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REQUEST FOR VARIANCE

State Form 51184 (R/6-13)  
Food Protection Program

OCT 13 2017

FOOD PROTECTION PROGRAM  
INDIANA STATE DEPT OF HEALTH

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

**1. Individual Submitting Request:** Date: 10/06/2017

Name: Timothy Gill Telephone: 877 (202) 707 8744 Fax: ( )

Mailing Address: 508 Pennsylvania Ave. Email: tgill@sushiwithgusto.com  
Number and Street

Greer SC 29650  
City State ZIP Code

P.O. Box

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

Name: Sushi with Gusto Email: tgill@sushiwithgusto.com

Mailing Address: 508 Pennsylvania Ave.  
Number and Street

Greer SC 29650  
City State ZIP Code

P.O. Box

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**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):* 3 locations, list provided in Pack
- Mailing Address: \_\_\_\_\_  
(Number, Street, City, State, and ZIP Code)
- Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_
- Person at each retail food establishment most responsible for supervising: Timothy Gill

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**4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:**  
*(Attach additional pages if necessary.)*

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**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.)*

**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:

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:**

**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.**

**For Office Use Only**

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

Printed Name, Title: Tim Gill Foodservice Coordinator