



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

Phone: (858)505-6900 | Fax: (858) 999-8920

REQUEST FOR EXEMPTION ELECTRIC CONVECTION OVEN

| | |
|-------------------------|----------------------------------|
| Facility Name: _____ | Owner _____ |
| Facility Address: _____ | City _____ State _____ Zip _____ |
| Mailing Address: _____ | City _____ State _____ Zip _____ |
| Phone: () _____ | Fax() _____ E-Mail _____ |

The electric convection oven _____ Quantity _____
(Make and Model)

Approval for the installation and use of specified electric convection oven without mechanical exhaust ventilation at the above address is limited to the following conditions:

- Oven is used to bake or heat breads and non-grease laden baked goods.
- Oven may be used to reheat fully pre-cooked foods that do not generate grease.
- Oven shall **not be used for cooking of any raw animal protein** or other grease laden foods.
- Adequate ventilation must be provided in the area the oven is installed to provide a reasonable condition of all employees in that area.
- Electric oven shall be limited to an energy input of 12KW or less.
- List the food items that are to be prepared with the proposed oven: _____

All approved equipment must be maintained in accordance to the manufacturer's specification. Failure to adhere to the above listed conditions will void this approval and require that plans be submitted for the installation of a mechanical exhaust hood.

I declare 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 and Quality.

Authorized Signature _____ Date _____

Print Name and Title Here _____

Review by _____ Date _____
(Specialist's Signature)