***HACCP PLAN REVIEW APPLICATION***

**Washoe County Health District**

***Regulations of the Washoe County***

***District Board of Health Governing Food Establishments***

**THE FEE FOR AN INITIAL HACCP PLAN REVIEW IS $**  **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF ESTABLISHMENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PERMIT NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSON TO CONTACT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DAYTIME PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am submitting a HACCP plan for** (select all that apply):

☐Reduced Oxygen Packaging using one of the following barriers in conjunction with refrigeration: ☐Water activity of 0.91 or less

☐pH of 4.6 or below

 ☐Meat or poultry cured at a USDA regulated facility

☐High level of competing organisms (raw meats, poultry, or raw vegetables)

 ☐Reduced Oxygen Packaging using:

☐Cook Chill (in accordance with Section 050.340(D) of the Food Regulations

☐ Sous Vide (in accordance with Section 050.340(D) of the Food Regulations

☐Reduced Oxygen Packaging of commercially manufactured cheese

☐Reduced Oxygen Packaging of fish (must be frozen before, during and after packaging)

☐Packaging juice in a retail food establishment with a 5-log reduction

☐Unpasteurized, unpackaged juice for highly susceptible populations

**Will process be used at more than one location?** [ ] Yes[ ] No

If yes, list name(s) and permit number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will product be served at more than one location?** [ ] Yes[ ] No

If yes, list name(s) and permit number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How will the product be sold?** (select all that apply): [ ] Retail [ ] Wholesale

**\*Note:** The appropriate supporting documentation as outlined in the WCHD *Checklist for General HACCP Plan Requirements* and, if applicable, the WCHD *ROP Checklist* must accompany this application. Failure to submit required documentation may result in the rejection of the HACCP plan.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**