

REQUEST FOR AN OPERATIONAL VARIANCE SC Regulation 61-25 Retail Food Establishments

Date:		Permit Number (if issued):	
1.	Establishment/Organization Name:		
2.	Physical Address:		
	City:	State: Zip:	
3.	Are you applying for multiple locations? Yes [] No []	If yes, please attach a list of facilities to this application.	
4.	Person in Charge (Owner):	Contact Telephone: ()	
5.	Email Address:		
	riance requested for: [] Certified Food Protection I		
8-1	03.10 - Modifications and Waivers		
	The Department may grant a variance by modifying or value Department, a health hazard or nuisance will not result retain the information specified under 8-103.11.	waiving the requirements of this regulation if, in the opinion of the from the variance. If a variance is granted, the Department shall	
	·	procedures and rationale for how the potential public health hazards	
	Include any information supporting the request, (e.g., photos, website documentation, risk control plans).		
	03.12 - Conformance with Approved Procedures If the Department grants a variance as specified in 8-10 applicable) that are submitted and approved as a basis	03.10, the permit holder shall comply with the procedures (if for the modification or waiver.	
	RFE Person in Charge (Owner)	Date	
	Submit form and attac	hed supporting documentation to:	
	Food Program/Variance Committee FoodVariances@dhec.sc.gov	Division of Food and Lead Risk Assessments Bureau of Environmental Health Services 2600 Bull Street, Columbia, SC 29201	
	If there are any questions	s, please contact us at (803) 896-0640.	
AC	TION BY THE DEPARTMENT		
Th	e Department has reviewed the request for a variance	ce. The request is hereby: APPROVED DENIED	
Со	mments if necessary:		
	DHEC Representative Signature		



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DHEC FORM 4314

- 1. Provide the date.
- 2. Provide the permit number if one has been assigned to the establishment.
- 3. Provide the establishment name.
- 4. Provide the establishment's physical address to include the city and zip code.
- 5. If the request will apply to multiple locations mark the box and attach a list of facilities to include the establishment name (if different from the one provided in item 1.), and physical address including city and zip code.
- 6. Provide the name of the person in charge or owner.
- 7. Provide a contact telephone number including the area code.
- 8. Provide the contact email address.
- 9. Mark the box indicating the type of variance requested.
- 10. If the "Other" box is marked, describe the type of variance requested. If variance is specific to food (<u>D-1845</u>), construction or equipment (<u>D-1842</u>), please use the form that applies to the request.
- 11. Form should be signed and dated by the person in charge (owner).
- 12. Submit form with supporting documentation for the variance to the email or mailing address provided on this form.

Retention schedule for this form is: 11701- Retail Food Establishments.