

Oklahoma State Department of Health Consumer Health Services PO Box 268815 OKC, OK 73126-8815 Telephone: 405.426.4250 Fax: 405.900.7557

Website: Oklahoma.gov/health/CHS

## FOOD ESTABLISHMENT VARIANCE REQUEST FORM

The Department may only issue a variance approval on modifications or waivers meeting the requirements of O.A.C.310:257 listed below. Prior to the expiration of the food establishment license, the licensee must apply in writing for a renewal of the variance (310:257-15-3(d)).

in writing for a renewal of the variance (510.257 15 5)	α/).					
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☐ Initial Variance Request	Renewal of Previous Varian	nce Request				
Please check the appropriate request:  310:257-5-46(d)(4) Serving a raw animal food such	as egg, fish, shellfish, steak tartare					
310:257-5-63(1) Smoking food as a method of preservation						
310:257-5-63(2) Curing food						
310:257-5-63(3) Using food additives/components to preserve food or render food not potentially hazardous						
310:257-5-63(4) Packaging food using reduced oxyg	gen packaging (ROP)					
310:257-5-63(5) Operating a molluscan shellfish life	e-support display tank offering for h	uman consumption				
310:257-5-63(6) Custom processing animals for personal states.	sonal food use and not for sale in a f	food establishment				
<ul> <li>☐ 310:257-5-63(7) Sprouting seeds or beans</li> <li>☐ 310:257-5-63(8) Preparation method determined by Department to require a variance</li> <li>☐ 310:257-15-3(a) Operation or equipment in use prior to adoption of new rules</li> </ul>						
FOOD ESTABLISHM	IENT INFORMATION					
FOOD ESTABLISHM County:		wn):				
		wn):				
County:	License# (if kno	wn):				
County: Food Establishment Name:	License# (if kno	wn):				
County: Food Establishment Name:	License# (if kno	wn):				
County:  Food Establishment Name:  Location (Physical Address):	License# (if kno  Street Address/Finding Location  State					
County:  Food Establishment Name:  Location (Physical Address):	License# (if kno Street Address/Finding Location					
County:  Food Establishment Name:  Location (Physical Address):	License# (if kno  Street Address/Finding Location  State					
County:  Food Establishment Name:  Location (Physical Address):  City  Mailing Address (if different):  City	License# (if kno  Street Address/Finding Location  State  Mailing Address	Zip				
County:  Food Establishment Name:  Location (Physical Address):  City  Mailing Address (if different):  City	Street Address/Finding Location  State  Mailing Address  State  ON INFORMATION	Zip				
County: Food Establishment Name: Location (Physical Address):  City  Mailing Address (if different):  City  CONTACT PERSO	Street Address/Finding Location  State  Mailing Address  State  ON INFORMATION	Zip				

FOOD ESTABLISHMENT - VARIANCE	E REQUEST FORM
Food Establishment Name:	County:
Please complete the sections below that de	scribe the exact nature of the request.
**************************************	*************
If <b>310:257-15-3(a)</b> was checked, list the following (or Skip	A to Part II).
<ul> <li>Equipment and/or Processes previously in place pri</li> </ul>	
• Citation(s) within O.A.C. 310:257 that relate to the	above noted equipment / processes:
Please note, any construction or modifications associated wownership, will require the equipment and/or processes to ***********************************	become compliant with the most recent rules.
Part II – Variance Request for Food Preparation	
Brief description of process:	
• Other application citations within O.A.C. 310:257 (	if applicable):
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Part III – Plans & Actions	
Please provide a clear explanation of how the facility and reprocesses will ensure the public's continual health and safe may include:	
<ul> <li>additional employee training requirements;</li> </ul>	<ul> <li>records that will be maintained;</li> </ul>
<ul> <li>additional tools, utensils, or equipment used;</li> </ul>	<ul> <li>timeframes of actions, measurements, and/or</li> </ul>
• plans / procedures that will be followed;	tests to be conducted;
<ul> <li>research and/or supporting evidence;</li> </ul>	• additional documentation to support operations
	·
(Include additional po	
Applicant Signature:	Date:
Page 2 of all approved, current variances must	be maintained at the food establishment.
OFFICIAL USE ONLY – DO NOT	WRITE BELOW THIS LINE
☐ Variance APPROVED ☐ HACCP Plan Requir	
Notes:	
Department Signature:	Date: