



Monroe County Department of Public Health

HOT/COLD HOLDING WAIVER REQUEST

Facility Name: _____
Facility Address: _____ Zip _____

Owner/Operator Name: _____

Mailing Address: _____ City: _____ Zip: _____

Email address: _____ Phone # _____

WAIVER REQUESTED FOR: Hot Holding at 140°F or above Cold Holding at 45°F or below

List potentially hazardous foods (those needing temperature control) to be covered by waiver:

Describe how waived items will be marked with a discard time (*Note: Discard time must be within 4 hours*):

Choose one of the following:

Items listed above will be held for service between _____ a.m. / p.m. and _____ a.m. / p.m.
Any items remaining will be discarded at the above listed ending time.

Items listed above will be marked with a four (4) hour discard time once cooking is completed.
Describe how items will be marked. ***Choose one of the following:***

Tag with discard time placed on: Food item Shelf Other (describe): _____

Color-coded tag will be place on item. Describe color-coding system: _____

Other method (describe in detail): _____

- Any waived items not marked with a discard time or marked with a time that has expired **will be discarded** regardless of the temperature of the item.
- Food must be protected from customer contamination with adequate sneeze guards or other barrier.
- Written procedures to ensure compliance will be maintained and available during inspections of the facility.

I agree to comply with the above conditions of this waiver request and I understand that failure to comply could result in loss of the waiver.

Signature of Operator: _____ Date: _____

For Health Department use only:

Waiver approved by: _____	Date: _____
<i>Signature</i>	<i>Title</i>