

ic Health 507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
T: 509.962.7515 F: 509.962.7581
www.co.kittitas.wa.us/health/

FOR OFFICIAL USE ONLY:	
Accepted By:	
Permit #:	
Date Processed:	

REQUEST FOR VARIANCE			
Note: There are currently no fees for variance requests in Kittitas County. This is subject to change.			
NAME OF ESTABLISHMENT			
DATE PERSON TO CONTACT REGARDING VARIANCE			
DAYTIME PHONE EMAIL			
I am requesting a variance for the following requirement(s): The establishment conducts a special process that includes: Reduced Oxygen Packaging of foods Sprouting of seeds or beans Custom Processing of Meat for Personal Use Operating Live Molluscan Shellfish Storage Display Tanks Curing, Drying and Smoking of Meat, Poultry or Fish for Preservation Drying of Meats and Poultry Fermentation of Sausages Adding Components to Extend Shelf-life or Render foods Non-Potentially Hazardous The establishment conducts a special process that requires a HACCP plan The establishment performs a process outside of methods listed in WAC 246-215, but can provided process methods that ensure the safe handling, storage, preparation and cooking of foods Other: I am requesting a variance from standard procedures as outlined in WAC 246-215 because:			



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	REQUEST FOR VARIANCE	,
I will do the following to ens	sure the safe handling, storage, preparation	and cooking of foods:
Additional Information:		
Printed Name:	Signature:	
	FOR OFFICIAL USE ONLY:	
VARIANCE ACCEPTED	Signature of EH Specialist	 Date
VARIANCE DENIED	Signature of EH Specialist	 Date
CONDITIONS/REASONS:		