



Variance Request Form

State Form 51184 (R3/3-23)
INDIANA DEPARTMENT OF HEALTH
Food Protection Division

INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION

2 N Meridian St
Indianapolis, IN 46204
Telephone: (317) 233-1974
Fax: (317) 233-9200

E-mail: IDOHFoodVariance@health.in.gov
Website: <https://www.in.gov/health/food-protection/>

INSTRUCTIONS: To apply for a variance, please complete the following form in its entirety. Upon completion, this form can be either mailed, emailed or faxed to the Indiana Department of Health – Food Protection Division with all required support documents.

Facility Information		
Business Name:		
Facility Address (number and street, city, state, and ZIP code):		
National or Statewide Chain (if yes, please provide a list of locations seeking a variance): <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please list the county in which your business operates:	Special Process Start Date:

Owner Information	
Name:	
Mailing Address (Number and Street, City, State, and ZIP code):	
Telephone Number:	Email Address:

Variance Information	
410 IAC 7-26 Rule(s) from which a variance is requested:	
Product(s) Requiring a Variance:	
Variance Process (select one): You must submit multiple applications if you are requesting variances on more than one process.	
<input type="checkbox"/> Acidification	<input type="checkbox"/> Freeze Drying
<input type="checkbox"/> Cook/Chill	<input type="checkbox"/> Reduced Oxygen Packaging (ROP)
<input type="checkbox"/> Curing Meats with Nitrites/Nitrates to Extend Shelf Life	<input type="checkbox"/> Smoking for Preservation
<input type="checkbox"/> Drying	<input type="checkbox"/> Sprouting Seeds or Beans for Raw Consumption
<input type="checkbox"/> Fermentation	<input type="checkbox"/> Other _____

Required Support Documents to be Submitted with Application:	
<input type="checkbox"/> Copy of food menu	
<input type="checkbox"/> HACCP plan completed in accordance with Section 485 of the Retail Food Establishment Sanitation Requirements (Title 410 IAC 7-26) of the Indiana Department of Health	
<input type="checkbox"/> Detailed written step-by-step instructions for the process(es) included in the variance request	
<input type="checkbox"/> Identify critical control points/critical limits and how they will be monitored; corrective action when failures occur	
<input type="checkbox"/> Support standard operating procedures (SOPs)	
<input type="checkbox"/> Provide samples of labels for ROP or retail sales (if applicable)	
<input type="checkbox"/> If operating in a shared kitchen, provide details on how food process will be protected	
<input type="checkbox"/> Provide scientific data or other support documents (e.g., product lab results, supporting studies, process authority review, etc.)	

Variance Agreement

Once a variance is approved, that plan becomes a condition of the food service establishment license. Any adjustment or deviation from the approved plan will require resubmission of the variance request to the Indiana Department of Health (IDOH). Once the variance is approved, the Local Health Department (LHD) will verify the plan is being followed as part of the ongoing inspection process. If the variance is not followed, approval may be revoked by IDOH and all operations associated with the variance shall cease. After deficiencies have been corrected, the permit holder may apply for another variance.

If the LHD determines that the variance is not being followed or if recurring deficiencies are observed, a conference may be required. If deficiencies persist the case shall be forwarded to IDOH for consideration of continued approval or revocation of the variance. Monitoring records must be maintained for a minimum of one year or longer as specified in the variance approval and be available upon request from the LHD during routine inspections or any other time the request is made by the LHD. A copy of the variance must be maintained on site and conveniently located, such that it is available for review by appropriate food employees and the LHD during routine inspections or any other time the request is made by the LHD.

Statement:

I hereby certify the information provided within this application is accurate and I understand that any deviation without prior approval from the Indiana Department of Health may nullify the variance approval. I understand this application will be returned to me if incomplete and will delay further processing. I have read and understand the Variance Agreement.

Applicant Printed Name:	Date:
Applicant Signature:	Applicant Title (i.e., owner, architect, attorney, etc.):

FOR OFFICE USE ONLY

Date IDOH Received Variance Request: ____/____/____	Method Application was Received: Email <input type="checkbox"/> USPS <input type="checkbox"/> Other <input type="checkbox"/> _____
Operator Notified ____/____/____	Entered & Scanned to Secure R:Drive Variance Folder ____/____/____
Date Final Notification was Sent ____/____/____	Final Status of Variance: Approved <input type="checkbox"/> Denied <input type="checkbox"/>