

Waiver Request Form (EQUIPMENT/GENERAL)

GENERAL INFORMATION

Company Name _____ SNHD Permit number _____
 Facility Address _____ Owner Name _____
 Contact Name _____ Contact phone number _____
 Contact email address _____ Date of request _____

USE OF WAIVER

Waiver request for: Alternate Wiping Cloth Procedure Uncategorized Food Establishment
 Alternate Grease Capture Shell Stock & Seafood Tanks Other Operational Procedure
 Other Food Contact Surfaces not NSF equivalent Other Equipment use/installation
 Other _____

What is the Regulation you would like waived? (Refer to SNHD Regulations Governing the Sanitation of Food Establishments): _____

Describe the reason(s) this Regulation should be waived for your operation:

List the potential public health risks/nuisances which may arise from non-compliance with the Regulation noted above:	List conditions/procedure /testing/ documentation you will implement to mitigate the potential risks/nuisances:

Will this waiver affect more than one location? Yes No

If yes, list name(s) and SNHD permit number(s) for additional locations

 Use additional sheet if necessary

SUPPORT DOCUMENTATION

Please attach requested supporting documents to this application

- 1. List of potential hazards and mitigation methods
- 2. Materials Testing Laboratory Results
- 3. Field Sanitation Certification for Equipment
- 4. Outdoor Risk Control Plan
- 5. Other _____

4-101.13 WAIVER Modifications

The HEALTH AUTHORITY may grant a WAIVER by modifying the requirements of these Regulations, if in the opinion of the HEALTH AUTHORITY a health HAZARD or nuisance will not result from the WAIVER. During the WAIVER process, the HEALTH AUTHORITY may impose conditions upon the WAIVER. If a WAIVER is granted, the HEALTH AUTHORITY shall retain the information in its records for the FOOD ESTABLISHMENT. Failure to meet conditions of the WAIVER may result in immediate revocation of the WAIVER.

Signature _____ Date _____