



HACCP Application Submittal Form

HACCP Plan Review Request Resubmission Alteration of existing Plan HACCP exemption review

Business Name: _____ Date: _____

Business Address: _____

Owner: _____

Name: _____ E-mail Address: _____

Phone: _____

INDICATE WHICH PROCESS(ES) YOU PROPOSE TO USE AT YOUR FACILITY

Regulated by CA Dept. of Public Health*

- Reduced-Oxygen Packaging (ROP) or Modified Air Packaging (MAP) of food (vacuum packaging)
- Sous Vide cooking
- Cook/Chill method
- Using acidification or reducing water activity to prevent the growth of *Clostridium botulinum*

Regulated by SF Dept. of Public Health

- Reduced Oxygen Packaging for 48 hours or less
- Using food additives, such as vinegar, to reduce the potential for hazard
- Smoking of food for preservation
- Curing of food for preservation
- Live molluscan shellfish storage tank
- Other: _____

NOTE: All equipment used for any of the above processes must meet American National Standards Institute (ANSI) standards and must be approved by this department prior to installation. (California Retail Food Code Section §114130) See the Plan Check Guidelines for additional information on equipment

***For items regulated by the California Department of Public Health, approval must be obtained by that agency prior to implementation of the process. A copy of the approval letter must be provided to this office.**

1. Please provide a description of the foods and process you will use in the process selected above - you may attach additional pages if needed:

2. List the employees trained in conducting the HACCP procedure you have described.

3. Provide the name, address and accreditation of the laboratory used for testing, if applicable.

In addition to this application, you must submit a detailed Hazard Analysis Critical Control Point (HACCP) Plan. The HACCP plan must include all information related to the specialized process utilized at your facility, as described in sections §114419.1 and §114057.1 of the California Retail Food Code.

A non-refundable fee at the current hourly rate, as indicated on the fee schedule, will be initially charged for the specialized processes review upon submission. The initial fee covers the cost of one-hour document review and assessment. Additional time incurred will be charged the corresponding amount in hourly rate wherein the balance must be paid prior to the release of the disposition. A disposition will be provided within 20 working days from receipt of payment.

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary fees and inspections made pursuant to the operation of this business and for the review of these processes. I also agree to conform to all conditions, orders, and directions issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.

Authorized Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Title: _____

For Department of Public Health Office Use Only		
Payment Date: _____	Total Amount Paid: \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: _____	Receipt #: _____
Reviewed on: _____ (Date)		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason: _____		Location ID: _____ Notification to Applicant sent (Date): _____
X _____ Inspector	X _____ Principal Inspector	