



**REQUEST FOR VARIANCE**

State Form 51184 (R / 5-13)

Food Protection Program

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INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/234-8569

FAX: 317/233-9200

OCT 25 2016

**1. Individual Submitting Request:**

FOOD PROTECTION PROGRAM  
INDIANA STATE DEPT OF HEALTH

Date: 10 / 24 / 2016

Name: Daniel Fulling Telephone: (317) 9998306 Fax: ( )

Mailing Address: 14704 Fernwood Dr Email: danfulling@totallynutz.com

Carmel Number and Street IN 46033  
P.O. Box City State ZIP Code

**2. Person/Organization Seeking Variance:**

Name: Hoosier Nut Roasters (DBA: Totally Nutz) Email: danfulling@totallynutz.com

Mailing Address: 14704 Fernwood Dr

Carmel Number and Street IN 46033  
P.O. Box City State 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):* Castleton Square Mall
- Mailing Address: 6020 E 82nd St, Indianapolis, IN  
(Number, Street, City, State, and ZIP Code)
- Telephone Number: (317) 9998306 Fax Number: ( )
- Person at each retail food establishment most responsible for supervising: Dan Fulling

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

*(Attach additional pages if necessary.)*

According to code 410 IAC 7-24, we need to have permanent plumbing installed at our kiosk location since we will be at that location longer than 14 days. However, we are a seasonal kiosk and will be at the location for 2 months. We have a self-contained water system.

**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.)***

We will only be roasting nuts, a non-hazardous food item at our kiosk. We have a 3 compartment sink for sanitation as well as a separate hand washing sink. These tanks have a water heating system which heats water to 110° and a separate waste water tank. The tanks can hold 12 gallons and the waste tank can hold 20.

A) How the proposal is unique and not addressed in existing rules or law:  
We will not have permanent plumbing at our location for 2 months, but our tanks provide enough water for a full day.

B) How the proposal is unique and not addressed in existing rules or law:  
We are surpassing the 14 days in a certain location, but are still temporary. It isn't practical for permanent plumbing to be installed.

C) How the proposal does not diminish the protection of public health:  
Our 3-bay sink and hand washing sink with the water heater allows us to properly sanitize and clean all equipment.

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

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

It would be practical because the mall does not have current plumbing at our kiosk location, and we are still able to maintain H.D. standards.

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:

Our managers will be filling and emptying the tanks daily, and ensuring our employees are using good practices.

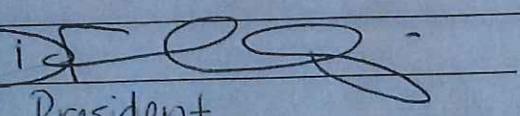
8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary.)

Marion County Health Dept - Suzanne Mouser

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

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10. Signature of Individual Making Request:



Printed Name, Title: Dan Fulling, President