

REQUEST FOR OFFICIAL STERILIZATION PROCESS

Canner:		Product:	
Mailing Address:		Formula:	
City:	Zip Code:	Telephone:	
Sample Source: <input type="checkbox"/> Laboratory <input type="checkbox"/> Production			
New Product?? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reformulation?? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes Highlight Changes)	
Container Size(s):		Existing S-Number or Date of Existing Process Letter:	
Type of Retort: <input type="checkbox"/> Still - Container Position: <input type="checkbox"/> Continuous - Cooker Capacity: Cooker Speed Desired: <input type="checkbox"/> RPM <input type="checkbox"/> CPM <input type="checkbox"/> Hydrostatic - Leg Temperatures: <input type="checkbox"/> Aseptic - Flow Rate: Hold Tube Length: I.D.: <input type="checkbox"/> Other:			
Fill Weight:		Net Weight:	
Produce pH:		Syrup Brix (if applicable):	
Gross Headspace:		Consistency (if applicable):	
Other:			
INGREDIENTS: (Provide amounts for each ingredient by weight or percentage)			
Ingredient:	Amount (Wt. or %)	Ingredient:	Amount (Wt. or %)
Desired Process Temperature(s):		Desired Initial Temperature(s):	
Details of Product Preparation:			
Signature:		Date:	
Print Name:		Title:	

Submit to: University of California
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 Dublin, CA 94568

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