

Application for Using Time in Lieu of Temperature .2609(i)(j)

Establishment Name: \_\_\_\_\_

Franchise/Corporate Name: (if applicable)\_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Office Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

(List multiple locations as an attachment)

Food / Menu Item: \_\_\_\_\_

Batch/Quantity: \_\_\_\_\_

Ingredients: \_\_\_\_\_

**Procedures:** (List each preparation step, required temperature and time frame) \_\_\_\_\_

**Time Control**

Time control begins at the completion of the cooking process when the food is removed from hot holding or cold holding, or the start of assembly when using room temperature ingredients. Check the appropriate box that represents the beginning of time control.

- Cooking Completion** - time begins at the completion of the cooking process: i.e. cooked pizza removed from the oven.
- Removal from hot or cold holding** – time begins when the food is removed from temperature control: i.e. casserole is removed from hot holding unit, sub sandwiches removed from refrigerator.
- Assembly from Room Temperature Ingredient(s)** – time begins when preparing from room temperature ingredients: i.e. tuna salad, cut melons.

**Holding Time**

Maximum holding time for food is as follows. Check the appropriate box that represents your type of operation.

- Take-out only:** 2 hours
- Eat-in only:** 4 hours
- Both take-out and eat-in:** 2 hours

Food location during time holding: \_\_\_\_\_

Labeling Method (i.e. day dots, grease pencil, time clock): \_\_\_\_\_

This method includes: (check one)  when time control begins  discard time

**Disposal Method:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

I agree to follow the procedures outlined in this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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| <p><u>The following to be completed by an authorized agent of the state:</u></p> <p>Procedures Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Establishment ID # _____</p> <p>EHS Signature: _____ EHS ID#: _____ Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>Disclaimer: Approval applies only to the food product(s) and procedures described in this application. Changes without pre-approval from an authorized agent will void this approval.</p> |
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