



Food Menu Item(s)/Special Processes 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. A "Request for Variance" requirement is covered under the 2013 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Smoking of Food          | <input type="checkbox"/> Live Molluscan Shellfish Tank |
| <input type="checkbox"/> Food Additives           | <input type="checkbox"/> Reduced Oxygen Packaging      |
| <input type="checkbox"/> Curing of Food           | <input type="checkbox"/> Custom Processing of Animals  |
| <input type="checkbox"/> Sprouting Seeds or Beans | <input type="checkbox"/> Acidified (Pickled Products)  |
| <input type="checkbox"/> Other _____              |  |



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

4. Explain your procedure and how it will control the public health hazards addressed in the 2013 FDA Food Code. Attach any additional information supporting your variance request.



5. How will the facility monitor processes to ensure all provisions of the variance will be performed? This includes: Who, What, When, Where, How, and corrective actions.

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  
        Daniel Bell, Food Safety Branch Manager  
        Retail Food Section Supervisor  
        Food Manufacturing Section Supervisor  
        Area Food Manufacturing Inspector/Retail Food Inspector  
        Local Health Department