

REQUEST FOR VARIANCE – Special Processes

Date: ____ / ____ / ____ **Establishment Permit Number:** _____

Establishment Name:

Establishment Owner:

Establishment Address:

Mailing Address (if different):

Contact Person: _____ **Title:** _____

Contact Telephone Number () _____

Fax Number () _____

Email Address: _____

Please use the checklist below. Verify all necessary items are included with your application:

Type of variance requested:

- Acidification (e.g., sushi rice)
- Reduced Oxygen Packaging (e.g., vacuum packaging, modified atmosphere packaging, cook chill, sous vide)
- Smoking Food for Preservation (e.g., meat, fish)
- Curing Food (e.g., sausage, corned beef, pickled herring)
- Molluscan Shellfish Life-Support Tank
- Custom Processing of Animals for Personal Use (not for sale)
- Sprouting Seeds or Beans
- Other _____

Identify the food item and process. Mark any “Trade Secrets”

[] Attach a HACCP (Hazard Analysis Critical Control Point) plan for the food items and processes identified above. The HACCP plan will include:

- A categorization of the types of Time Temperature Controlled for Safety (TCS) foods that are to be controlled under the HACCP PLAN; The relevant sections of the code for which a variance is requested.
- A flow diagram or chart for each specific food that identifies:
 - (1) Each step in the process
 - (2) The hazards and controls for each step in the flow diagram or chart.
 - (3) Steps that are critical control steps
 - (4) The ingredients, materials, and equipment used in the preparation of The specific food.
 - (5) Formulations or recipes that delineate methods and procedural control methods that address the food hazards involved.
- A critical control point summary for each specific food that clearly identifies:
 - (1) Each critical control point
 - (2) The critical limits for each critical control point
 - (3) The method and frequency for monitoring and controlling each Critical control point by the food employee designated by the person In charge (PIC)
 - (4) The method and frequency for the PIC to routinely verify that the Food employee is following standard operating procedures and Monitoring critical control points
 - (5) Action to be taken by the PIC or a food employee if the critical limits for each critical control point are not met
 - (6) Records to be maintained by the person in charge to demonstrate that The HACCP plan is properly operated and managed
- Supporting documents such as:
 - (1) Food employee and supervisory training plan that addresses the food safety issues of concern
 - (2) Copies of blank records forms that are necessary to implement the HACCP Plan
 - (3) Additional scientific data or other information, as required by the health department supporting the determination that food safety is not compromised by the proposal.
- Any other information required by the health department
- Trade Secrets. Clearly mark all information considered to be a “trade Secret”.

Please contact Andover Health Department with questions regarding the application process or HACCP compliance questions.

Variance Application Process

- All supporting documentation must be submitted along with the HACCP plan and this completed application.
 - Application Fee is to be made at the time of submittal.
 - Incomplete applications cannot be reviewed and will be returned to the applicant.
- After your application and supporting documentation have been reviewed, you will be contacted regarding the Request for Variance and scheduled to attend a Board of Health Meeting for a final determination of the variance request.

Variance Agreement

- Once a variance is approved by the Andover Health Department, adherence to the approved plan becomes a condition of the Food Service Establishment Permit. Any adjustment or deviation from the approved plan will require resubmission of the variance request and revised plan to the Andover Board of Health.
- Once the variance is approved, the Health Department will verify the plan is being followed as part of the ongoing inspection process. If the variance is not being followed, approval may be revoked and all operations associated with the variance shall cease. After deficiencies have been corrected, the permit holder may apply for another variance.
- If the Health Inspector determines that the conditions of the variance are not being followed or if recurring deficiencies are observed an Administrative Meeting may be required. If deficiencies persist the case shall be forwarded to the Andover Board of Health for consideration of continued approval or revocation of the variance.
- A copy of the variance must be maintained on site and conveniently located, such that it is available for review by appropriate food employees and inspectors.

Statement: I hereby certify the information provided within this application is accurate and I understand that any deviation without prior approval from the Andover Health Department may nullify the variance approval. I understand this application will be returned to me if incomplete and will delay further processing. I have read and understand the Variance Agreement.

Signature: _____

Title: _____

Establishment Name: _____

Date: _____

Health Department / Application HACCP Plan Reviewed by:	<input type="checkbox"/>	Approved - request forwarded to Board of Health
	<input type="checkbox"/>	Denied – letter forwarded to Owner
	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____