



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD, WATER, AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
Phone: (858) 505-6900 • (800) 253-9933 • www.sdcdeh.org

APPLICATION FOR MICROBIAL CHALLENGE STUDY REVIEW

Facility Name: _____ Permit Number*: _____

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

Business Owner Name: _____ Phone: _____

E-Mail: _____

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

*If this study is for multiple locations, please attach a list of location addresses and permit numbers

PLEASE INCLUDE THE FOLLOWING MANDATORY ITEMS WITH YOUR SUBMITTAL:

- ☐ Microbial challenge study from approved laboratory demonstrating that the food item(s) are not potentially hazardous. Study must clearly identify the food item, the condition that was evaluated (A_w or pH), and the time frame used for the evaluation.
- ☐ Standard Operating Procedures (SOP) related to how the food item(s) will be tracked to ensure that all required time frames established in the microbial challenge study are met when the food is held out of proper temperature control.
- ☐ Any other items you wish to have reviewed as part of this submittal (optional).

FEES:

The fee for the review of this submitted challenge study will be billed at the current DEHQ-FWHD hourly rate and will include all time spent on the review as well as correspondence related to the submittal. All fees will be due prior to final approval being granted. Fees are not refundable or transferrable.

I understand the above stated and 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: _____

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ACCEPTED

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REJECTED