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REQUEST FOR VARIANCE APR 20 2015

State Form 51184 (R / 6-13)

Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH
Telephone: 317/234-8569 FAX: 317/233-9200

FOOD PROTECTION PROGRAM
INDIANA STATE DEPT OF HEALTH

1. Individual Submitting Request: Date: 04/17/15

Name: SA HRANG KHAL LAISAK Telephone: (410)660-1207 Fax: ( )

Mailing Address: 2541 Mayhew Drive (Number and Street) Email:

P.O. Box Indianapolis (City) IN (State) 46227 (ZIP Code)

2. Person/Organization Seeking Variance:

Name: SA HRANGKHAL LAISAK Email: laisakkhal@gmail.com

Mailing Address: 2541 mayhew Drive (Number and Street)

P.O. Box Indianapolis (City) IN (State) 46227 (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)*: 1000 N Madison Avenue, Suite B
- Mailing Address: 1000 N Madison Avenue Suite - B, Greenwood, IN 46143 (Number, Street, City, State, and ZIP Code)
- Telephone Number: 410 660-1207 Fax Number: ( )
- Person at each retail food establishment most responsible for supervising: SA HRANGKHAL LAISAK

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

This application is request for a variance from 410 IAC 7-24-187 Potentially hazardous Food; hot and cold holding, instead of holding cooked acidified white sushi rice at 135F or above or 41F or Less, the rice will be held at room temperature for up to 10 hours from time of acidification.

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.)*

Chefs are required to measure the PH of each batch of white sushi rice prepared using a calibrated PH meter. The rice may not be use to roll sushi until the PH of the rice has been verified (critical limit is 3.30-4.10) Each facility is required with a functional PH meter, back-up test strips, and 4.01 and 7.00 buffer solutions. All chefs must follow the sushi rice recipe. Chefs are trained on PH meter calibration, how and when to take the PH, corrective action if critical limits are not met, and the completion and maintenance of logs. Back-up test strips may only be used for 3 days (at most) if the PH meter malfunctions. Please refer to the attachments for additional detail.

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:

This Proposal does not differ from what is common practice in similar foodservice operator in the US.

B) How the proposal is unique and not addressed in existing rules or law:

Indiana food code requires that a variance approval for any method to be used in lieu of time and temperature.

C) How the proposal does not diminish the protection of public health:

Rice is no longer be potentially hazardous at a PH below 4.6.

D) How the proposal is based on new scientific or technological principle(s):

The Proposal is not based on any new scientific or technological principle. The pH of each batch of rice is measured using a calibrated pH meter, Rice is no longer potentially hazardous at a pH below 4.6.

E) How the implementation of the variance would be practical:

our chefs will be able to roll sushi with soft fluffy rice prepared the same day which results to a fresher product for the customer.

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:

The owner will monitor process daily. If process are not followed, chefs will be retrained.

8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: *(Attach additional pages if necessary.)*

Indiana State Department of health Johnson County Health Depament.

9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies. N/A

10. Signature of Individual Making Request: [signature]

Printed Name, Title: SA HRANG KHAL Insak

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