

REQUEST FOR pH OFFICIAL STERILIZATION PROCESS

Firm Name:		Telephone:
Facility Address:	City:	Zip Code:
Mailing Address:	City:	Zip Code:

Product:	Formula:
New Product: Yes No	Reformulation: Yes No (If yes highlight changes)
Existing S-Number S-	Date of Existing Process Letter
Container Size(s):	Sample Source: Laboratory <input type="checkbox"/> Production <input type="checkbox"/>
Type of Retort: <input type="checkbox"/> Still Container Position: <input type="checkbox"/> Continuous Cooker Capacity: Cooker Speed Desired: RPM <input type="checkbox"/> CPM <input type="checkbox"/> <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 (required):	Title:	Date:
Print Name (required):	Email:	

Submit to: University of California
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