

**NEW FOOD PRODUCT – PROCESS AUTHORITY REVIEW FORM**

Fill out this form and submit it along with food samples to request a Process Authority review service for your product.

**Instructions:**

* Please read the entire document and fill out all required sections with the appropriate information.
* Please email completed form along with food samples for testing or testing report and jar/ container/ closure picture.
* For acid foods: Please send at least 2 samples (representing 2 batches) of each recipe (exact formulation by weight) for pH and water activity testing.
* For formulated acid or acidified foods: Please send at least 3 samples from 3 separate batches BEFORE and AFTER the addition of acidifying agents.
* If needed, please feel free to use additional pages to furnish a thorough description of your food products and process.
* For multiple food products/ formulations, please use separate form
* Provide details on selling (retail or wholesale) including distribution temperature, storage (refrigerated or frozen or shelf stable), and label details
* Describe the containers, closures and headspace (please attach pictures).
* Your contact details: name, address, phone number and email address
* Please allow at least 3-4 weeks for a response

**PROCESS AUTHORITY REVIEW FORM
- New Food Product –**

1. **Name of the food manufacturer/ processor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Name of the product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Name of the authorized owner/ supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **List container closures (please attach image of each container/ closure type)**

 Example:

* 1. 8 Oz. glass jars, 2-piece metal lid
	2. 16 Oz. glass jars, continuous thread lid with button
1. **Please select appropriate box below**

[ ]  Mechanically applied closure (machine operated)

[ ]  2-piece metal jar

[ ]  Continuous thread with flat panel (no button) – shrink wrap seal needed over skirt

[ ]  Continuous type with button (flip -panel)

[ ]  Lug style with button top

[ ]  Lug style with flat panel – shrink wrap seal needed over skirt

[ ]  Plastic thread (shrink wrap is required if no information on inner tamper-evident seal).

1. **Water activity test result:** 1) \_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **pH test result**  1) \_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **pH tested using (click the appropriate box below):**

[ ]  pH meter [ ]  Test strips

1. **Do you have a permit/ license to operate a food business in the Missouri state?** (Provide details or include a copy of the permit)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Where will you be selling?**

[ ]  Retail only (direct to consumers)

[ ]  Wholesale (selling of goods in large quantities to be retailed by others)

1. **Please provide final packaging, storage (refrigerated or frozen or shelf stable) and distribution details?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you have a food-label?** (Provide details or include a copy)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please provide the list of ingredients (formulations/ recipe): Please use uniform weights and measurements. Also, provide the list of sub-ingredients wherever necessary.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of ingredients:**

|  |  |  |  |
| --- | --- | --- | --- |
| SL No. | Ingredients(Include brand name with details) | Ingredient (Weight or volume only) | Additional details |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Formulations/ recipe: Please include**
	1. Order in which ingredients are added
	2. Cooking time and temperature
	3. Target fill temperature
	4. Headspace details
	5. Method of processing (upright hold, inverted hot-fill-hold, boiling water process, steam immersion, etc.)
	6. Total length of the process (minutes)
2. **Please provide a process flow-chart (or attach a copy)**(a step-by-step short summary of all the steps that go through to become a finished product)
3. **Please send details of any critical control points (CCP’s), expected shelf life, pathogen of concern etc.**

**Note:** All ingredients must be listed in descending order of weight measured. Do not supply common household measures (teaspoons/ smidgen/ pinch etc.). If using vinegar, please provide the acid strength (e.g., stated on the bottle. All weights are per batch size. For vinegar, please indicate the acid strength (5% acetic acid strength). Please use uniform measurements viz., either pounds or grams or ounces. Include all the details such as holding time, inverting the container after filling, maximum time the plastic container can withstand (if using plastic container), etc.

Email completed form, along with required samples, images (containers and closures) along with relevant documents to foodtesting@missouri.edu

**Check list: Don’t forget to include**

* Food product formulations and list of ingredients
* Client name, address, phone number and/or email
* Process flow chart
* Process parameters viz., temperature, time, holding time, storage, shipping etc.
* License/ permit information (if available. please attach a copy)
* pH and water activity results (if available) or attach lab report
* For acid foods: At least 2 samples from 2 separate batches
* Formulated acid and/or acidified foods: At least 3 samples from 3 separate batches BEFORE and AFTER the addition of acidifying agents.
* Total length of the process (minutes)
* Headspace details
* A check in favor of “university of Missouri” or online payment
* Attach images of container/ closure type

**By filling out and submitting this form, you automatically acknowledge that you have the following responsibilities:**

* I hereby certify that all of the information provided by me in this form is accurate
* The samples sent for this review are representative of two separate test batches containing ingredients prepared as described above.
* Lab results are current and consistent with the product described.
* You will evaluate the integrity of the closure and maintain up-to-date records of the integrity of the closure.
* You have read and understood the regulations for acid, formulated acid, acidified and low acid food products rules
* You have completed the appropriate trainings (BPCS, low-acid canned foods training etc.) before manufacturing the scheduled process described in this form.
* It is your responsibility to follow the Scheduled Process and maintain the records
* You are responsible to manufacture food in a State inspected/ licensed hygiene environment using Good Manufacturing Practices
* It is your responsibility to promptly submit results to the FDA/ State or local public health office
* You will keep accurate food manufacturing and process records.
* You will accurately label all manufactured food products.
* You will test the pH of every batch produced.
* The food processing firm/ company would be expected to monitor pH and maintain records for each batch/ lot.
* It is your responsibility to request revisions to a Scheduled Processes if there are any deviations to the formulation, container or closure, processing steps, time & temperature parameter, equipment including label, storage and distribution.
* Please keep a copy of this form for your reference and records.
* We look forward to working with you on creating value-added food products.

For more information, please reach out to foodtesting@missouri.edu OR
call 573-882-2673.

**Disclaimer:** The food Processing & Safety Lab, University Missouri does not accept or assume any responsibility for the pre-existing food safety conditions and/ or Food Safety Programs in effect with the client’s facility named on the testing and process review service reports. The process authority letter, and food label issued to customers are based on the information provided by the customer and the University of Missouri assumes no responsibility or liability for the food processed/ packaged/ distributed including the accuracy of the nutritional facts labelling. By submitting the “testing and services” request form, you (customer) expressly agree to hold harmless and indemnify the University of Missouri, the State of Missouri, the Board of Curators of the University of Missouri, and all their agents, officers, and employees, from all claims, liabilities, demands, and causes of action of any kind that may arise as a result of its performance of these activities.