

REQUEST FOR VARIANCE - Alternate Disinfectant

AGENCY- - - Otter Tail County Human Services 530 W Fir Ave Fergus Falls MN 56537

LICENSOR Linda Hanstad

PROVIDER NAME (print clearly) _____

ADDRESS _____ PHONE: () _____

CITY---STATE---ZIP CODE _____

1. Rule number for the variance requested - -

9502.0435, Supb. 13, D

2. Describe how you will be out of compliance and why you are requesting the variance.

I wish to use an alternate disinfectant instead of the 2 teaspoons of chlorine bleach to one quart of water to disinfect the diaper changing surface after each diaper change.

3. Time period you are requesting the variance? (start/end dates)

Start date _____ until my license expiration date, which is _____

4. I wish to use - - - complete name(s) of **Alternate Disinfectant(s)**

1.) _____

2.) _____

3.) _____

Product's label states it is a **disinfectant** or it **disinfects**

1.) Yes ___ No ___ 2.) Yes ___ No ___ 3.) Yes ___ No ___

Product's label indicates it is for **home use**

1.) Yes ___ No ___ 2.) Yes ___ No ___ 3.) Yes ___ No ___

Product's **EPA registration number** is

1.) _____ 2.) _____ 3.) _____

I have **read** and **understand** the directions for use for each alternate disinfectant product and agree to use the product according to the manufacturer's directions.

Provider Signature _____ Date _____

Approved by Licensor _____ Date _____