



Jefferson County Department of Health
Food & Lodging Division
1400 6th Ave South
Birmingham, AL 35233
Office (205) 930-1260 Fax (205) 939-3019

HACCP REVIEW/ VARIANCE APPLICATION

Date: _____ Permit#: _____

Establishment Name: _____

Establishment Owner: _____

Establishment Address: _____
Street City State Zip Code

Mailing Address (if different): _____

Contact Person: _____ Title: _____

Contact Phone#: _____ *Email Address: _____

**Confirmation of receipt and approval will be sent by email. If you do not wish to receive email notifications, CHECK HERE*

Will this apply to multiple locations? *: Yes No

*If yes, please attach a list of the other facilities, including the physical address and permit number.

1. Special Process (select one). Multiple applications are required for approval of more than one process.

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

2. Type of food product specified in the menu (e.g., soups and sauces, roast, etc.).

3. A statement of the proposed variance of the code requirement citing relevant code section numbers. (Only Required for Variance Applications.)

4. A statement regarding how the proposed process varies from the rule/code(s). Attach additional pages if needed. (Only Required for Variance Applications.)

5. An analysis of the rationale (justification) for how the potential public health hazards and nuisances addressed by the relative code sections will be addressed in the proposal. Attach additional pages if needed. (Only Required for Variance Applications.)

6. Submit a HACCP (Hazard Analysis Critical Control Point) plan that includes the following:

- Categorization of the types of TCS foods specified in the menu (e.g., soups and sauces, roast, etc.)
- Flow diagram
 - Identify critical control points and critical limits.
 - Identify ingredients, materials, and equipment used in the process.
 - Formulations or recipes that illustrate the methods and procedures for controlling the food safety concerns.
- Training program
 - Detail the training plan for staff involved in the process.
 - Detail how the person in charge (PIC) will oversee the process.
- HACCP plan summary detailing the 7 HACCP Principles
- Standard Operating Procedures (SOP's)
 - If operating in a shared kitchen, provide details on how the food process will be protected.
- Examples of records, charts, and log sheets that will be used
- Equipment (make, model, specification sheets) for the process equipment
 - If the plan is for sous vide or cook/chill (ROP), provide the make and model of the electronic system for continuously monitoring the time and temperature of the refrigeration unit.
- Document whether the product is for retail sale or only for in-house use (some exclusions may apply). Provide samples of the labels.
- If the process is not approved in the FDA Food Code, provide scientific data to support it (e.g., lab results or process authority review).

Please submit the application, HACCP plan, other supporting documentation, and \$100 application fee to:

Jefferson County Department of Health
Food & Lodging Protection Division
1400 6th Ave South
Birmingham, AL 35233

Contact the Food & Lodging Division at (205) 930-1260 for technical questions or assistance completing and submitting the application.

Variances are intended to allow specialized processes that enhance operations with science-based controls and monitoring. All supporting documentation must be submitted along with this completed application. Incomplete applications cannot be reviewed and will be returned to the applicant. After reviewing the application and supporting documentation, the Contact Person will be contacted regarding the request.

Agreement

Once the Jefferson County Department of Health approves the application, the plan is final and becomes a condition of the Food Service Establishment Permit. Any adjustment or deviation from the approval will require resubmission to the Jefferson County Department of Health.

Once approved, this Department will verify the plan is being followed as part of the ongoing inspection process. If the approved plan is not followed, the Jefferson County Department of Health may revoke the approval, and all variance or HACCP-associated operations shall cease. After correcting deficiencies, the permit holder may submit another application.

A conference may be required if this Department determines that the plan is not being followed or if recurring deficiencies are observed. If deficiencies persist, the case shall be forwarded for consideration of continued approval or revocation of the approval.

Monitoring records must be maintained for at least one year or as specified in the approved plan and be available upon request during routine inspections or any other time this Department makes the request.

A copy of the variance or approval letter and HACCP plan must be maintained on-site and conveniently located, such that it is available for review during routine inspections or any other time this Department makes the request.

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

By typing your name, you are agreeing to the terms listed above.

Signature: _____ Date: _____

Title: _____

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| _____ Environmental Health Program Manager Food & Lodging Protection Division Jefferson County Department of Health | Approved Denied (Circle One) | _____ Date |
| _____ Director of Food and Lodging Bureau of Environmental Services Food/Milk/Lodging Alabama Department of Public Health | Approved Denied (Circle One) | _____ Date |
| Date Received: _____ | | Date Reviewed: _____ |
| If Approved, Date Notified: _____ | | Check one: Email <input type="checkbox"/> USPS <input type="checkbox"/> Other <input type="checkbox"/> |