



Process Authority Review Request

Shipping Address
MarketFresh Laboratory
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Please fill out one form per product type being reviewed

Company Name: _____

Contact Name(s): _____

Product Name: _____

Food Manufacturing Facility: _____

Licensed Kitchen Co-Packer Other: _____

Name of Authorized Supervisor (has completed approved course for Acidified Foods): _____

For Internal Use Only					
Date - Product		Date - Documents		Package ID	
	pH		a _w		Brix

pH Measurements:

- pH of product as tested during production: _____
- pH of product as tested after production (equilibrium pH): _____
- How pH is being measured: _____

Container:

- Type: _____
- Closure: _____
- Seal type: _____
- Size(s): _____

Processing:

- Type of process used (hot-fill-hold; other – describe): _____
- How you are monitoring temperature: _____
- Max temperature reached and hold time: _____

Please list process in FULL DETAIL below – be sure to include:

- Preparation of ingredients
- Type of heating/heating vessel or equipment
- Max temperature reached and hold time
- Filling process and temperature