

**Specialized Processing Method  
Hazard Analysis Critical Control Point (HACCP) Plan Application**

Public Health - Seattle & King County  
King County Board of Health, Title 5 Food Service Establishments

The fee for a HACCP plan review is \$229.80, payable at the time of application. Additional review time past the first hour is charged at \$229.80 per hour.

Establishment Name:	Permit Number: PR
Address:	Phone:
Owner/Person-in-Charge:	Email:

**Check box or boxes for each specialized processing method being applied for.**

**Reduced oxygen packaging HACCP plan without a variance:**

- Food must be maintained at 41F or less and meet one of the following requirements:
  - a) Has an Aw of 0.91 or less.
  - b) Has a pH of 4.6 or less.
  - c) Meat or poultry product cured at a USDA food processing plant.
  - d) Food with high level of competing organisms such as raw meat or poultry.
- Fish that is frozen before, during, and after packaging. Fish means fresh or saltwater finfish, crustaceans, mollusks, and other forms of aquatic life.
- Food prepared using a cook-chill or sous vide process.
- Commercially manufactured cheese.

**Specialized processing methods requiring both a HACCP plan and completed [Variance application](#):**

- Operating a live molluscan shellfish life-support system display tank used to store or display shellfish that are offered for human consumption.
- Smoking foods as a method of preservation rather than as a method of flavor enhancement to create a shelf stable product.
- Curing food for preservation using Sodium Nitrite.
- Packaging time/temperature control for safety foods (TCS) using a reduced oxygen packaging method not controlled as specified for HACCP plan without a variance.
- Using food additives or adding components such as vinegar:
  - (a) As a method of food preservation rather than as a method of flavor enhancement; or
  - (b) To render a food so that it is not time/temperature control for safety foods.
- Custom processing animals that are for personal use as food and not for sale or service in a food establishment.
- Preparing food by another method that is determined by the regulatory authority to require a variance.
- Sprouting seeds or beans.

**Exemption:**

Food Service Establishments will not be required to apply for a Variance or HACCP plan when using a reduced oxygen packaging method to package raw or ready-to-eat TCS food that is always:

- (a) Labeled with the production time and date,
- (b) Held at 41°F (5°C) or less during refrigerated storage; and
- (c) Removed from its package in the food establishment within forty-eight hours after packaging.

**Specialized Process HACCP Templates:**

Public Health – Seattle & King County has adopted a simple approach to HACCP plans, reducing the number of critical control points (CCPs) within a plan by relying on Food Code criteria for many control points. This will reduce the required record keeping for many previously identified CCPs for receiving, cooking, and cooling logs, since these are standard operating requirements already within the Food Code.

Templates for HACCP plans are available for the following specialized processes:

- Reduced oxygen packaging for raw meat, cheese and USDA processed meat.
- Reduced oxygen packaging for processed foods requiring a variance.
- Preparing food products using a cook-chill or sous vide process.
- Smoking foods as a method of preservation to create a shelf stable product.
- Curing food for preservation using Sodium Nitrite.
- Using food additives or adding components such as vinegar.
- Operating a live molluscan shellfish life-support system.

The template HACCP plans provide the general HACCP requirements needed for preparing food products identified under specialized processing methods in the Food Code.

**In General, a HACCP plan must contain the following:**

- Provides a flow diagram that identifies each step in the process and which steps are critical control points.
- The HACCP plan worksheet identifies each critical control point, identifies the hazard, and determines the control limit and describes an action to be taken if the critical limits for any critical control point is not met. Critical control points are verified with documented record keeping.
- Business operators will provide a list of ingredients, materials, and equipment used in the preparation. Specific recipes for each item, are to be kept on file at the food service establishment.
- Provide a copy of the package label, which will include a use by date, and instructions to maintain at or below 41° F. If packaged for retail sales, additional labeling will include, company name, list of ingredients and safe handling label for raw meat products.
- The work area for specialized processing should be separate from other operations.
- Standard Sanitation Operating Procedures for cleaning and sanitizing food contact surfaces and equipment.
- Standard Operating Procedures for:
  - Personal hygiene and hand washing requirements for foodservice workers.
  - Restrictions, exclusion, and notification of sick food workers.
  - Thermometer calibration procedure.
  - Training program for HACCP plan.

**I certify that all the information submitted is accurate to the best of my knowledge. The business operation is in compliance with the Washington State Retail Food Code.**

**An approved, signed copy of the plan will be kept on the premises for review by the regulatory authority. The regulatory authority will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.**

**Please note that an approved HACCP plan without a variance and/or HACCP plans with a required variance are not transferable. In the event of any future change of ownership the new business entity would be required to apply for HACCP plan approval from Public Health-Seattle & King County.**

**I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of the Title 5, King County Board of Health Food Code and may result in enforcement action.**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Permit Holder or Person-in-Charge - Signature/Title**

Service Request # _____	Facility # _____
Date: _____	Assigned to HEI/District Office: _____

**DISTRICT HEALTH CENTERS**

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