Process Authority Review Request



Shipping Address

MarketFresh Laboratory 1621 East Hennepin Avenue Suite B10 Minneapolis, MN 55414



Website www.marketfreshlabs.com Tel 612-331-4050 Fax 612-331-4097

Please fill out one form per product type being reviewed

С	Company Name:									
C	Contact Name(s):				_					
F	ood Manufacturing	Facility:								
[Licensed Kitch	nen Co-F	Packer	Other:						
N	lame of Authorized	Supervisor (has comp	leted approved c	ourse for Acidified	Foods):					
_	te - Product	ıly	Date - Docum	nents		Package II	D			
	te Troduct		Date Docum			T dellage II				
		рН		a _w	Brix					
рН Ме	asurements:									
pH of product as tested during production:										
•	pH of product	t as tested after p	roduction (ed	quilibrium pH):			_			
•	How pH is bei	ing measured:								
Camtai										
Contai	ner:									
•	Туре:									
•	Closure:									
-	ciosui c.									
•	Seal type:									
•	Size(s):									
_										
Proces	sing:									
•	Type of process used (hot-fill-hold; other – describe):									
			_							
•	How you are i	monitoring temp	erature:						_	
•	Max tempera	ture reached and	hold time: _						_	



Product Formulation:

- Please list ingredients by weight as prepared for use use same units for all ingredients
- Do not use volumetric measurements (cups, tablespoons, etc.) these do not translate to weight
- If using vinegar, please include % acetic acid stated on the bottle
- ALL ingredients must be included this is critical for a proper review

Ingredient	Weight



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