

## Variance Application

### Variance Process (select one)

You must submit multiple applications if you are requesting variances on more than one process.

**Please submit a complete Hazard Analysis of Critical Control Points (HACCP) Plan and all supporting materials with this application.**

- Curing Meats with Nitrites/Nitrates to Extend Shelf Life
- Dry Fermented Sausages
- Smoking for Preservation
- Reduced Oxygen Packaging (ROP) - Cook/Chill
- Reduced Oxygen Packaging (ROP) – Sous Vide
- Reduced Oxygen Packaging (ROP)/Vacuum Packaging/Canning
- Sprouting Seeds or Beans for Raw Consumption
- Using Additives to Render a Food Non-PHF (On-Site Acidification)
- Other \_\_\_\_\_

Additional information can be found on our webpage at: <https://www.lakecountyil.gov/2313/Food-Safety>

### Facility Information

Statewide Chain? Yes  No

Nationwide Chain? Yes  No

Has this process (variance) been approved by other health departments? Yes  No

If yes, please list: \_\_\_\_\_

How many facilities will be conducting this process? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

### FACILITY LOCATION INFORMATION

FACILITY NAME (DOING BUSINESS AS)

EMAIL

ADDRESS-LOCATION OF FACILITY

BUSINESS PHONE

CITY

STATE

ZIP CODE

HOME PHONE

NAME OF CONTACT PERSON AT FACILITY

MOBILE PHONE

**Variance Request – please include a current menu**

What Illinois Food Code section number(s) are you requesting a variance from? (i.e. 3-502.11 Using Additives to Render a Food non-PHF) \_\_\_\_\_

(Discuss with Food Program Specialist for further information)

What are the potential public health hazards created by your process (e.g. bacteria-Listeria, virus-Hepatitis A)?

How will your proposed procedure control the public health hazards addressed in the Food Sanitation Rules?

Does your request include products with seafood or fish as an ingredient? Yes  No

Where will the processing occur?

How will you ensure that it does not interfere with your routine food service operations (e.g. active managerial control, person in charge, training/education)? – please provide detailed examples

**Required in your HACCP Plan:**

- Introduction
- Flow Chart
- Hazard Analysis – biological, chemical, physical
- HACCP Plan Chart/Summary - detailing the 7 principles of HACCP
- SOP's
- Training Program
- Examples of records/charts
- If Plan is for Sous Vide or Cook/Chill ROP - make/model of electronic system to continuously monitor refrigeration unit time and temperatures

**Request for Variance and HACCP Plan Checklist**

- HACCP Plan
- Food Items w/ detailed preparation process
- Identify critical control points and critical limits and how they will be monitored
- Equipment needed for process
- Detail the training plan for staff involved in process
- Detail how person in charge will oversee process
- Provide sample log sheets that will be used
- Detail corrective action when failures occur
- Document whether product is for retail sales or for in-house use only
- Provide samples of labels for ROP or retail sales (if applicable)
- Provide statement that logs will be maintained for 180 days
- If operating in shared kitchen, provide details on how food process will be protected.
- If process is not approved in FDA food code, provide scientific data to support process (e.g. lab results or process authority review)

**Variance Agreement**

Once a variance is approved, that plan becomes a condition of the Food Service Establishment License. Any adjustment or deviation from the approval will require resubmission of the variance request to the LCHD.

Once the variance is approved, the Food Program Specialist 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 by the LCHD and all operations associated with the variance shall cease. After deficiencies have been corrected, the permit holder may apply for another variance.

If the Food Program Specialist determines that the variance is not being followed or if recurring deficiencies are observed a conference may be required. If deficiencies persist the case shall be forwarded to the Department for consideration of continued approval or revocation of the variance.

Monitoring records must be maintained for a minimum of one year or longer as specified in the variance approval and be available upon request from Food Program Specialist during routine inspections or any other time the request is made by the Food Program Specialist.

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 the Food Program Specialist during routine inspections or any other time the request is made by the Food Program Specialist.

Statement: I hereby certify the information provided within this application is accurate and I understand that any deviation without prior approval from the 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 \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received \_\_\_\_/\_\_\_\_/\_\_\_\_ First Application  Submittal Resubmittal

Notified \_\_\_\_/\_\_\_\_/\_\_\_\_ Check one: Email  USPS  Other  \_\_\_\_\_

Entered & Scanned to inspection software (DHD) \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contacted \_\_\_\_/\_\_\_\_/\_\_\_\_ Check one: Approved  Denied  Need more info  Returned to Applicant

Notes: \_\_\_\_\_

\_\_\_\_\_

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# Critical Control Points Flow Chart

(Provide additional copies for each food item that requires a HACCP/Variance)

**Name of Food Item:** \_\_\_\_\_

Please provide a brief description of the food item and the special process that will be used:

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Complete the following flow chart and identify each step (receiving, storing, cold/hot holding, preparing, cooking, cooling, reheating, service.)

**Identify Critical Control Points**, where necessary.

