



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Consumer Protection
PO Box 268815
OKC, OK 73126-8815
Telephone: (405) 271-5243
FAX: (405) 271-5286

**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)).

Initial Variance Request

Renewal of Previous Variance 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 oxygen packaging (ROP)

310:257-5-63(5) Operating a molluscan shellfish life-support display tank offering for human consumption

310:257-5-63(6) Custom processing animals for personal food use and not for sale in a food establishment

310:257-5-63(7) Sprouting seeds or beans

310:257-5-63(8) Preparation method determined by Department to require a variance

310:257-15-3(a) Operation or equipment in use prior to adoption of new rules

FOOD ESTABLISHMENT INFORMATION

County: _____

License# (if known): _____

Food Establishment Name: _____

Location (Physical Address): _____

Street Address/Finding Location

City

State

Zip

Mailing Address (if different): _____

Mailing Address

City

State

Zip

CONTACT PERSON INFORMATION

Contact Person Name: _____

Title: _____

Email: _____

Phone #: _____

FOOD ESTABLISHMENT - VARIANCE REQUEST FORM



Food Establishment Name: _____ County: _____

Please complete the sections below that describe the exact nature of the request.

Part I – Previous Equipment / Processes

If 310:257-15-3(a) was checked, list the following (or Skip to Part II):

- Equipment and/or Processes previously in place prior to any rule change that a variance is requested:

- Citation(s) within O.A.C. 310:257 that relate to the above noted equipment / processes:

Please note, any construction or modifications associated with this equipment and/or processes, or a change of ownership, 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): _____

Part III – Plans & Actions

Please provide a clear explanation of how the facility and management will ensure the equipment and/or processes will ensure the public’s continual health and safety. Include information specific to this request which may include:

- | | |
|--|--|
| • additional employee training requirements; | • records that will be maintained; |
| • additional tools, utensils, or equipment used; | • timeframes of actions, measurements, and/or tests to be conducted; |
| • plans / procedures that will be followed; | • additional documentation to support operations |
| • research and/or supporting evidence; | |

(Include additional pages as needed)

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 Required if checked Variance DENIED

Notes: _____

Department Signature: _____ Date: _____