

FORM APPROVED: OMB NO. 0910-0037	
EXPIRATION DATE: 8/31/2011	
See Burden Statement on page 3.	
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FOOD PROCESS FILING FOR ALL METHODS EXCEPT LOW-ACID ASEPTIC

A. PRODUCT

Name, Form or Style, and Packing Medium: _____

pH: ____ (Before Acidification)

Governing Regulation: _____

- low-acid (21 CFR 108.35/113)
- acidified (21 CFR 108.25/114)

Type of Submission:

- new
- replaces _____ / _____
- cancels _____ / _____

Process Use:

- scheduled
- alternate for _____ / _____
- emergency for _____ / _____

B. PROCESSING METHOD

NAME OF STERILIZER (MFR. & TYPE) _____

HEATING MEDIUM (e.g., Steam, water, immersion or spray, steam-air) _____

<p>1. <input type="checkbox"/> Still</p> <p>a. <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical</p> <p>Divider Plates (complete for a. or b.)</p> <p><input type="checkbox"/> None <input type="checkbox"/> Perforated</p> <p>c. <input type="checkbox"/> Crateless</p> <p>Bottom Surface (complete for c.)</p> <p><input type="checkbox"/> Solid <input type="checkbox"/> Perforated</p>	<p>2. <input type="checkbox"/> Agitating</p> <p>a. <input type="checkbox"/> End over End</p> <p><input type="checkbox"/> Axial</p> <p>b. <input type="checkbox"/> Continuous</p> <p><input type="checkbox"/> Batch</p>	<p>3. <input type="checkbox"/> Hydrostatic</p> <p><input type="checkbox"/> Inner Chain only</p> <p><input type="checkbox"/> Outer Chain only</p> <p><input type="checkbox"/> Both Inner and Outer Chain</p> <p><input type="checkbox"/> Single Chain</p> <p><input type="checkbox"/> Multiple Chain</p>	<p>4. <input type="checkbox"/> Flame</p>	<p>5. <input type="checkbox"/> Other (explain) _____</p>	<p>6. <input type="checkbox"/> Acidified</p> <p>Maximum Equilibrium pH: ____</p> <p>Method of Acidification: _____</p> <p>Acidifying Agent: _____</p> <p>Pasteurization Method: _____</p> <p>Preservative Used: _____</p> <p>Concentration: ____ , ____ , ____</p>
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CONTAINER TYPE:

- 1. Tinplate/Steel Can 2-piece Welded
- 2. Aluminum Can 3-piece Cemented

- 3. Glass or Ceramic
- 4. Flexible Pouch (specify material): _____

- 5. Semirigid (specify material): Lid _____ Body _____
- Seal Method _____
- 6. Other (specify): _____

PROCESS ESTABLISHMENT SOURCE (Limit entry to 30 characters)

DATE LAST ESTABLISHED

Y Y Y Y M M

PROCESS RECOMMENDATIONS ATTACHED?

YES NO

C. CRITICAL FACTORS: AS DELINEATED BY PROCESS AUTHORITY TO ASSURE COMMERCIAL STERILITY (Check or Describe)

None of the following	NO <input type="checkbox"/>	Arrangements of Pieces in Container	AP <input type="checkbox"/>
Maximum Water Activity (a _w)	MW <input type="checkbox"/> (. ____)	Formulation Changes	FC <input type="checkbox"/>
Consistency / Viscosity	CV	Preparation Method	PM <input type="checkbox"/>
Value	(____ . ____)	Product Quality	PQ <input type="checkbox"/>
Units	_____	Matting Tendency	MT <input type="checkbox"/>
Method Name	_____	Layer Pack	LP <input type="checkbox"/>
Temperature	(____ .)	Max. Flexible Pouch/Semirigid Container Thickness in Retort	MP <input type="checkbox"/> (____ . ____)
Container Position in Retort	CP <input type="checkbox"/>	Max. Residual Air (Flexible Pouch/Semirigid Container)	MR <input type="checkbox"/> (____ . ____) c.c.
Nesting of Containers	NC <input type="checkbox"/>	Particle Size	PS <input type="checkbox"/>
Fill Method (check applicable method)	FM	Syrup Strength	SS <input type="checkbox"/> (____ . ____)
Hand or Volumetric	<input type="checkbox"/>	Starch Added	SA <input type="checkbox"/> (____ . ____)
Vibrating or Tumble	<input type="checkbox"/>	Max. %	_____
Other (specify)	<input type="checkbox"/>	Type	_____
% Solids	SO <input type="checkbox"/> (____ . ____)	Other Binder	OB <input type="checkbox"/>
Solid to Liquid Ratio (wt. to wt.)	SL <input type="checkbox"/> (____ . ____)	Min. % Moisture of Dry Ingredients	MM <input type="checkbox"/> (____ . ____)
Drained wt./Net wt. Ratio	DW <input type="checkbox"/> (____ . ____)	Other (specify)	OT <input type="checkbox"/>

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