



Waiver SR#

**Waiver Request Form (EQUIPMENT/GENERAL)**

**GENERAL INFORMATION:** The waiver request must be submitted within 5 business days to ensure adequate time for evaluation and processing. We do not recommend starting construction or demolition until a determination has been made on the waiver.

Business Name:	
Business Address:	
Owner Name:	SNHD Permit #:
Contact Name:	Contact Phone Number:
Contact Email Address:	Date of Request:

**USE OF WAIVER-** All questions below MUST be answered or your application will not be processed.

- 1. What is the Regulation you would like waived?** (Refer to SNHD Regulations Governing the Sanitation of Food Establishments):
- 2. What reasons do you have for wanting this regulation waived (hardship, lack of space, etc)?**

**3. Which of the following food borne illness risk factors may be affected by waiving this requirement?**

Poor Personal Hygiene	<input type="checkbox"/>
Food from Unsafe Sources or Prepared in Unapproved Areas	<input type="checkbox"/>
Improper Cooking, Heating, or Freezing	<input type="checkbox"/>
Improper Hot or Cold Holding including Cooling	<input type="checkbox"/>
Cross Contamination of Food or Equipment	<input type="checkbox"/>
Other Insanitary Conditions:	<input type="checkbox"/>

**4. How will you control these risks?**



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5. 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

**SUPPORTING DOCUMENTS – Checked items MUST be submitted with this request. Include any additional documentation needed to support your request.**

Standard Operating Procedure(s) for Employees

Floor plan showing location of: \_\_\_\_\_

Outdoor Risk Control Plan

Field Sanitation Certification for Equipment

Materials Testing Laboratory Results

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 \_\_\_\_\_  
Owner or authorized representative (documentation required)