 619, OAR 603-028, and ORS 603-025-0200.

2. Standard Sanitation Operating Procedures

Firm agrees to monitor and comply with the following provisions of the 2013 ODA Retail Food Code:

1. Hand washing
2. Personal hygiene
3. Preventing bare hand contact with ready to eat foods
4. Employee Illness
5. Purchasing food from approved sources
6. Ensuring appropriate equipment maintenance and cleaning and sanitizing procedures for food contact surfaces
7. Cross-contamination prevention
8. Date-marking ready-to-eat, time/temperature control for safety food
9. Safety of water sources
10. Maintenance of hand-washing and toilet facilities
11. Protection from contamination
12. Proper labeling, storage, and use of toxic materials
13. Exclusion of pests

3. Employee Training Program

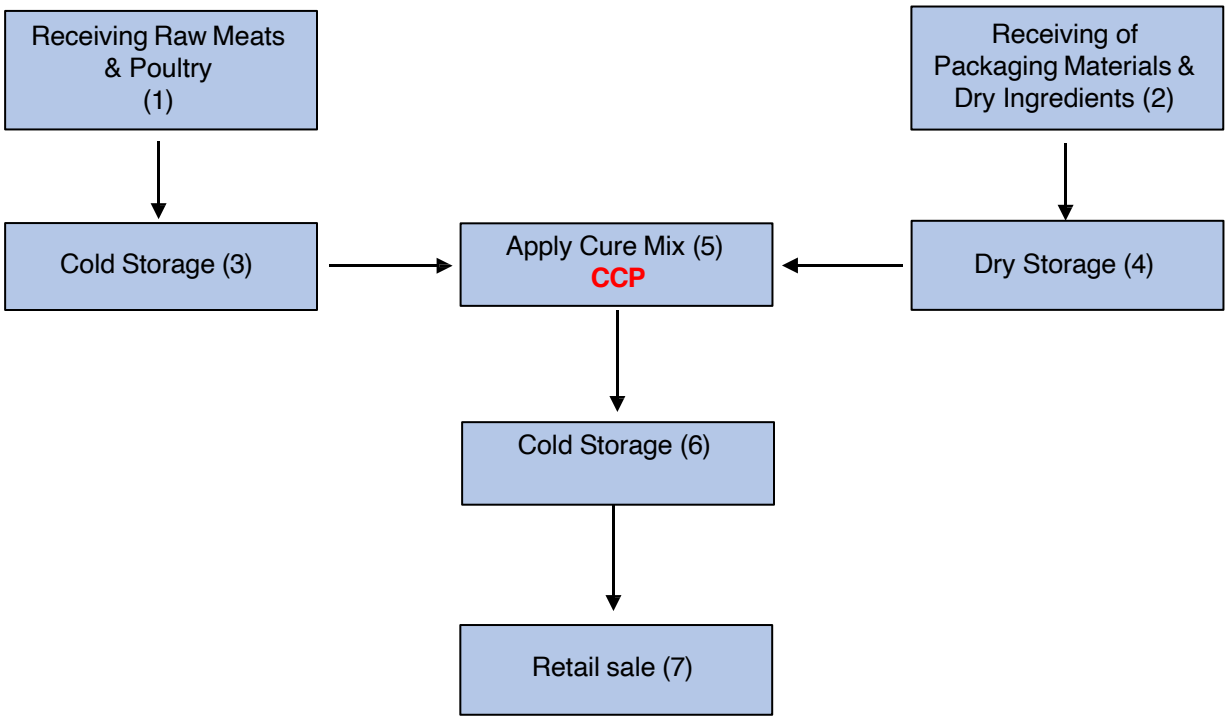
Firm agrees to develop and implement a food employee and supervisory training plan that addresses the food safety issues of concern.

With my signature below, I agree to develop and comply with the prerequisite programs, standard sanitation operating procedures, and training program requirements. I understand that failure to comply with the requirements noted above may result in the revocation of an approved variance/ HACCP plan.

Facility DBA_____ **Owner Name**_____

Owner Signature_____ **Date**_____

FLOW DIAGRAM: Curing



Establishment Name & Address:

Product Name & Description:

Curing HACCP Plan

Critical Control Point (CCP)	Significant Hazard(s)	Critical Limits for each Preventive Measure	Monitoring Procedures				Corrective Actions	Records	Verification
			What	How	Frequency	Who			
CCP 1: Curing	Chemical: Addition of improper levels of nitrite or nitrate	Follow Maximum Ingoing Nitrite/Nitrate Limits (in ppm) for Meat and Poultry Products from USDA FSIS PROCESSING INSPECTORS' CALCULATIONS HANDBOOK (TABLE II) **(Include Ratio Below)**	Quantity and the presence of nitrite/ nitrate in the mixture	Monitors weight of the curing agent & meat with a calibrated scale	Each batch	Person In Charge that is mixing the product will sign off.	- Identify and eliminate cause of deviations. - Bring CCP under control by making sure a proper amount of curing agent is in the mix. - Discard or rework the mixture.	- Weighing Log - Corrective Action Log	- Owner or designated personnel will review the weighing log weekly. - Scale Calibration Log

Preparers Name and Title: _____

Preparers Signature: _____ **Date:** _____

BATCH RECORD: CURED MEAT PRODUCTS

Product:			
Batch #/Lot Code:		**Date:**	

CURING:

Cure Type: (Specific Chemical)		**Lot #**	
Weight:			
CCP Met?	◯ **Yes** ◯ **No**		
Corrective Action:			
Staff Initials:			

FOOD SCALE ACCURACY:

Food Scale Identification	Standard Weight	Scale Reading	Accurate Y/N	Corrections	Staff Initial

SMOKE/COOK:

Final Internal Temp:	°F
Control Met?	◯ **Yes** ◯ **No**

COOLING:

Start Time:		**Temp:**	°F
Staff Initials:			
1st Cool from 135ºF to 70ºF (≤2 hours)		**Temp:**	°F
Staff Initials:			
2nd Cool from 70ºF to ≤41ºF (≤4 hours):		**Temp:**	°F
Control Met?	◯ **Yes** ◯ **No**		

VERIFICATION:

All CCPs and Controls Met?	◯ **Yes** ◯ **No**		
Corrective Actions:			
Verified by:		**Date:**	