



Food Service Operation Request for Variance

Name of Operation		Owner/Person In Charge	
Street Address			
City	Zip Code	Phone	
Email		Name of Local Health District (Licensor)	
OAC 3717-1 Rule(s) from which variance is requested:			
Products/Process Requiring Variance:			
<p>The following documents must be submitted along with your variance request:</p> <ul style="list-style-type: none">HACCP plan completed in accordance with paragraph (L) of rule 3717-1-03.4 of the Ohio Uniform Food Safety Code (OAC 3717-1).Detailed written step-by-step instructions for the process(es) included in the variance request.Written sanitary standard operating procedures (SSOPs) for protecting the food from contamination before, during, and after processing, and proper cleaning and sanitizing of equipment and facility.Scientific data or other information to support the justification for variance request (e.g. product lab analysis, supporting studies, calculations, etc.).			
Signature			Date

You can submit your variance request electronically to foodsafety@odh.ohio.gov or mail it to:

Ohio Department of Health
BEHRP Food Safety Program
246 N High St
Columbus, OH 43215