



REQUEST FOR VARIANCE

State Form 51184 (R3 / 3-23)

Food Protection Division

INDIANA DEPARTMENT OF HEALTH
Telephone 317-233-1974 FAX 317-233-9200

1. Person/Organization Seeking Variance:

Date: ___ / ___ / ___

Name: _____ Telephone: (____) _____ Fax: (____) _____

Mailing Address: _____
Number and Street

P.O. Box _____ City _____ State _____ ZIP Code _____

Corporation and Secretary of State Business Registration (attach a copy)

2. Individual Submitting Request:

Name: _____ Email: _____

Mailing Address: _____
Number and Street

P.O. Box _____ City _____ State _____ ZIP Code _____

Representation for Organization _____

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):* _____
- Mailing Address: _____
(Number, Street, City, State, and ZIP Code)
- Telephone Number: (____) _____ Fax Number: (____) _____
- Person at each retail food establishment most responsible for supervising: _____

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:

(Attach additional pages if necessary.)

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.)*

- HACCP Plan**
- Process Review**
- Attached Indiana IAC and/or IC**
- Supporting Studies/Data (required with HACCP plan)**
- Other**

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:

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

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

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

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:

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

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

10. Signature of Individual Making Request: _____
Must be signed by person/representative listed in #2
Printed Name, Title: _____

For Office Use Only
Variance#

Return Application to:
Indiana Department of Health
Food Protection Division
2 North Meridian Street
Indianapolis, IN 46204
Fax: (317) 233-9200