

NYS DEPARTMENT OF AGRICULTURE AND MARKETS  
 DIVISION OF FOOD SAFETY AND INSPECTION  
 10B AIRLINE DRIVE, ALBANY, NEW YORK 12235

**VARIANCE REQUEST**  
 #  
 (To be completed by the Central Office)

**PROCESSING VARIANCE REQUEST**  
 (To Be Completed by Establishment Operator)

DATE:

OWNER:	EST. NO.:										
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TRADE NAME:

STREET:	CITY:	COUNTY:	ZIP:
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**VARIANCE REQUEST DESCRIPTION.** (Complete this section with a specific description of the variance requested. Include information such as product name, package description and regulation for which you are requesting the variance):

**RATIONALE FOR VARIANCE** (Include documentation such as a process review, scientific paper, or other science showing :

**SUPPORTING ATTACHMENTS:**

HACCP PLAN (See Section 271-9.6: Contents of HACCP Plan)
  SUPPORTING STUDIES/DATA  
 PROCESS REVIEW
  FOOD CODE
  OTHER \_\_\_\_\_

ESTAB. REPRESENTATIVE NAME/TITLE:	ESTAB. REPRESENTATIVE SIGNATURE:
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## VARIANCE / ALTERNATIVE PROCESS REQUESTS

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### **Processing Variances - Form 856 Estab.**

A variance request is required when a firm is planning on conducting certain specialized or alternate processing that is other than what is allowed by the applicable regulations but still results in an unadulterated product. A processing variance is required for processes including smoking and/or curing products such as meat or fish; drying temperature control for safety foods; vacuum/ reduced oxygen packaging of products made in the establishment and/or that will be held for longer than 14 days; and other processes as deemed necessary on an individual basis.

The firm must wait until the variance request has been approved before conducting the requested operations.

The firm must submit the Processing Variance Request form (FSI-856-Estab, Attachment 1) to the Zone Supervisor. This information should be provided by the inspector or can be found on our website at: <https://agriculture.ny.gov/food-business-licensing> under “contact your regional office”. This can be sent either hard copy or electronically but must include any supporting documentation for the request.

This supporting documentation may include process reviews, laboratory analyses, challenge studies, HACCP plans, etc.

### **Completion of the FSI-856 Estab.**

The firm shall submit their request on form FSI-856 Estab (Attachment 1), Processing Variance Request. The operator must complete the form with the following information:

- (1) DATE Enter the date the request is made.
- (2) OWNERS NAME. Enter the corporate or ownership name for the business. This may be an individual, partnership or corporate name, but must match with the information as submitted on the license application.
- (3) EST. NUMBER- the firm’s establishment number, including county code
- (4) TRADE NAME for the business, as submitted on the Food Safety license application/ license.
- (5) STREET Enter the street address for the physical location of the establishment.
- (6) CITY Enter the NYS city or town where the establishment is physically located.
- (7) COUNTY. Enter the NYS county where the establishment is physically located.
- (8) ZIP. Enter the zip code for the address where the establishment is physically located.

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## VARIANCE / ALTERNATIVE PROCESS REQUESTS

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(9) VARIANCE REQUEST DESCRIPTION. This section must include a statement of the proposed processing variance including the product name and any relevant information such as packaging type or shelf life. When applicable, this section should also include a citation of the relevant regulation section numbers from which the firm is requesting a variance.

(10) RATIONALE FOR VARIANCE. This section must include an analysis of how the potential public health hazards and/or potential insanitary conditions addressed by the relevant sections of the law or regulation, will be alternatively addressed by the proposal. *For example: Process as approved by process authority will be followed.* Generally, this analysis is completed by including the science supporting how the potential public health hazards and/or insanitary conditions addressed by the relevant sections will be alternatively addressed by the proposal. This may be limited to statements such as “as supported by science outlined in the FDA Food Code”, or “as supported by attached process review”, or a summary of the findings of a challenge study. A statement such as “due to consumer requests for (the product)” is not sufficient.

(11) SUPPORTING ATTACHMENTS. Check appropriate boxes for any attached documentation associated with this request. The firm should check either “HACCP plan”, if required as specified under the Section 271-2.23 or Section 271-2.24 of the Retail Food Store Sanitation Regulations, or “Supporting Studies/Data”. It is the firm’s responsibility to provide sufficient supporting documents to ensure that the process as proposed will result in a safe product. A HACCP plan must include the information specified under Section 271-9.6. Supporting studies/ data may include process reviews/scheduled processes or scientific data relevant to the request such as challenge studies, references to the Food Code, etc. *A process review obtained from a processing authority may be substituted for a HACCP plan.*

(12) ESTAB. REPRESENTATIVE NAME/ TITLE. Enter the name and title of the establishment representative requesting the variance. This may be an officer or an employee who is familiar with the requested process but should not be a consultant.

(13) ESTAB. REPRESENTATIVE SIGNATURE. The requestor for the variance must sign the form. This can be a hand signature or an electronic signature.

(14) VARIANCE REQUEST NUMBER. This field is completed by Food Safety and Inspection. Establishment operators should leave this field empty.

**VARIANCE / ALTERNATIVE PROCESS REQUESTS**

**Attachment #1**

FSI-856 Estab. (Rev. 8/11/17)

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<b>VARIANCE REQUEST # (14)</b> <i>(To be completed by the Central Office)</i>
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**PROCESSING VARIANCE REQUEST**

*(To Be Completed by Establishment Operator)*

DATE: (1)
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OWNER: (2)	EST. NO.:	(3)							
TRADE NAME: (4)									
STREET: (5)				CITY: (6)			COUNTY: (7)		ZIP: (8)
<p>VARIANCE REQUEST DESCRIPTION. (Complete this section with a specific description of the variance requested. Include information such as product name, package description and regulation for which you are requesting the variance):</p> <p style="text-align: center;">(9)</p>									
<p>RATIONALE FOR VARIANCE (Include documentation such as a process review, scientific paper, or other science showing :</p> <p style="text-align: center;">(10)</p>									
<p>SUPPORTING ATTACHMENTS: (11)</p> <p> <input type="checkbox"/> HACCP PLAN (See Section 271-9.6: Contents of HACCP Plan)      <input type="checkbox"/> SUPPORTING STUDIES/DATA  <input type="checkbox"/> PROCESS REVIEW      <input type="checkbox"/> FOOD CODE      <input type="checkbox"/> OTHER _____         </p>									
ESTAB. REPRESENTATIVE NAME/TITLE: (12)					ESTAB. REPRESENTATIVE SIGNATURE: (13)				