

# Plan Review Specialized Processing Checklist

Please circle **Yes** or **No** for each item listed below to indicate if that special processes will be conducted in your facility by your staff. A written HACCP plan and/or variance may be required prior to approval.

- |  |     |    |
|--|-----|----|
| 1. Reduced Oxygen Packaging (ROP)<br>(Foods in vacuum sealed bag for extending shelf life or marinating)   | YES | NO |
| 2. Sous vide<br>(Foods cooked and cooled in a vacuum sealed bag)   | YES | NO |
| 3. Food additives for preservation<br>(Sulfites, sulfates, etc.)   | YES | NO |
| 4. Smoking for preservation<br>(Not for flavor)  | YES | NO |
| 5. Curing for preservation<br>(Pink salt, nitrites, nitrates, etc.)  | YES | NO |
| 6. Sprouting beans<br>(Mung beans, lentils, alfalfa, etc.)   | YES | NO |
| 7. Packaging juice<br>(Fruit or vegetable)   | YES | NO |
| 8. Fermentation of foods<br>(Kombucha, sauerkraut, kimchi, etc.)   | YES | NO |
| 9. Live molluscan shellfish tank<br>(For consumer consumption, not display only)                           | YES | NO |
| 10. Other processes not specified above<br>(Custom processing, canning or bottling foods other than juice) | YES | NO |

If you checked "Yes" for one or more of the above processes you will work with your Plan Review Specialist to become approved for that process.

If you checked "No" for all of the above, but wish to add one of these processes in the future you are required to obtain approval from this office before beginning that specialized process.

Signature of Owner

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Plan Review Specialist

\_\_\_\_\_

Date \_\_\_\_\_