



# REQUEST FOR VARIANCE

State Form 51184 (R3 / 3-23)

Food Protection Division

**INDIANA DEPARTMENT OF HEALTH**  
Telephone 317-233-1974 FAX 317-233-9200

## 1. Person/Organization Seeking Variance:

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

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Corporation and Secretary of State Business Registration (attach a copy)

## 2. Individual Submitting Request:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Representation for Organization \_\_\_\_\_

## 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: \_\_\_\_\_  
(Number, Street, City, State, and ZIP Code)
- Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
- Person at each retail food establishment most responsible for supervising: \_\_\_\_\_

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

*(Attach additional pages if necessary.)*

**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.)***

- HACCP Plan**
- Process Review**
- Attached Indiana IAC and/or IC**
- Supporting Studies/Data (required with HACCP plan)**
- Other**

**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.**

**10. Signature of Individual Making Request:** \_\_\_\_\_  
Must be signed by person/representative listed in #2  
**Printed Name, Title:** \_\_\_\_\_

**For Office Use Only**  
**Variance#**

Return Application to:  
Indiana Department of Health  
Food Protection Division  
2 North Meridian Street  
Indianapolis, IN 46204  
Fax: (317) 233-9200