

**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

REQUEST FOR WAIVER and HACCP or OPERATIONAL 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 or OPERATIONAL PLAN REVIEW IS \$ _____ DATE _____
NAME OF ESTABLISHMENT _____ PERMIT NUMBER _____
ADDRESS _____ CITY _____ ZIP _____
PERSON TO CONTACT _____ DAYTIME PHONE _____

I am submitting an Operational Plan and requesting a waiver for (select one):

Dogs on Outdoor Patio

I am submitting a HACCP Plan and requesting a waiver for (select all that apply):

- Smoking Food
- Operating Live Molluscan Shellfish Tank
- Curing Food
- Custom Processing of Animals
- Reduced Oxygen Packaging (with one barrier - refrigeration)
- Use of Food Additives (sushi rice)
- Sprouting Seeds or Beans
- Other Food Preparation Method

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:** For each of the above processes selected, a HACCP plan or Operational Plan containing all of the required documentation as outlined in the WCHD *Checklist for General HACCP/Operational Plan Requirements* and the process specific checklist if applicable must accompany this application. Failure to submit required documentation may result in the rejection of the Waiver and associated HACCP/Operational plan.

Signature _____

Date _____

