



South Carolina
DEPARTMENT OF AGRICULTURE
RETAIL FOOD SAFETY DEPARTMENT
350 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

SC REGULATION 61-25, RETAIL FOOD ESTABLISHMENTS REQUEST FOR AN OPERATIONAL VARIANCE

Date _____ Permit Number *If issued* _____

Establishment/Organization Name _____

Physical Address _____

City _____ State _____ Zip _____

Are you applying for multiple locations? ☐ Yes ☐ No If yes, please attach a list of facilities to this application.

Person in Charge (Owner) _____

Phone _____ Email _____

Variance Requested For ☐ Certified Food Protection Manager 2-102.12 ☐ Other

Specify Other Request _____

8-103.10 – Modifications and Waivers

SCDA may grant a variance by modifying or waiving the requirements of this regulation if, in the opinion of SCDA, a health hazard or nuisance will not result from the variance. If a variance is granted, SCDA shall retain the information specified under 8-103.11. An operational variance request shall include detailed procedures and rationale for how the potential public health hazards will be addressed relevant to Regulation 61-25. Include any information supporting the request, (e.g., photos, website documentation, risk control plans).

8-103.12 Conformance with Approved Procedures

If SCDA grants a variance as specified in 8-103.10, the permit holder shall comply with the procedures that are submitted and approved as a basis for the modification or waiver.

Owner/Person in Charge Signature _____

Name (print) _____

Submittal Date _____

RETURN BY EMAIL OR MAIL TO

SCDA Retail Food Safety
food-variances@scda.sc.gov

350 Ballard Court
West Columbia, SC 29172

SCDA USE ONLY

The request is: ☐ Authorized ☐ Not Authorized Date _____

SCDA
Representative _____ Comments _____

Personal information provided on this document is subject to public scrutiny or release.



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INSTRUCTIONS FOR COMPLETING REQUEST FOR AN OPERATIONAL VARIANCE

Instructions:

1. Provide the date.
2. Provide the permit number if one has been assigned to the establishment.
3. Provide the establishment name.
4. Provide the establishment's physical address to include the city and zip code.
5. If the request will apply to multiple locations mark the box and attach a list of facilities to include the establishment name (if different from the one provided in item 1), and physical address including city and zip code.
6. Provide the name of the person in charge or owner.
7. Provide a contact telephone number including the area code.
8. Provide the contact email address.
9. Mark the box indicating the type of variance requested.
10. If the "Other" box is marked, describe the type of variance requested. If variance is specific to food (CPD Form #2111), construction, or equipment (CPD Form #2116), please use the form that applies to the request.
11. Form should be signed and dated by the person in charge (owner).
12. Submit form with supporting documentation for the variance to the email or mailing address provided on this form.

Office Mechanics & Filing: Retention schedule for this form is: 11701 – Retail Food Establishments.