

**REQUEST FOR OFFICIAL STERILIZATION PROCESS**

<b>Firm Name:</b>		<b>Telephone:</b>
<b>Facility Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip Code:</b>

<b>Product:</b>	<b>Formula:</b>
<b>New Product: Yes      No</b>	<b>Reformulation: Yes      No      (If yes highlight changes)</b>
<b>Existing S-Number S-</b>	<b>Date of Existing Process Letter</b>
<b>Container Size(s):</b>	<b>Sample Source: Laboratory <input type="checkbox"/> Production <input type="checkbox"/></b>
<b>Type of Retort:</b>	
<input type="checkbox"/> Still	<b>Container Position:</b>
<input type="checkbox"/> Continuous	<b>Cooker Capacity:</b>
<input type="checkbox"/> Hydrostatic	<b>Leg Temperatures:</b>
<input type="checkbox"/> Aseptic	<b>Flow Rate:</b>
<input type="checkbox"/> Other	<b>Cooker Speed Desired: RPM <input type="checkbox"/> CPM <input type="checkbox"/></b>
	<b>Hold Tube Length:      I.D.:</b>

<b>Fill Weight:</b>	<b>Net Weight:</b>
<b>Produce pH:</b>	<b>Syrup Brix (If applicable):</b>
<b>Gross Headspace:</b>	<b>Consistency (If applicable):</b>
<b>Other:</b>	

**INGREDIENTS:** (Provide amounts for each ingredient by weight or percentage)

Ingredient	Amount (Wt. or %)	Ingredient	Amount (Wt. or %)

<b>Desired Process Temperature(s):</b>	<b>Desired Initial Temperature(s):</b>
<b>Details of Product Preparation:</b>	

<b>Signature (required):</b>	<b>Title:</b>	<b>Date:</b>
<b>Print Name (required):</b>	<b>Email:</b>	

Submit to: University of California  
 Laboratory for Research in Food Preservation  
 12647 Alcosta Blvd., Suite 195  
 San Ramon, CA 94583  
 Telephone (925) 833-6941 [uclrfp@ucdavis.edu](mailto:uclrfp@ucdavis.edu)