

## *Checklist for Kombucha Production*

### *Modified HACCP Requirements*

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**Kombucha:** A beverage made through the process of fermentation; consisting of tea, sugar, and a symbiotic colony of bacteria and yeast (also known as SCOBY).

**The guidance information and documentation listed below is required to be followed and submitted to RiverStone Health for review and approval prior to the sale of Kombucha, pursuant to the Administrative Rules of Montana (ARM 8-201.13).**

- Complete list of ingredients used – this includes the supplier of the initial SCOBY
  - Describe process in detail (step by step (start to finish, include fermentation time)
  - Describe monitoring procedures for testing pH of every batch
  - Describe the record keeping system for pH logs (submit pH template sheets that will be used)
  - Submit the final pH level of the kombucha product
  - Describe corrective action procedures (i.e. include pH level limits, how to lower if too high, etc)
  - Provide cleaning and sanitizing procedure for all equipment used in the process (including: pH meter, fermentation containers, etc)
  - Submit a Variance Request to RiverStone Health (See attached Variance Review Request Application)
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**Will process be used at more than one location?**  Yes  No

If yes, list name(s) and license number(s) \_\_\_\_\_

**Will product be served at more than one location?**  Yes  No

If yes, list name(s) and license number(s) \_\_\_\_\_

**How will the product be sold?** (Select all that apply):  Retail  Wholesale

**\*Note:** For each of the above processes selected, a HACCP plan containing all of the required documentation as outlined in the *RiverStone Health Checklist for General HACCP Plan Requirements* and the process specific checklist if applicable must accompany this application. Failure to submit required documentation may result in the rejection of the Variance and associated HACCP plan. Please allow at least 30 days for HACCP Plan and/or Variance request review.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**RiverStone Health**  
Environmental Health Services  
123 S. 27<sup>th</sup> St., Billings, MT 59101  
406.256.2770 | [environmental.hea@riverstonehealth.org](mailto:environmental.hea@riverstonehealth.org)

**APPLICATION FOR HACCP PLAN and VARIANCE**

*To gain compliance with the 2013 FDA Model Food Code, Sections 8-103.10 and 8-201.13 as regulated by the Yellowstone City-County Health Department dba RiverStone Health.*

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THE FEE FOR HACCP PLAN REVIEW and VARIANCE REQUEST IS \$ \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

I am submitting a HACCP Plan and requesting a Variance for (select all that apply):

- Smoking Food
- Operating Live Molluscan Shellfish Tank
  
- Curing Food
- Custom Processing of Animals
- Reduced Oxygen Packaging (with one barrier - refrigeration)
- Use of Food Additives (sushi rice)
- Sprouting Seeds or Beans
- Other Food Preparation Method

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Will **process** be used at more than one location?  Yes  No

If yes, list name(s) and permit number(s) \_\_\_\_\_

Will **product** be served at more than one location?  Yes  No

If yes, list name(s) and permit number(s) \_\_\_\_\_

How will the product be sold? (Select all that apply):  Retail  Wholesale

**\*Note:** For each of the above processes selected, a HACCP plan containing all of the required documentation as outlined in the *RiverStone Health Checklist for General HACCP Plan Requirements* and the process specific checklist if applicable must accompany this application. Failure to submit required documentation may result in the rejection of the Variance and associated HACCP plan. Please allow at least 30 days for HACCP Plan and/or Variance request review.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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