



County of San Diego

Amy Harbert
Assistant Director

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION

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REQUEST FOR EXEMPTION CLAMSHELL GRILL

TO: COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH

BUSINESS OWNER:

Name: _____ Company _____
Mailing Address: _____ City _____ State _____ Zip _____
Site Address: _____ City _____ State _____ Zip _____
Phone: () _____ Fax() _____ E-Mail _____

The Clamshell grill _____,
(Make and Model)

I agree that the noted equipment will be used at the above site address under the following conditions:

1. The establishment will be limited to two Panini or similar styled two-sided grills or one dual grill unless an adequate hood exhaust ventilation system is appropriately installed.
2. The unit must be installed, serviced, and maintained according to the manufacturer's specifications. Food residues must be scraped off the grill after each use. The unit is not to be on unless preparing food.
3. The grill must be operated in a well ventilated area approved for food preparation.
4. The grill cannot be used for grilling meats, poultry, fish or other foods that may produce smoke or grease-laden vapors. This mechanical exhaust exemption is specifically limited to the preparation of sandwiches and warming of bakery products.
5. This exemption shall not be deemed to supersede any local building and fire code requirements.
6. List the food items that are to be prepared with the Clamshell grill: _____

I understand that if the type of operation changes or the grill use causes a sanitation, ventilation or safety problem, this exemption may be revoked and an approved mechanical exhaust system will be installed, or the grill will be removed. Also, if ownership is changed, the new owner/operator will be informed of these operating conditions.

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this letter are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. 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. I understand any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environment Health.

Authorized Signature _____ Date _____

Print Name and Title Here _____

Review by _____ Date _____
(Specialist's Signature)