



**Foxborough Health Department
Town of Foxborough**

www.foxboroughma.gov

Matthew Brennan, R.S.
Director of Public Health

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Request for Variance/Plan Review
To Use Acidification as a Method of Food Preservation

Fee: \$200 - Checks made payable to "Town of Foxborough"

- Check Here if HACCP Plan is Attached
 Check Here if Laboratory Test Results are Attached

Date: _____

Establishment Name: _____

Establishment Address: _____

Phone #: _____

Name of Company who developed the HACCP Plan: _____

Contact Individual for HACCP Plan (@ Establishment Level): _____

Phone #: _____ **E-mail:** _____

Food Product(s) to be Acidified: **Sushi Rice** **Other (Specify):** _____

As required by 105 CRM 590.000 and FDA 2013 Food Code § 3-502.11, § 8-103.10, § 8-103.11 and § 8-201.13, I hereby request a Variance to use Acidification as a means of food preservation for the food products listed above. Included with this application is the required HACCP plan containing information according to § 8-201.14 (Contents of a HACCP Plan). I understand that laboratory test results for the acidified sushi rice (or other acidified food product), is required prior to the issuance of my HACCP permit.

I hereby attest to the accuracy of the information provided and affirm to comply with the current jurisdictional code and allow the regulatory authority access to the establishment as specified under § 8-402.11 and to the records as specified under § 3-402.12 and § 8-201.14(D)(6).

♦Signature of Owner: _____

♦Print: _____

♦Date: _____

For Official Use Only

HACCP Received (Date): _____

BOH Meeting: _____

HACCP Approved by: _____

Field Inspection by: _____

Date: _____

Field Inspection Date: _____