



Environmental Health Services

1035 First Ave. West Kalispell, MT 59901
(406) 751-8130 Fax: 751-8131

Administration
751-8101 FAX 751-8101
Community Health Services
751-8110 FAX 751-8111
Reproductive Health Services
751-8150 FAX 751-8151
WIC Services
751-8170 FAX 751-8171
Home Health
751-6800 FAX 751-6807

Waiver Request Form-(Equipment/General)

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone number: _____

Use of Waiver

Waiver Requested For:

- Alternate dishwashing method
- Non-standard Equipment
- Other Operational Procedure
- Other

Food Code Regulation which requires waiver (Example 301.12):

Describe reason for waiver/variance request:

Will waiver/variance be applied at more than one location? Yes No

If yes, list name and location where alternate process will be used:

Describe how potential public health hazards and nuisances addressed by the relevant Code sections will be alternatively addressed by the waiver/variance proposal (i.e., list conditions, procedures, testing, other relevant documentation intended to mitigate public health risk):

Modifications and Waivers

The Regulatory Authority may grant a waiver by modifying or waiving the requirements of the Food Code, if in the opinion of the regulatory authority a **health hazard** or **nuisance will not result** from the waiver. If a waiver is granted, the regulatory authority shall retain the information in its records for the food establishment. Failure to meet conditions of the waiver may result in revocation of the waiver.

Owner Signature:

Date: