



COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

P.O. Box 7909
Riverside, CA 92513-7909

District # _____

PR # _____

FP# _____

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 LAB ANALYSIS

PERIODIC REVIEW OTHER _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY TELEPHONE: _____ FAX: _____

ITEM(S) TO BE EVALUATED: _____

CONTACT NAME: _____ CONTACT TELEPHONE: _____

E-MAIL: _____

FEE: \$199 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
COUNTY NOTES: _____
DRIVERS LICENSE#/ EXP. DATE _____