

Mobile Unit Catering Variance Application

Please complete this application form and submit with a \$500 check made out to Oregon Health Authority along with a complete Hazard Analysis of Critical Control Points (HACCP) plan and all supporting materials to the Oregon Health Authority, Foodborne Illness Prevention Program, 800 NE Oregon St, Suite 640, Portland, OR 97232. You must submit multiple applications with a fee for each if you are requesting variances on more than one process. Additional information on variances can be found on our web page at: www.healthoregon.org/foodsafety

This form and attached Mobile Unit Catering HACCP Plan Checklist must be complete before submission to OHA with your fee

Name of Applicant/Operator: _____

Telephone: _____

Email: _____

Name of Establishment: _____

Statewide Chain? Y N Nationwide Chain? Y N

How many facilities will be conducting this process? _____

List the HACCP team members in your facility responsible for this process:

Unit Location/Address:

Mailing Address: -----

Oregon Administrative Rule 333-162-0030(3) requires a variance for catering from a mobile unit unless it has a licensed restaurant or commissary as a base of operation.

What are the potential public health hazards created by your process?

Please explain why catering in addition to your routine operations is necessary and why compliance with the Food Sanitation Rules is highly burdensome or impractical:

How do you plan to address public health concerns associated with catering?

Attach current catering menu. Your approval will be based on the menu submitted.

Attach copies of last two semi-annual inspection reports (if applicable)