

IV. Provide the rationale (justification) for how the potential public health hazards and nuisances addressed by the regulations cited in Section III above will be addressed by the alternative equipment, procedures, and/or methods.

V. Supporting Documentation

A HACCP plan is required for the Department to approve the variance. Attach your HACCP plan to this application.

Here is a HACCP plan checklist to ensure your HACCP plan meets the regulation requirements:

Clearly identifies the types of food(s) to be processed and served.

A flow diagram by specific food or category type identifying critical control points and provides the following information:

Ingredients, materials, and equipment used in the preparation of the food; and

Formulations or recipes that delineate methods and procedural control measures that address the food safety concerns involved.

A food employee and supervisory training plan that addresses the food safety issues of concern.

Standard operating procedures for the plan clearly identifying:

Each critical control point (CCP).

The critical limits for each CCP.

The method and frequency for monitoring and controlling each CCP by the food employee designated by the person in charge (PIC).

The method and frequency for the PIC to routinely verify that the food employee is following standard operating procedures and monitoring CCP's.

Actions to be taken by the PIC if the critical limits for each CCP identified are not met.

Records to be maintained by the PIC to demonstrate that the HACCP plan is properly operated and managed.

Additional scientific data or other relevant information supporting the determination that food safety is not compromised by the proposed variance, and which may be required by the Department to decide the acceptability of the request.

VI. Confirmation

I hereby certify that the information provided within this application is accurate. I understand that any given deviation from approved procedures, without prior acknowledgment from the Department, may nullify any variance granted by the Department. I understand this application will be returned to me if incomplete. I also certify that I will not begin the operations disclosed within this application without receiving prior authorization from the Department. I have read and understand this variance agreement.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

PLEASE SUBMIT YOUR COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:

The Georgia Department of Agriculture
 Retail Program Manager/GDA Variance Committee
 19 Martin Luther King Jr Dr, SW - Room 308
 Atlanta, GA 30334-4201

COMMITTEE USE ONLY

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|---|-------------------------------|---------------------------|-------------|
| Received On: _____ | Application Type: | Initial Submission | Resubmittal |
| Notice of Receipt Sent On: _____ | Notification Sent Via: | Email | USPS |
| Reviewed On: _____ | Disposition: | Approved | Denied |
| Accepted Variance and HACCP Plan Scanned and Attached into DHD on: _____ | | Attached By: _____ | |
| Notes: | | | |