

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

Special Process Waiver Request

Business Name (DBA):		Food Service License Number:	
Owner (provide the name of the Corporation, LLC, Partnership or Individual if sole proprietor):			Date:
Street Address of Business:		City:	Zip Code:
Contact Person:	Contact Number:	Email Address:	
If applying for multiple locations, please list below the license number and address of each location, or attach a list of facilities to this Plan:			

Documentation of Proposed Process Waiver and Justification (Section 8-103.11, FC) Explanation of the process that will be conducted for which a process waiver is required:
Sous vide cooking of meat/poultry products to temperatures lower than the minimum ones required in the FDA Food Code.
I hereby request the approval of a process waiver from the requirements of the 2017 FDA Food Code, Section (include section number and title):
Section 3-502.12 (D)(2)(b) which requires sous vide packaged food to be cooked as specified under 3-401.11 (A)(B) and (C) and sections 3.401.11 (A) (B) and (C) which establish minimum cooking temperatures for raw animal food.
Justification for the process waiver request. Provide an explanation of how the potential public health hazards and/or nuisances addressed by the relevant FDA Food Code sections will be alternatively prevented. Supporting documentation may include a process review by a recognized process authority:
Meat/poultry products will be cooked using time and temperature combinations listed in the 2021 FSIS Appendix A Compliance Guidelines for Meeting Lethality Performance Standards for certain Meat and Poultry Products, Tables 2, 3, and 4 Time-temperature combinations to achieve lethality. In the tables, the stated temperature is the minimum temperature that must be achieved and maintained in all parts of each

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piece of meat/poultry for at least the stated dwell time to achieve at least 6.5 Log10 lethality in meats and 7 Log10 lethality in poultry.

HACCP Plan submitted Yes ☐ No ☒

I understand this process waiver request must be approved before the establishment starts to conduct the process. I understand that if approved, the process waiver must be maintained at the establishment and that HACCP plans and procedures approved as a basis for this process waiver must be followed.

Signature of applicant: _____ Date: _____

Print name and position title: _____

***** Process waivers are not transferable *****

For Division Use Only

APPROVAL

Process waiver ☐ Approved ☐ Denied (See comments)

COMMENTS

Name / Title (print)

Signature

Date