

# Request For Variance

State Form 51184 (12/02)  
Food Protection Program



INDIANA STATE DEPARTMENT OF HEALTH  
Telephone: 317/233-7360 FAX: 317/233-7334

## 1. Individual Submitting Request:

Date: \_\_\_/\_\_\_/\_\_\_

Name: John M. Knight Telephone: (201) 486 4481 Fax: (574) 647 6831

Mailing Address: 36 Industrial Park Email: john@maverickcuisine.com

Number & Street

Waldwick

NJ

07463

P.O. Box

City

State

Zip Code

## 2. Person/Organization Seeking Variance:

Name: Joe Vasta/Memorial Hospital of South Bend Email: jvasta@memorialsb.org

Mailing Address: 615 North Michigan Avenue

Number & Street

South Bend

IN

46601

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): \_\_\_\_\_
- Mailing Address: 615 North Michigan Avenue, South Bend, IN 46601  
(Number, Street, City, State, & Zip Code)
- Telephone Number: (574) 647 3015 Fax Number: (574) 647 6831
- Person at each retail food establishment most responsible for supervising: Joe Vasta

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

(Attach additional pages if necessary)

Please see Attachment

- Description of system
- Copy of relevant sections of FDA Food Code
- Copy of relevant sections of Indiana State
- Report on time/temperatures/safety consideration in process as applied at Memorial of South Bend

## 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.)

Please see Attachment

- Recipes with HACCP details (CCP control points)
- HACCP plan
- Bacteriological analysis of food samples
- Time/temperature curves

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**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:

- Similar process to cook /chill, but instead of bulk packaging and chilled, food is portioned and then packed and chilled for retherm at service time.
- All food products are labelled and given a 7 day expiration date at time of packaging (FDA and IN Dpt. Of Health allow up to 14 days)

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

Single and multi portioning and packaging of menu items, for retherming on demand from customers (room service model for hospital patient feeding). In most cook-chill system, food is packed in chubs for rethermalization in retherm carts, or in ovens and steamers

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

Process follows recommendations in the FDA Food Code and Indiana Retail Food Establishment Sanitation Requirement (Title 410 IAC 7-24). Copies of relevant sections attached

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

Cooking and cooling process time and temperatures are controlled to a higher precision than is the norm in the food service industry, so as to guarantee a Six-Sigma level of compliance to temperatures as recommended by the FDA and IN State Dpt. Of Health

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

- Raw food handling minimized and done in a isolated section of the kitchen
- Internal cooking temperatures are guaranteed before service and rethermalizing
- Holding of hot food in steam tables and hot wells minimized
- Maximum storage of packed product to be one week or less (FDA recommends max. of two weeks)

**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:**

- HACCP plan, temperature logs
- Serv Safe training and certification of employees
- Memorial Hospital of South bend employee training procedures and standard operating procedures

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

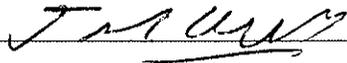
- Memorial Hospital of South bend

Regulatory Authorities:

- St. Joseph County Health Department
- Indiana Department of Health
- The Joint Commission

**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: John M. Knight, Partner Maverick Cuisine

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