

FOOD PROCESS FILING FOR ALL METHODS EXCEPT LOW-ACID ASEPTIC

FORM APPROVED: OMB NO. 0910-0037
EXPIRATION DATE: 2/28/2015
See PRA Statement on page 3.
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Y Y Y Y M M D D / S S S
FCE SID

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)

- Still
Horizontal
Vertical
Divider Plates
Crateless
Bottom Surface
Solid
Perforated

- Agitating
End over End
Axial
Continuous
Batch

- Hydrostatic
Inner Chain only
Outer Chain only
Both Inner and Outer Chain
Single Chain
Multiple Chain

Flame

Other (explain)

Acidified

Maximum Equilibrium pH:
Method of Acidification:
Acidifying Agent:
Pasteurization Method:
Preservative Used:
Concentration:

CONTAINER TYPE:

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

- Glass or Ceramic
Flexible Pouch (specify material):

- Semirigid (specify material): Lid Body
Seal Method
Other (specify):

PROCESS ESTABLISHMENT SOURCE (Limit entry to 30 characters)

DATE LAST ESTABLISHED

PROCESS RECOMMENDATIONS ATTACHED?

YES NO

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

- None of the following
Maximum Water Activity (a_w)
Consistency / Viscosity
Value
Units
Method Name
Temperature
Container Position in Retort
Nesting of Containers
Fill Method
Hand or Volumetric
Vibrating or Tumble
Other
% Solids
Solid to Liquid Ratio
Drained wt./Net wt. Ratio

- Arrangements of Pieces in Container
Formulation Changes
Preparation Method
Product Quality
Matting Tendency
Layer Pack
Max. Flexible Pouch/Semirigid Container Thickness in Retort
Max. Residual Air (Flexible Pouch/Semirigid Container)
Particle Size
Syrup Strength
Starch Added
Max. %
Type
Other Binder
Min. % Moisture of Dry Ingredients
Other (specify)

- AP
FC
PM
PQ
MT
LP
MP
MR
PS
SS
SA
OB
MM
OT

D. SCHEDULED PROCESS

(Do **not** write in shaded areas -- Check appropriate box and enter numerical values on dashed lines.)


FCE: _____

SID: _____

CONTAINER DIMENSIONS				CAPACITY UNITS	SCHEDULED PROCESS <i>(Check Only One in Each Column)</i>				OTHER CRITICAL FACTORS TO ASSURE COMMERCIAL STERILITY PER SOURCE AUTHORITY								OTHER <i>(Specify)</i>	
Cont. No.	Diameter or Length	Height or Width	Height or Maximum Pouch or Semirigid Container Thickness		Step No.	Temperature	Process Time	Sterilization Temperature	Least Sterilizing Value of the Scheduled Process	Thruput	Headspace	Speed				Maximum Weight		Minimum Net Weight
				<input type="checkbox"/> Oz. <input type="checkbox"/> Gal. <input type="checkbox"/> ML <input type="checkbox"/> Other		LACF <input type="checkbox"/> Min.IT <input type="checkbox"/> Process Time <input type="checkbox"/> Process Temp.			<input type="checkbox"/> F ₀ <input type="checkbox"/> Other F Value			<input type="checkbox"/> Reel Speed <input type="checkbox"/> Reel Diameter <input type="checkbox"/> Steps Per Turn of Reel <input type="checkbox"/> Chain / Conveyer Speed						
						Acidified or a_w Controlled <input type="checkbox"/> Min.IT <input type="checkbox"/> Process Time <input type="checkbox"/> Process Temp.												
				<input type="checkbox"/> Fill <input type="checkbox"/> Hold Time <input type="checkbox"/> Center <input type="checkbox"/> Other <input type="checkbox"/> N/A <input type="checkbox"/> N/A	<input type="checkbox"/> IS Value <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Net <input type="checkbox"/> Gross	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	
	Inches & Sixteenths	Inches & Sixteenths	Inches & Sixteenths			°F	Minutes	°F		Containers per Minute	Inches	RPM	Inches Number	Inches	Ounces	Ounces	Ounces	In. Hg.
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COMMENTS:

FOR FDA USE ONLY

PLANT NAME / ADDRESS	AUTHORIZED INDIVIDUAL 	FULL NAME <i>(Please Type or Print)</i>	TELEPHONE NUMBER
		SIGNATURE	DATE

LACF Contact Information

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Food and Drug Administration
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