



# Food Service Operation Request for Variance

\_\_\_\_\_  
Name of Operation

\_\_\_\_\_  
Owner/Person In Charge

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of Local Health District (Licensor)

OAC 3717-1 Rule(s) from which variance is requested: \_\_\_\_\_

Products/Process Requiring Variance:

The following documents must be submitted along with your variance request:

- ☐ HACCP plan completed in accordance with paragraph (L) of rule [3717-1-03.4](#) of the Ohio Uniform Food Safety Code (OAC 3717-1).
- ☐ Detailed written step-by-step instructions for the process(es) included in the variance request.
- ☐ Written sanitary standard operating procedures (SSOPs) for protecting the food from contamination before, during, and after processing, and proper cleaning and sanitizing of equipment and facility.
- ☐ Scientific data or other information to support the justification for variance request (e.g. product lab analysis, supporting studies, calculations, etc.).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You can submit your variance request electronically to [foodsafety@odh.ohio.gov](mailto:foodsafety@odh.ohio.gov) or mail it to:

Ohio Department of Health  
BEHRP Food Safety Program  
246 N High St  
Columbus, OH 43215