

Application for Using Time in Lieu of Temperature (DRAFT) Rule .2609 (h), (i)

Establishment Name: BURGER KING

Location Address: All Burger King Restaurants in NC

ID#

City: Various

State: NC ZIP: Various

Mailing Address: All Burger King Restaurants in NC City:

State: - ZIP: Telephone # 305-378-7917

Contact Person: Ms. Mary Sandford, Mgr. Brand Protection

Food Product: Fully cooked Fire-Grilled Onions

Food Product Description: Fully cooked Fire-Grilled Onions for BURGER KING Angus Steak Burger sandwich

Recipe # N/A

Procedures for handling of food from the time of completion of the cooking process or when the food is otherwise removed from temperature control. Fire-Grilled Onions are fully cooked at the processor to 150 degrees F. and quick frozen. At the restaurant, the frozen onions are removed from the freezer, placed into a pan which is marked with the time removed from freezer and the two hour discard time, thawed in the microwave and held at room temperature for sandwich preparation.

(Attach additional sheet if necessary) Additional sheet attached: yes no

Temperature at the time of completion of cooking process or when the food is otherwise removed from required temperature control (when removed from hot holding/when removed from refrigeration/or indicate using room temperature ingredients if assembling using room temperature ingredients) Fully cooked frozen product. Thawed in microwave immediately to temp of 65 degrees F minimum. 2 Hour maximum room temperature hold.

Labeling Method Removal time and discard time is marked on edge of pan with a grease pencil when product is removed from freezer and placed in pan prior to thawing.

Service Procedure or Holding Location Condiment well of sandwich prep board

Disposal Method Garbage discard if product remains at end of 2 hours.

Approved Procedures Shall be Adhered to at: All NC Burger Kings. (Name of Establishment)

I agree to follow the procedures outlined in this application.

Signature  (on file with the NC Dept of Environment and Natural Resources
Owner / Manager (Circle One)

Date 08-16-04

Procedures Approved : Yes

EHS Signature signed copy mailed to Mrs. Sandford EHS ID # 1125 Date: 08/24/04

Comments:

Disclaimer: Approval of this application applies only to the food product described in this application. This approval will be voided if any changes are made without prior approval from the health department or approving agency.