REQUEST FOR pH RE-EVALUATION

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


| Product: | Formula Number/Code: |
| :--- | :--- | :--- |
| Existing S-Number S- | Date of Existing Process Letter |
| NOTE: Highlight changes in formula. If changes are determined to be <br> significant, a newformula number must be assigned. |  |
| Container Size(s): |  |

INGREDIENTS: (List each ingredient by weight or percentage; and describe ingredient (fresh, frozen, dried, brined, canned, acidified, etc.). Give pH if known. Attach extra sheet if needed.


Submit to: University of California
Laboratory for Research in Food Preservation
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San Ramon, CA 94583
Telephone (925) 833-6941 uclrfp@ucdavis.edu

