REQUEST FOR OFFICIAL STERILIZATION PROCESS

Canner:		**Product:**
Mailing Address:		**Formula:**
City:	**Zip Code:**	**Telephone:**

Sample Source: ☐ Laboratory ☐ Production

New Product?? ☐ Yes ☐ No	**Reformulation??** ☐ Yes ☐ No (If yes Highlight Changes)
Container Size(s):	Existing S-Number or Date of Existing Process Letter:

Type of Retort:
- ☐ **Still** - **Container Position:**
- ☐ **Continuous** - **Cooker Capacity:** **Cooker Speed Desired:** ☐ **RPM** ☐ **CPM**
- ☐ **Hydrostatic** - **Leg Temperatures:**
- ☐ **Aseptic** - **Flow Rate:** **Hold Tube Length:** **I.D.:**
- ☐ **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
Laboratory For Research in Food Preservation
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