## **Cooperative Extension Service** Extension Food Technology

**Department of Extension Home Economics,** College of Agricultural Consumer and Environmental Sciences P.O. Box 30003, MSC 3AE; Las Cruces, NM 88003-8003

Tel: 575-646-1179 Fax: 575-646-1889

	161. 373-040-1173	Fax. 373-040-1009 Liliali. IIa	iiores@fiffisu.edu	
		ROCESS REVIEW OF COMM rm. *Print a copy for yourself	ERCIAL FOOD PRODUCT  *Email or Post mail to submit.	
1. Company	Information:			
Phone: Physica	ny Name and Con al address (Street, formation submitte	FAX: City, State, ZIP):	Email:	
* Please allo	ow 14-21 days (A	SAP is not a date) after co	omplete file is submitted.	
We will hold ma this information Cooperative Ex- is: (i) in the publ right to do so.	through a subpoena tension Service or the ic domain, (ii) previou	a or a court order, we do so with eir employees, staff, or faculty.	e noted as such. However, if a cou out liability to the regents of New I This agreement shall not apply to ed to the signatory by a third party dentiality agreement.	Mexico State University any information which
Authorized com	pany representative (	(print):		_
Signature:			Date:	<u></u>
Accepted By: I	NMSU Cooperative E	extension Service- Food Tech	nology	
Signature:	•		Date:	
		NMSU Extension Food Techno		_
ingred ➤ Attach ➤ Payme	dients and packar laboratory analy ent made out to N	aging, Hazard Analysis a sis of commercial sampl IMSU Extension Food To	processing steps and inpend CCP plan or OPERAT es report from outside labelechnology d by phone contact Elisa A	IONAL PLAN oratory.
> Nancy New I 940 (	C. Flores, Ph.D. Mexico State Un College Ave. Las	PAYMENT SUBMIT by Ung ; Extension Food Techn iversity Gerald Thomas I Cruces, NM 88003 AX: 575-646-1889; naflo	Hall Rm 312	l sent to:
		,		
Date NMSU EF	T received	_Date NMSU EFT Completed_	Comment	
Payment meth	od	Payment submitted by	Date Submitted	

COMPANY NAME:_	Da	ate: _	
_	·	_	

3. Product information: Please complete as accurately as possible-

Product name	Style	Standard of identity	Acid or acidified food?	
Batch size by weight	Serving size	Serving per container	Container type and size	
Expected shelf life in days	Consumer use or	Distribution:	Market:	
	prep	Room temperature	Direct	
		Refrigerate	Retail	
		frozen	Food service/restaurant	

• Allergen: review ingredient statement and allergen statement for each ingredient.

\*\*\* Acidity is used in the example but can be any other critical factor or measure

Ingredient list (include added water)	Brand or manufacturer	Form (raw, dry, can, powder, frozen, etc)	Allergen*	Amount** (g, oz, lb)	Critical measure***
EXAMPLE: Red chile pepper powder	Mas Bueno Food	Dried powder	Yes-flour ingredient	100 lbs	-
Salt canning	Marties	Processing salt	No	10 oz	-
Cinnamon	Spice Co.	powder	No	0.5 lbs	-
Balsamic vinegar	Vinegar Co.	5% distilled liquid	No	2 lbs	3.2 pH

<sup>\*\*</sup>Amounts must be given in WEIGHT NOT household measure such as teaspoons, cups or bunches, ETC.

COMP	PANY NAME:		Date:	
4.			any preparation of ingredients, etc. Pg time and temperature, FINAL pH and	
			eam kettle. Once hydrated turn on kettle to I	185F.
		hen simmer for 10 minutes. Fill clean jars		
Onc	e upright, apply label and but o	complete jar in box. Measure pH before fi	illing & 24 hrs to be less than 4.0 pH.	
TH	ERMAL (COOK) PROCESS:	Process TIME:	Process TEMPERATURE:	HOLD TIME:
	ST PROCESS COOLING METHO			WAREHOUSE STORAGE TEMP:
FIN	IAL EQUILIBRIUM PH:	WATER ACTIVITY:		

COMPANY NAME:	Date:	
(Optional sheet for any additional information)		