



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Department of Environmental Health

P.O. Box 7909

Riverside, CA 92513-7909

District # _____

PR# _____

PE# _____

SR# _____

OCR# _____

APPLICATION FOR SPECIAL PROCESS REVIEW

Riverside County Code 4.52 and the California Health and Safety Code

[] INITIAL SUBMITTAL [] RESUBMITTAL

SPECIAL PROCESS TO BE REVIEWED: [] MICROBIAL CHALLENGE STUDY [] HACCP PLAN [] OTHER
[] LAB ANALYSIS [] PERIODIC REVIEW

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY TELEPHONE: _____ FAX: _____

ITEM(S) TO BE EVALUATED: _____

CONTACT NAME: _____ CONTACT TELEPHONE: _____

E-MAIL: _____

FEES:

- MICROBIAL CHALLENGE STUDY - \$199.00 PER HOUR
- LAB ANALYSIS - \$199.00 PER HOUR
- PERIODIC REVIEW - \$199.00 PER HOUR
- HACCP REVIEW - \$199.00 PER HOUR
- OTHER - \$199.00 PER HOUR

INITIAL SUBMITTAL REVIEW FEES DUE: \$ _____ .00

RESUBMITTAL REVIEW FEES DUE: \$ _____ .00

AN ENVIRONMENTAL HEALTH FEE IS REQUIRED FOR REVIEW OF A SPECIAL PROCESS. YOU ARE **NOT AUTHORIZED** TO OPERATE UTILIZING THIS PROCESS UNTIL ALL APPROVALS HAVE BEEN OBTAINED. FEES ARE NOT REFUNDABLE OR TRANSFERABLE.

I UNDERSTAND THE ABOVE STATED AND HEREBY APPLY FOR A SPECIAL PROCESS REVIEW, TO EVALUATE THE ITEM(S) AS SPECIFIED ABOVE, IN THE COUNTY OF RIVERSIDE.

DATE: _____ OWNER/OPERATOR: _____
SIGNATURE DRIVERS LICENSE# / EXP. DATE

COUNTY NOTES:

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org