

D. SCHEDULED PROCESS (Do *not* write in shaded areas -- Check appropriate box and enter numerical values on dashed lines.) FCE: _____ SID: _____

CONTAINER DIMENSIONS		CAPACITY UNITS		SCHEDULED PROCESS (Check Only One in Each Column)				OTHER CRITICAL FACTORS TO ASSURE COMMERCIAL STERILITY PER SOURCE AUTHORITY						OTHER (Specify)									
Cont. No.	Diameter or Length	Height or Width	Height or Maximum Pouch or Semirigid Container Thickness	Oz. <input type="checkbox"/>	Gal. <input type="checkbox"/>	ML <input type="checkbox"/>	Other <input type="checkbox"/>	Step No.	Temp (°F)	Process Time (Minutes)	Sterilization Temp (°F)	Least Sterilizing Value of the Scheduled Process	Headspace	Thruput	Reel Speed	Reel Diameter	Steps Per Turn of Reel	Chain / Conveyor Speed	Maximum Weight	Minimum Net Weight	Minimum Free Lq. at Closing	Minimum Container Closing Machine Gauge Vacuum	Temp. (± 3° F)

Public reporting burden for this collection of information is estimated to average .333 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

U.S. Food and Drug Administration
Division of HACCP Programs
Regulatory Food Processing and Technology Branch
200 C Street, SW, (HHFS-617)
Washington, DC 20204

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.