



Application Date: _____

General Information		
Name of Person Requesting Variance:		NMED Permit Number:
Name of Establishment:		Phone:
Street Address:		Cell:
City:		Fax:
State:	Zip:	Email:
Mailing Address (if different than above):		
City:		
State:	Zip:	

Variance Request:		HACCP Plan Submittal Required
I hereby apply to the Environment Department for a variance to the following provision(s) of 7.6.2 NMAC: (Check all that apply)		
<input type="checkbox"/>	Smoking Food as a method of food preservation rather than as a method of flavor enhancement	Yes
<input type="checkbox"/>	Curing food	Yes
<input type="checkbox"/>	Using food additives or adding components such as vinegar: (1) As a method of food preservation rather than as a method of flavor enhancement (2) To render a food so that it is not time/temperature control of safety (TCS) food	Yes
<input type="checkbox"/>	Packaging time/temperature control for safety food using a reduced oxygen packaging method except where the growth of and toxin formation by Clostridium botulinum and the growth of Listeria monocytogenes are controlled as specified under § 3-502.12	Yes
<input type="checkbox"/>	Operating a molluscan shellfish life-support system display tank used to store or display shellfish that are offered for human consumption	Yes
<input type="checkbox"/>	Preparing food by another method that is determined by the regulatory authority to require a variance	Yes
<input type="checkbox"/>	Sprouting seeds or beans	Yes
<input type="checkbox"/>	Raw animal foods	Yes
<input type="checkbox"/>	Food preparation or processing method	Yes
<input type="checkbox"/>	Equipment (specify item(s) here):	To Be Determined
<input type="checkbox"/>	Other (specify here):	To Be Determined
<input type="checkbox"/>	Other (specify here):	To Be Determined

Variance Duration:	
I request the variance be effective for the following period of time (not to exceed 2 years)	
Proposed Begin Date:	Proposed End Date:

Proposed Variance:
I believe the issuance of a variance to the above provisions will not expose consumers to adverse environmental health conditions, will not create any health hazards, and will not create a nuisance; and will protect the health and safety of the public and food service establishment employees.

Relevant code section number	Statement of Proposed Variance	Rationale for how the potential public health hazards will be alternatively addressed by the proposal

Please attach additional page(s) if further space is needed

Signature:	Date:

Action by NMED:
NMED has reviewed the request for variance, and it appears that the proposal will Meet <input type="checkbox"/> Not Meet <input type="checkbox"/> the requirements for granting a variance as specified in 7.6.2 NMAC.
The variance is hereby:
Granted <input type="checkbox"/> Denied <input type="checkbox"/>
<i>See attached for variance conditions or reasons for denial</i>

The applicant may request a hearing in accordance with 7.6.2 NMAC if dissatisfied with the action taken by the Department.
The request must be made within 10 days of the Department's decision.

Variance Duration:	
The variance will remain effective for the following period of time and with the following conditions:	
Effective beginning date:	End date:
NMED Authorized Manager Signature:	Date: