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Request For Variance

State Form 51184 (12-02)

Food Protection Program

APR 10 2013

INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/233-7360

FAX: 317/233-7334

FOOD PROTECTION PROGRAM  
INDIANA STATE DEPT. OF HEALTH

**1. Individual Submitting Request:** Date: 4 / 15 / 2013

Name: Brittany M. McDaniel Telephone: (704) 926-2293 Fax: (704) 926-2201

Mailing Address: 11949 Steele Creek Rd. Email: brittanymcdaniel@hisshosushi.com  
Number & Street

Charlotte NC 28273  
P.O. Box City State Zip Code

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

Name: Lwin Family Co. DBA Hissho Sushi Email: brittanymcdaniel@hisshosushi.com

Mailing Address: 11949 Steele Creek Rd.  
Number & Street

Charlotte NC 28273  
P.O. Box City State Zip Code

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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): See attached.
- Mailing Address: 11949 Steele Creek Rd., Charlotte, NC 28273  
(Number, Street, City, State, & Zip Code)
- Telephone Number: (704) 926-2293 Fax Number: (704) 926-2201
- Person at each retail food establishment most responsible for supervising: Justin Lyon

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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)

According to 410 IAC 7-24-187; potentially hazardous food; hot and cold holding; all potentially hazardous food must be cold held below 41 degrees F. Hissho Sushi is requesting to render a once potentially hazardous product nonpotentially hazardous. The product is then safe to hold at room temperature for up to 24 hours.

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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.)**

Hissho Sushi chefs use a specific acidification recipe to ensure the rice is properly rendered nonpotentially hazardous. This process is addressed in scientific studies, HACCP Plan, and SSOP. Please see attached.

**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:  
Holding acidified rice at room temperature is a common practice in the sushi industry.

B) How the proposal is unique and not addressed in existing rules or law:  
Bacillus cereus is the potential threat of sushi rice. However, if the rice has an acidity level below 4.6 the microorganism can not survive.

C) How the proposal does not diminish the protection of public health:  
Hissho Sushi's HACCP plan explains properly seasoned rice will have a pH 3.6-4.1. At this range, Bacillus cereus can not survive.

D) How the proposal is based on new scientific or technological principle(s):  
Bacillus cereus can not grow at a pH of 3.6-4.1.

E) How the implementation of the variance would be practical:  
Hissho Sushi chefs are required to test the pH of rice immediately following acidification.

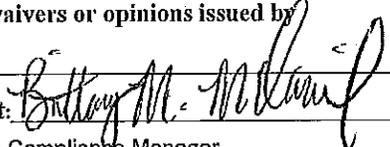
**7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted:**

Hissho Sushi chefs are required to test the pH of each batch of rice immediately following acidification. pH must be 3.6-4.1, if levels are found above 4.1 chef must re-acidify and retest. The pH level is then recorded in a logbook. The logbook is verified by the Regional Coordinator monthly during internal inspections.

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

See attached.

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

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

Printed Name, Title: Brittany M. McDaniel; Compliance Manager

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