



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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SPECIALIZED FOOD PROCESS QUESTIONNAIRE

Facility Name: _____ Health Permit Number: _____

Facility Address: _____ City: _____ Zip: _____
Street No. Street Name

Business Owner Name: _____ Phone: (____) _____

Fax: (____) _____ E-Mail: _____ @ _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
Street No. Street Name

INDICATE BELOW WHICH SPECIALIZED PROCESSES ARE USED AT YOUR FACILITY

Regulated by the CA Department of Public Health

- Reduced-Oxygen Packaging (ROP) of food (also known as vacuum packaging)
- Sous Vide cooking
- Cook/Chill method
- Other: _____

Regulated by the County of San Diego DEH-FHD

- Using food additives, such as vinegar, to make the food non-potentially hazardous
- Smoking of food for preservation
- Curing of food for preservation
- Live molluscan shellfish storage tank

**NOTE: All new and replacement food related equipment used for any of the above processes must meet American National Standards Institute (ANSI) standards and must be approved by this department prior to installation. (California Retail Food Code Section §114130)*

MENU DESCRIPTION (additional space to list other items is available on the back side of this form)

Description of Food (Example: Pork Belly)	Specialized Process Used (Example: Curing)	Packaged and Sold at the Retail Level
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a brief description of how the food item listed in the chart above is prepared:

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary fees and inspections made pursuant to the operation of this business and for the review of these processes. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.

Authorized Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Title: _____

REVIEWED BY: _____ (Print) _____ (Sign)

DATE REVIEWED: ____ / ____ / ____ HEALTH PERMIT NUMBER: _____

MENU DESCRIPTION

Description of Food (Example: Chicken breast)	Specialized Process Used (Example: Sous Vide)	Packaged and Sold at the Retail Level
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a brief description of how the food item listed in the chart above is prepared:

Description of Food (Example: Lamb shank)	Specialized Process Used (Example: Smoking)	Packaged and Sold at the Retail Level
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a brief description of how the food item listed in the chart above is prepared:

Description of Food (Example: Lobster Bisque)	Specialized Process Used (Example: Cook/Chill)	Packaged and Sold at the Retail Level
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a brief description of how the food item listed in the chart above is prepared:

Description of Food (Example: Seasoned Steak)	Specialized Process Used (Example: ROP)	Packaged and Sold at the Retail Level
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide a brief description of how the food item listed in the chart above is prepared:
