REQUEST FOR VARIANCE

State Form 51184 (R / 5-13)
Food Protection Program

RECEIVED
OCT 09 2013

INDIANA STATE DEPARTMENT OF HEALTH
Telephone: 317/234-8569 **FAX: 317/233-9200**

FOOD PROTECTION PROGRAM
INDIANA STATE DEPT. OF HEALTH

1. Individual Submitting Request: Date: 10 / 8 / 2013

Name: Conrad Larrieu Telephone: (864) 989-0178 **Fax:** (864) 879-9524

Mailing Address: Sushi with Gusto (Number and Street) Email: clarrieu@sushiwithgusto.com

2445 (P.O. Box) Greer (City) SC (State) 29652 (ZIP Code)

2. Person/Organization Seeking Variance:

Name: Sushi with Gusto, Inc. Email: aya@sushiwithgusto.com

Mailing Address: (Number and Street)

2445 (P.O. Box) Greer (City) SC (State) 29652 (ZIP Code)

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)*: The Fresh Market #161 (sushi bar located in the deli area)
- Mailing Address: 9774 East 116th Street, Fishers, IN 46037 (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.)*

Please see the attached document.

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.)*

Public health hazards and/or nuisances will be addressed by each sushi chef utilizing a pH meter, which will be calibrated once every week with 4.0 and 7.0 buffer solution. Every chef is trained to properly use and calibrate the pH meter and keep logs each batch of rice is made. Those logs will be maintained on site for a period of 12 months or longer for the inspector's review.

Sushi with Gusto (SWG) has field supervisors inspect stores monthly, in which they review operational logs and verify compliance of pH meter calibration and pH level of sushi rice; SWG's operational procedures require that relatively small batches of sushi rice are made throughout the day as business merits, each batch of cooked sushi rice is acidified, and pH reading is recorded. The acidification time is recorded with a limit of four hours in accordance with SWG's HACCP for the cooked sushi rice to be left out at a room temperature. Once this critical limit is met any remaining sushi rice will be discarded.

Please see the attached HACCP.

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:
This proposal is consistence wtih industry standards, which has been established that cooked rice is a potentially hazardous food until the alteration of the pH to a level of 4.6 or lower where the acidified cooked rice becomes a non-potentially hazardous food.

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:

Sushi with Gusto in accordance with our HACCP and our standardized sushi rice recipe sets a 4.1 pH as our acceptable pH level for cooked sushi rice. We feel confident that the combination of a pH level of 4.1 and the four hour maximum time allowance that the cooked acidified sushi rice can remain at room temperature is sufficient to address public health concerns.

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: Conrad Larrieu

Printed Name, Title: Conrad Larrieu, VP of Operations

For Office Use Only