Request For Variance
State Form 51184 (12-02)
Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH
Telephone: 317/233-7360 FAX: 317/233-7334

1. Individual Submitting Request:

Date: 2/11/13

Name: Laura Avendano Telephone: (317) 438 1528 Fax: ( )

Mailing Address: 6136 colonial Av (Number & Street) Email:

P.O. Box Inpls (City) IN (State) 46228 (Zip Code)

2. Person/Organization Seeking Variance:

Name: Lauritas Shop Email:

Mailing Address: (Number & Street)

P.O. Box City State Zip Code

3. Food Establishment(s) for Which Variance is Sought

Include the following information for each food establishment: (List here or attach additional pages if necessary)

- Physical Location (If different than mailing address): 5110 W Pike Plaza Rd Inpls IN 46254 46254
- Mailing Address: 6136 colonial Av Inpls IN 46228 (Number, Street, City, State, & Zip Code)
- Telephone Number: (317 438 1528 Fax Number: ( )
- Person at each retail food establishment most responsible for supervising: my self. /

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number: (Attach additional pages if necessary)

Marion Co. Health Dept. says we are required to have a 3-bay utensil sink according to code 410 IAC 7-24 section 270 and a handsink (section 342) However, my stand sells very few pre-packaged snacks. I do have a popcorn machine, cotton candy machine, Nacho cheese warmer, and a slushy drink dispenser. But all cups on containers for the customer are disposable. I only use one pair of tongs for jalapeño pepper pieces and one scoop for.

5. Explain how the potential public health hazards and/or nuisances will be alternatively addressed by the proposal. Include supporting studies, Hazard Analysis Critical Control Point (HACCP) Plan(s), standard sanitation operating procedures, and/or any other evidence: (Attach additional pages, if necessary.)

To minimize any health risk I would like to be allowed to use a portable handsink with hot and cold water (self-contained). Also I have hand sanitizer and disposable gloves to use.

4. popcorn. Thess are the only utensils that would need to be washed. My popcorn machines cleans up with some wipes and the Kennals are clean up with a special product manufater by the own Company. My cotton candy machine is big and cann't be washed I only wipe it with some special wipes. In case I do need to wash something big the owner of the resturant, give me permission to use her Kitchen.

6. (E.) would be very useful.

(A.) My station is ina Flea Market. We only open 4 days a week.

Laura Arendano

317 438 2815

6. List how the proposal demonstrates the following (if applicable to the request):

A) How the proposal differs from what is common and usual in similar industry situations:

B) How the proposal is unique and not addressed in existing rules or law:
Does not really apply in my situation.

C) How the proposal does not diminish the protection of public health:
my foods are from dispensers on machines with little if any handling.

D) How the proposal is based on new scientific or technological principle(s):
Does not apply in this situation.

E) How the implementation of the variance would be practical: My stand does not have plumbing available so the portable hand washing station.

7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted:
I only operate this one stand inside the flea market.

8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary)
There are no other parties affected other than the Marion Co. Public Health Dept.

9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies. None

10. Signature of Individual Making Request: Laura Avendano

Printed Name, Title: Laura Avendano

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