



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Department of Environmental Health
P.O. Box 7909
Riverside, CA 92513-7909

District #
PR#
PE#
SR#
OCR#

APPLICATION FOR SPECIAL PROCESS REVIEW
Riverside County Code 4.52 and the California Health and Safety Code

[] INITIAL SUBMITTAL [] RESUBMITTAL

SPECIAL PROCESS TO BE REVIEWED: [] MICROBIAL CHALLENGE STUDY [] HACCP PLAN [] OTHER
[] LAB ANALYSIS [] PERIODIC REVIEW

FACILITY DBA:

FACILITY ADDRESS:

PHONE NUMBER: FAX:

ITEM(S) TO BE EVALUATED:

CONTACT NAME: PHONE:

E-MAIL:

FEES:

- MICROBIAL CHALLENGE STUDY - \$183.00 PER HOUR
LAB ANALYSIS - \$183.00 PER HOUR
PERIODIC REVIEW - \$183.00 PER HOUR
HACCP REVIEW - \$183.00 PER HOUR
OTHER - \$183.00 PER HOUR

INITIAL SUBMITTAL REVIEW FEES DUE: \$.00

RESUBMITTAL REVIEW FEES DUE: \$.00

AN ENVIRONMENTAL HEALTH FEE IS REQUIRED FOR REVIEW OF A SPECIAL PROCESS. YOU ARE NOT AUTHORIZED TO OPERATE UTILIZING THIS PROCESS UNTIL ALL APPROVALS HAVE BEEN OBTAINED. FEES ARE NOT REFUNDABLE OR TRANSFERABLE.

I UNDERSTAND THE ABOVE STATED AND HEREBY APPLY FOR A SPECIAL PROCESS REVIEW, TO EVALUATE THE ITEM(S) AS SPECIFIED ABOVE, IN THE COUNTY OF RIVERSIDE.

DATE: OWNER/OPERATOR: SIGNATURE DRIVERS LICENSE# / EXP. DATE

COUNTY NOTES:

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org