

VARIANCE PETITION APPLICATION

Please only One request addressing a Single Concern per form:

1. Name of Legal Licensee of the Business (Sole Proprietor, Inc. LLC, LLP, etc.):

2. **Legal Agent** for the Corporation/company/partnership or the name of the sole proprietor must complete this form. (Petitioner must be the permit owner/power of attorney for the owner of the state/agent permit. Anyone else will void this petition):

3. Affected Establishment Type: (Highlight or circle one)

Restaurant	Temporary Restaurant
Caterer	Mobile Restaurant
Special Organization Serving Meals	Pool
Whirlpool	Hotel/Motel
Water Attraction	Tourist Rooming House/cabin/cottage
Water Slide	Bed and Breakfast Establishment
Campground	Recreational/Educational Camp
Special Event Campground	Vending Machine Operation
Body Art Establishment	Other

4. Affected Establishment Name:

5. Affected Establishment Address:
(Include more address information than "Rural Route")

6. Affected Establishment State ID Number:

7. Cite specific state administrative code reference being petitioned:

DHS 173.14(2) (g)

8. Subject/Issue (Explain the specific practice, provision, operation, condition, construction, installation or issue you are requesting be covered with this petition. Please be concise.):

We are requesting to not have an autoclave at our body art establishment. We will be using single-use, prepackaged, pre-sterilized, disposable _____

as it is more convenient than having to use the autoclave and run the required testing on the autoclave. We

will use the disposable equipment/supplies for _____

The prepackaged, pre-sterile equipment is sterilized by the manufacturer using _____

9. State the specific date when you wish this petition to be effective: Upon Approval

10. **Justification:** (Explain in detail why a variance is being requested. Clearly state why compliance with the code cannot be attained without a variance.) Explain the effect(s) of the modification/omission on public health or safety. State your proposed means and rationale of providing equivalent degree of protections. Include additional pages here if necessary :

A variance request is required because DHS 173.14 (2) requires all equipment requiring sterilization to be sterilized in an autoclave onsite. The facility would like to use single-use, prepackaged, pre-sterilized, disposable equipment instead of sterilizing reusable equipment.

The disposable equipment in the facility is safe because it is sterilized by the manufacturers;

Invoices of equipment will be maintained and available at inspection.

Sharps are to be disposed into _____

We perform approximately _____ procedures per month. We dispose of the sharps containers

We store our disposable equipment _____

All disposable equipment is kept rotated by use-by date. Disposable equipment is checked for expiration dates before use and periodically by the owner/manager.

*The burden of proof for convincing information is the responsibility of the submitter's. Attach all pertinent and representative photographs, sketches, relevant and current documentation, test reports, research articles, expert opinions, previously approved variances, testing certifications, manufacturers' required standards conformance, testimonials/approvals from regulatory officials, etc. specific for your request. Must include the *official's name(s), titles, agency and relationship to the issue along with their phone number(s) and e-mails. Failure to provide this information, relevant inclusions/requested information in a timely manner is automatically justification for this agency's denial of a petition. Make copies of all submittals. This information will not be returned and will be included in the state record.*

***Minimally requires approval and signature of DHS/Agent Local Health Department inspection officials for each petition. Call FSRL at 608-266-2835 for a list of agent health departments/state regulatory officials.**

The information contained herein is accurate and truthfully representative of the conditions and circumstances relevant to this petition for variance. I understand that any approval from DHS can be conditional and defined for a limited period of time as experimental or trial only. I understand the consequences of misrepresentation and penalties of perjury and State Statute chapter 254.85(5) (b) (2).

Signature of Legal Representative of Affected Business:

_____ Printed Name: _____
(Must be the person identified in 2. from page 1.)

PHONE NUMBER:
CELL NUMBER:
FAX NUMBER:
E-MAIL ADDRESS:
MAILING ADDRESS:

Submit documents to State Sanitarian or Agent Health Department.

State Sanitarian or Agent Health Department completes box below and forwards to:

VARIANCE PETITION:
Food Safety and Recreational Licensing
Attention: Section Chief FSRL, Rm 150,
1 W. Wilson St.
Madison, WI 53701-2659":

State Sanitarian / Agent Health Department			
Establishment Name:			
Name:		Title:	
Agency/Regional Office:			
Date:			
Approve	Deny	No Opinion	
Comments:			
Official's Signature:		Printed Name:	

<u>OFFICE USE ONLY</u>			
FSRL DECISION:			
DATE:	APPROVED	DENIED	REASON:
Signature of Section Chief:		Printed name:	
Notification date sent:			