

**REQUEST FOR A VARIANCE**

**North Carolina Rules Governing the Food Protection and Sanitation of Food Establishments**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Establishment ID Number: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Owner: \_\_\_\_\_

Owner / Permit Holder: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ NC Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Are you applying for multiple locations: \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please attach a list of the other facilities including their physical addresses and the county's which they are located.)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*confirmation of receipt will be by email. If you do not wish to receive email notification, CHECK HERE [ ]

**Please use the checklist below for verification all necessary items are included with your application:**

**Type of variance requested:**

- Acidification (e.g., sushi rice)
- Smoking Food for Preservation (e.g., meat, fish)
- Curing Food (e.g., sausage, corned beef, pickled herring)
- Reduced Oxygen Packaging (e.g., vacuum packaging, modified atmosphere packaging)
- Molluscan Shellfish Life-Support Tank
- Custom Processing of Animals for Personal Use (not for sale)
- Sprouting Seeds or Beans
- Other \_\_\_\_\_

**Type of food product for which you are requesting the variance:**

**A statement of the proposed variance of the Code requirement citing relevant Code section numbers:**

**A statement regarding how the proposed process varies from the Rule/Code(s):**

(Attach additional pages if needed.)

**An analysis of the rationale (justification) for how the potential public health hazards and nuisances addressed by the relative Code sections will be alternatively addressed by the proposal:**  
(Attach additional pages.)

**A HACCP (Hazard Analysis Critical Control Point) plan, if required, including the following:**  
(Please see attachment “HACCP Plan Requirements” for guidance.)

- **Types of potentially hazardous foods (time/temperature control for safety foods) that are specified in the menu**
- **A flow diagram by specific food or category type identifying critical control points and providing information on the following:**
  - **Ingredients, materials, and equipment used in the preparation of the food**
  - **Formulations or recipes that delineate methods and procedural control measures that address the food safety concerns involved**
- **Food employee and supervisory training plan that address 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**
  - **Action to be taken by the PIC if the critical limits for each CCP 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 information, as required by the Regulatory Authority, supporting the determination that food safety is not compromised by the proposal:**

**Please submit your application and supporting documentation to:**

**Environmental Health Section  
Food Protection Program/ NC Variance Committee  
1632 Mail Service Center  
Raleigh, NC 27699-1632**

Please contact your local Environmental Health Specialist for assistance when completing and submitting the application. For technical questions you may also email [ncvariancecommittee@dhhs.nc.gov](mailto:ncvariancecommittee@dhhs.nc.gov)

Variances are intended for the allowance of specialized processes that will enhance operations with science based controls and monitoring. All supporting documentation must be submitted along with this completed application. Please contact your local Regulatory Authority (RA) for assistance in completing this application. Incomplete applications cannot be reviewed and will be returned to the applicant. You and the local RA will be notified upon the receipt of your application. After your application and supporting documentation have been reviewed, you will be contacted regarding the Request for Variance.

Approved Variance Requests and HACCP Plans are final and no changes or modifications may occur without prior review and approval by this Department. Compliance with approved variances will be monitored by the RA. Due to advancements in technology and changing public health concerns, approved variances will be subject to periodic review by the NC Variance Committee (NCVC). It is the responsibility of the establishment to follow the procedures approved by the NCVC and to notify the RA immediately if there is to be any change made in the approved process.

**Variance Agreement**

Once a variance is approved by the NCVC, that plan becomes a condition of the Food Service Establishment Permit. Any adjustment or deviation from the approval will require resubmission of the variance request to the NCVC.

Once the variance is approved, the RA will verify the plan is being followed as part of the ongoing inspection process. If the variance is not being followed, approval may be revoked by the NCVC and all operations associated with the variance shall cease. After deficiencies have been corrected, the permit holder may apply for another variance.

If the RA 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 the Department 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 RA during routine inspections or any other time the request is made by the RA.

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 RA during routine inspections or any other time the request is made by the RA.

**Statement: I hereby certify the information provided within this application is accurate and I understand that any deviation without prior approval from the Department 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.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee use only:**

Received: ____/____/____	First Application Submittal: ____	Resubmittal: ____
Notified: ____/____/____	Check one: Email ____	USPS ____ Other _____
Entered & Scanned to database: ____/____/____		
Reviewed: ____/____/____	Contacted: ____/____/____	Check one: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Need more info. <input type="checkbox"/>
Returned to Applicant <input type="checkbox"/>		
Notes:		