



# REQUEST FOR VARIANCE

State Form 51184 (R / 5-13)

Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/234-8569

FAX: 317/233-9200

<b>1. Individual Submitting Request:</b>		Date: <u>6 / 10 / 2013</u>	
Name: <u>Cheryl Bauer</u>		Telephone: <u>(574) 631-1709</u>	Fax: <u>(574) 631-7994</u>
Mailing Address: <u>217 South Dining Hall</u>		Email: <u>cbauer@nd.edu</u>	
<small>Number and Street</small>			
PO Box <u>1129</u>	<u>Notre Dame</u>	<u>IN</u>	<u>46556</u>
<small>P.O. Box</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
<b>2. Person/Organization Seeking Variance:</b>			
Name: <u>University of Notre Dame</u>		Email: <u>cbauer@nd.edu</u>	
Mailing Address: <u>100 St. Michael's Drive</u>			
<small>Number and Street</small>			
PO Box <u>1129</u>	<u>Notre Dame</u>	<u>IN</u>	<u>46556</u>
<small>P.O. Box</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
<b>3. Food Establishment(s) for Which Variance is Sought</b>			
Include the following information for each food establishment: <i>(List here or attach additional pages if necessary.)</i>			
<ul style="list-style-type: none"> <li>• Physical Location <i>(If different than mailing address):</i> <u>FSSF, NDH, SDH, any additional property location named in the future</u></li> <li>• Mailing Address: <u>100 St. Michael's Drive, 101 North Dining Hall, 217 South Dining Hall, Notre Dame, IN 46556</u> <small>(Number, Street, City, State, and ZIP Code)</small></li> <li>• Telephone Number: <u>(574) 631-7253</u> Fax Number: <u>(574) 631-7994</u></li> <li>• Person at each retail food establishment most responsible for supervising: <u>John Glon, Reggie Kalili, Marc Poklinkowski</u></li> </ul>			
<b>4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:</b>			
<i>(Attach additional pages if necessary.)</i>			
We are requesting a variance to 410IAC 7-24-195 Sec. 195 a) requiring "there are at least two (2) barriers in place to control the growth and toxin formation of Clostridium Botulinum and Listeria Monocytogenes." This will address our currently listed cook-chill soups, sauces, and entrees.			
<b>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: <i>(Attach additional pages, if necessary.)</i></b>			
We are following FDA Code 3-502.12 (D), by lowering our holding temperature to 34 degrees F, continuously monitoring the product temperature from production through service, and maintaining a 28 day shelf life or less for the cook chill items. Without a 34 degree F cooler, it will immediately be frozen and only given a 3 day shelf life once it is defrosted.			
Please see attached documentation.			

**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:

It meets FDA Code 3-502.12(D) and we shortened the shelf life from 30-28 days. (Cook chill)

B) How the proposal is unique and not addressed in existing rules or law:

It is not unique, it is part of FDA code 3-502.12(D) FDA Code 2009 Annex 6.

C) How the proposal does not diminish the protection of public health:

By holding the cook chill product at or below 34 degrees F and continuously monitoring it, there is no diminished protection and we have shortened the possible shelf life of the product from 30-28 days. (Cook Chill)

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

This is not considered new science. These methods have been recognized by the FDA since the 2005 Food Code.

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

We are unable to lower the Ph or Aw without changing the end product. By using the 34 degree holding temp or the Cook Chill products, we can still safely extend the shelf life.

**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:**

All of the units are trained in following the submitted SOP's and they are monitored by managers to ensure the safety of the product. FSSF/Todd Hill. NDH/Reginald Kalili SDH/Marc Poklinkowski

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

University of Notre Dame Food Services  
Saint Joseph County Health Department  
Indiana State Department of Health

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

**For Office Use Only**

**10. Signature of Individual Making Request:**

Printed Name, Title: Cheryl Bauer, Buying Assistant Food Safety Specialist