

PORTSMOUTH HEALTH DEPARTMENT

Reduced Oxygen Packaging (ROP) Waiver Request

Temperature Controlled for Safety (TCS) Foods Packaged for less than 48 hours or non-TCS Foods

Facility Information (Name and Address):

Contact Person (Name):

Phone Number:

Date:

Which ROP process will be used?

- Vacuum packaging for storage
- Sous vide
- Cook-Chill

List the foods that will be packaged using ROP:

List all materials and equipment involved in the process.

Equipment List (include make, model, or specification sheet) Equipment must be commercial grade, NSF (or equivalent) approved.

- Circulator: _____
- Temperature Monitor/Data Logger: _____
- Refrigerators: _____
- Thermometers: _____
- Vacuum Packager: _____
- Sous vide bags: _____
- Other: _____

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Initial each statement to indicate understanding and agreement:

- _____ All ROP packaged foods must be labeled with product name, date and time packaged.
- _____ TCS foods must be removed from ROP within 48 hours. During inspection, foods found in ROP for greater than 48 hours are subject to discard.
- _____ Non-TCS foods may be held in ROP for an unrestricted length of time.
- _____ TCS foods placed into ROP while hot must be rapidly cooled from 135° F to 70° F in two hours or less, and to 41° F or less in an additional four hours.
- _____ TCS foods in ROP must be held at 41° F or below at all times during refrigerated storage.
- _____ If selling foods in ROP packaging to consumers, a scheduled process will be required from a food processing authority.
- _____ Fish and/or Seafood may only be held in ROP if frozen before packaging, held frozen and removed from ROP before thawing. A scheduled process from a food processing authority is required if fish will be cooked sous vide.

Attach copies of Logs used for each ROP process. (*Sample Log sheets are available on the Health Department website.*)

By signing and submitting this form to the Portsmouth Health Department you are requesting a waiver and establishing a plan to comply with the above requirements as conditions to using ROP (Reduced Oxygen Packaging) for the foods listed on this form. Failure to implement ROP as described is subject to enforcement. Any additions or modifications to this plan must be reviewed and approved by the Portsmouth Health Department prior to being implemented.

Operator's Signature: _____ Date: _____

Print Operator Name: _____