



Process Approval Form

Client Information

Owner Name:	Company Name:
Owner Address	Company Address
Street Name:	Street Name:
City:	City:
County:	County:
State:	State:
Zip Code:	Zip Code:
Email:	Email:
Phone:	Phone:

Product and Formulation Information

Product Name:

Product Category:

Sauces/Condiments	Jams/Jellies/Preserves/Syrups/Honey	Juices
Candied/Pickled Products	Fermented (Solid/Beverage)	Non-carbonated Beverage
Grain-Based Products	Snacks/Sugars/Sweets	Carbonated Beverage

Recipe/Formulation of Your Product – List all ingredients in your recipe for one batch of product, using accurate measurements (i.e., grams, pounds, ounces, etc.).

<i>Amount</i>	<i>Unit of Measure</i>	<i>Ingredient</i>	<i>Amount</i>	<i>Unit of Measure</i>	<i>Ingredient</i>

Process for

Company

Product Manufacturing and Processing Information

Method of Thermal Processing:	Hot Fill / Hold	Water Bath* (not pressurized)	Retort
	<i>, #l'wulp i 'Y cvgt 'Dcyj 't rgcug' b weej 'J gc v'Rggpgt c wqap 't pf 'J gc v'F hnt kdw wqap 'f c w 'lj gguo</i>		
Fill Temperature :	°F		
Hold Temperature :	°F	Maximum Cooking Temperature:	°F
Hold Time :	minutes		
pH Value:			
Equilibrium pH of product (24 hours after processing) (to nearest hundredth - e.g., 3.97)**:			
Containers:			UGA pH verification:
Container Type:	Glass Jar/Bottle	Plastic Bottle	Metal Can
Container Sizes:	Volume (fl. oz., to the nearest whole number)		Volume (fl. oz., to the nearest whole number)

Product Distribution and Licensing Information

Where will you be manufacturing the product? (Select One)	
I'll be using a Co-Packer	I'll be manufacturing it myself in a licensed/shared kitchen
Co-Packer Name & Address:	Kitchen Name & Address:
I'll be manufacturing in my own licensed facility	
Facility Name & Address:	

Acknowledgements

I have completed Better Process Control School0(Please attach your certificate to this form)

I have NOT completed Better Process Control School0

I hereby acknowledge that all of the information provided in this form is accurate to the best of my knowledge. I also acknowledge that if any information is missing or is not accurate as reported on this form, or if there is any change from the stated information on this form (e.g., change in product recipe, processing procedure, container size, etc.), I will notify UGA Food Science Extension as soon as I learn of these changes and request a revision of the process approval.

_____ (signed)
Owner/Processor Signature

Date _____