### DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

# Food Process Filing for Water Activity/Formulation Control Method (Form FDA 2541f)

**Note:** There are separate process filing forms for each of the following: Food Process Filing for Low-Acid Retorted Method (Form FDA 2541d); Food Process Filing for Acidified Method (Form FDA 2541e); Food Process Filing for Water Activity/Formulation Control Method (Form FDA 2541f); and Food Process Filing for Low-Acid Aseptic Systems (Form FDA 2541g).

USE FDA INSTRUCTIONS ENTITLED "Instructions for Paper Submission of Form FDA 2541f (Food Process Filing for Water Activity/Formulation Control Method)" FDA USE ONLY Date Received by FDA: / (MM/DD/YYYY) Food Canning Establishment (FCE) Number (Enter number assigned by FDA) Submission Identifier (SID) (YYYY-MM-DD/SSS) 20 - - / A. Product Information A.1 (Food Product Group) (Continued) Fungi (e.g., mushrooms, pleurotus, truffles, etc.) Note: Section A.1 (Food Product Group) requests optional information. Gelatin, Pudding Filling for Pies, Pie Filling (liquid form ready-to-eat such as apple pie 1. (Optional) Select one Food Product Group. If there is no single best Food Product filling, etc.) Group that applies, select Other. Gravies/Sauces (spaghetti sauce, mushroom gravy) Aquaculture Seafood (e.g., farming of aquatic organisms including fish, mollusks, Imitation Dairy (includes soy-based products) crustaceans, etc.) Baby Food (infant/junior foods including infant formula) Imitation/Pit/Mixed/Subtropical Fruit ☐ Bakery Products (canned brown bread, bakery glazes) ☐ Imitation/Pit/Mixed/Subtropical Fruit Beans, Corn, or Peas ☐ Imitation/Pit/Mixed/Subtropical Fruit as a Jam, Jelly, Preserve, Drink, Syrup, Topping ☐ Beans or Peas - Dry or Mature Soaked ☐ Beans, Corn, Peas - Fresh Succulent Leafy/Stem Vegetables Berry/Citrus/Core Fruit ☐ Leafy/Stem Vegetable ☐ Berry/Citrus/Core Fruit Leafy/Stem Vegetable as a Juice or Drink (e.g., spinach juice, etc.) Berry/Citrus/Core Fruit as a Jam, Jelly, Preserve, Drink, Syrup, Topping Meal Replacement/Medical Foods (e.g., supplemental liquid nutrition, etc.) ☐ Beverage Base ☐ Breakfast Foods (liquid form – ready-to-eat, such as porridge, gruel) ☐ Meat Products (Exotic Meat (emu, elk, etc.)) ☐ Mixed Fishery (e.g., seafood salad, etc.) Cheese (does not include soy cheese or imitation dairy) Mixed Vegetables ☐ Cocoa Coffee/Teas (excluding herbal and botanical teas) Mixed Vegetables (e.g., carrots and peas, etc.) ☐ Dairy (milk-based) Crustacean (e.g., crab, shrimp, lobster, etc.) Mixed Vegetables as a Juice or Drink (e.g., carrot and green bean juice, etc.) ☐ Dietary Supplement and/or herbal and botanical teas Dressings/Condiments (e.g., salad dressing, chutney, salsa, pepper sauce, etc.) Multiple Food (one container with a separate compartment for each product item (e.g., lasagna dinner, chop suey dinner, etc.) Engineered Seafood (e.g., shelf-stable imitation crab, surimi, etc.) Fishery (finfish) □ Noodle/Pasta ☐ Other Vegetables □ Nut Spread and Nut Topping Fishery (other aquatic (e.g., alligator, cuttlefish, frog legs, squid, etc.) Pet Food (e.g., dog/cat food, etc.) Fruit as a Vegetable Rice, Wheat, Oat or Grain (liquid form – ready-to-eat such as grits) Fruit as a Vegetable (e.g., eggplant, pumpkin, etc.) Fruit as a Vegetable Juice or Drink (e.g., eggplant juice, pumpkin juice, etc.)

#### Food Process Filing for Water Activity/Formulation Control Method (Form FDA 2541f) A.1 (Food Product Group) (Continued) C. Container Type (Select one) **Root and Tuber Vegetables** Note: If the product is not packaged in one of the container types identified below, select Other. Root/Tuber Vegetables (e.g., carrots, leeks, potatoes, etc.) Root/Tuber Vegetables as a Juice or Drink (e.g., carrot juice, etc.) 1. Aluminum/Tinplate/Steel Can a) What is the shape of the container? (Select one) ☐ Shelled Egg Shellfish (e.g., clams, mussels, oysters, etc.) ☐ Soup Oval Rectangular Cylindrical Sweet Goods/Dessert (liquid form – ready-to-eat, such as pudding) Irregular (Attach a picture or schematic. Provide name or a brief description of ☐ Vegetable Protein Products (e.g., imitation meat analog) attachment below.) Vine/Other Fruit Other (Attach a picture or schematic. Provide name or a brief description of attachment below.) ☐ Vine/Other Fruit as a Jam, Jelly, Preserve, Drink, Syrup, Topping □ Wine Cooler b) How many pieces are used to construct the container? (Select one or more choices, ☐ Other (Specify below) as applicable) i. 2-pieces – Do you use perforated divider plates? Yes ☐ No 2. Enter Product Name (e.g., soy sauce (low sodium), fish sauce, caramel sauce, cheese ii. 3-pieces – Do you use perforated divider plates? Yes ☐ No sauce (with or without Jalapeno Peppers), etc.). How is the side seam sealed? (Select one) Welded Cemented 2. Ceramic/Glass 3. What is the form of the product? (Select all that are applicable) a) What is the shape of the container? (Select one) ☐ Chunks (e.g., chunks, nuggets, etc.) ☐ Cut ☐ Diced ☐ Filet ☐ French cut Rectangular Cylindrical ☐ Liquid (i.e., all liquid no solids) ☐ On the Cob ☐ Paste/Puree ☐ Pieces Irregular (Attach a picture or schematic. Provide name or a brief description of ☐ Round/Spheres Shredded/Julienne Sliced (e.g., slices, quarters, strips, etc.) attachment below.) ☐ Spears/Stalks ☐ Whole Other (Enter product form) Other (Attach a picture or schematic. Provide name or a brief description of attachment below.) 4. What is the packing medium? (Select all that are applicable) ☐ Cream/Sauce/Gravy ☐ Oil ☐ Solid (no packing medium) b) Do you use perforated divider plates? ☐ Yes ☐ No ☐ Syrup ☐ Water c) Is overpressure used during the processing of the product to maintain container integrity? Other (Enter packing medium) ☐ Yes (Continue to c.i) ☐ No (Continue to c.ii-c.iv) i. What is the total overpressure used during processing? \_\_\_\_ (enter in pounds per square inch gauge (psig)) (Continue to Section D) Continue to Section B. ii. What is the percent (%) headspace? B. Governing Regulation (Refer to the precursor questions in the iii. What is the minimum initial temperature? \_ \_ \_ \_ (enter in Fahrenheit) instructions) iv. What is the vacuum? \_\_\_\_ (enter in inches of mercury (Hg))

| X | Low-acid (21 CFR 108.35 and 21 CFR Part 113)

#### Food Process Filing for Water Activity/Formulation Control Method (Form FDA 2541f) C. Container Type: 4. Retortable Paperboard Carton (Continued) C. Container Type (Continued) 3. | Flexible Pouch c) Is overpressure used during the processing of the product to control container thickness? a) What is the shape of the container? (Select one) Yes (Continue to c.i) ☐ No (Continue to d) ☐ Flat pouch ☐ Gable top ☐ Gable top/side gusseted Gusseted i. What is the total overpressure used during processing? \_\_\_\_ (enter in pounds per square inch gauge (psig)) ☐ Irregular (Attach a picture or schematic. Provide name or a brief description of attachment below.) d) What is the maximum thickness during retort processing? \_ \_ \_ (enter in inches) Other (Attach a picture or schematic. Provide name or a brief description of attachment below.) 5. Rigid Container (10 pounds or more of product) a) What is the shape of the container? (Select one) Cylindrical Rectangular b) Is the container physically restricted during the processing of the product to control Other (Attach a picture or schematic. Provide name or a brief description of container thickness? attachment below.) ☐ Yes (Continue to b.i) ☐ No (Continue to c) i. Racks b) What kind of rigid container is used? (Select the description that best applies to the Other (Attach a picture. Provide name or a brief description of attachment container (i.e., drum, pail, or tote) and select the material that makes up that container) below.) Drum (Large industrial cylinder container) (Select one) ☐ Aluminum/Steel ☐ Fiberboard ☐ Plastic c) Is overpressure used during the processing of the product to control container thickness? Other (Enter material) ☐ Yes (Continue to c.i) ☐ No (Continue to d) i. What is the total overpressure used during processing? \_\_\_ (enter in pounds □ Pail (Select one) per square inch gauge (psig)) ☐ Aluminum/Steel ☐ Fiberboard ☐ Plastic d) What is the maximum thickness during retort processing? \_ \_ \_ \_ (enter in inches) Other (Enter material) e) What is the maximum residual air? \_ \_ \_ (enter in cubic centimeters) \( \subseteq \text{Not Applicable} \) Tote (Large industrial rectangular container) (**Select one**) 4. Retortable Paperboard Carton ☐ Aluminum/Steel ☐ Fiberboard ☐ Plastic a) What is the shape of the container? (Select one) Rectangular Other (Enter material) Other (Attach a picture or schematic. Provide name or a brief description of attachment below.) Other (Enter rigid container) b) Is the container physically restricted during the processing of the product to control

Racks

container thickness?

☐ Yes (Continue to b.i)

below.)

□ No (Continue to c)

Other (Attach a picture. Provide name or a brief description of attachment

(Attach a picture or schematic. Provide name or a brief description of

attachment below.)

#### Food Process Filing for Water Activity/Formulation Control Method (Form FDA 2541f) C. Container Type: 6. Semi-Rigid (Continued) C. Container Type (Continued) 6. Semi-Rigid f) Is the container physically restricted during the processing of the product to control container thickness? a) What is the shape of the container? (Select one) ☐ No (Continue to g) Yes (Continue to f.i) Bowl Cylindrical Oval Rectangular ☐ Tray Racks Irregular (Attach a picture or schematic. Provide name or a brief description of Other (Attach a picture. Provide name or a brief description of attachment attachment below.) Other (Attach a picture or schematic. Provide name or a brief description of g) Is overpressure used during the processing of the product to control container thickness? attachment below.) ☐ Yes (Continue to g.i) ☐ No (Continue to h) i. What is the total overpressure used during processing? \_ \_\_\_ (enter in pounds b) Is this a compartmentalized container? per square inch gauge (psig)) ☐ Yes How many compartments? \_\_ ☐ No h) What is the maximum thickness during retort processing? \_ \_ \_ (enter in inches) c) What is the predominant material used to make the body of the container? (Select one) i) What is the maximum residual air? \_ \_ \_ (enter in cubic centimeters) $\square$ Not Applicable HDPP (high-density polypropylene) HDPE (high-density polyethylene) 7. Other (Enter container type) PET (polyethylene teraphthalate) Paperboard Other (Enter material) a) Attach schematic or picture of container. (Provide name or a brief description of attachment below.) d) What is the predominant material used to make the lid of the container? (Select one) Aluminum/Steel HDPE (high-density polyethylene) b) Specify the material that, based on weight, is the predominant material used to make the ☐ HDPP (high-density polypropylene) ☐ Nylon container stock. This is the material that constitutes the highest weight value of the container stock. PET (polyethylene teraphthalate) Not Applicable c) Specify the material that, based on weight, is the predominant material used to make the Other (Enter material) lid stock. This is the material that constitutes the highest weight value of the lid stock. If the container does not have a lid, specify Not Applicable. e) How is the lid sealed to the body of the container? (Select one)

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☐ Double Seam

Other (Enter seal type)

☐ Snap On☐ Not Applicable

☐ Threaded Closure

☐ Induction Weld

☐ Ultrasonic Seal

Press Twist

d) Specify the method used to seal the lid to the body of the container. If the container does

not have a lid, specify Not Applicable.

Continue to Section D.

Food Process Filing for Water Activity/Formulation Control Method (Form FDA 2541f) **E. Processing Method:** 1.c. Water Activity Control (Continued) D. Container Size Syrup Strength (degrees brix) \_\_:\_ (Select one) Note: You are required to complete either D.1 (Dimensions) or D.2 (Volume). You may complete D.2 if you intend to select the thermal process mode in Section G as: 1) High minimum maximum Temperature Short Time (HTST); 2) Hot Fill and Hold; or 3) Steam Jacketed Kettle. ☐ % Solids \_ \_ . \_ . \_ (Select one) minimum maximum If you are completing D.2 because you intend to select HTST, Hot Fill and Hold, or Steam Jacketed Kettle, and if 1) your product is a cheese product under Section A.1. ☐ % Moisture \_\_ .\_ \_ (Select one) and 2) you have identified "Other" under Section C, you may indicate "Not Applicable" minimum maximum in your response to D.2. In all other circumstances, if you are completing D.2 in % Other (Enter Name) accordance with the directions in paragraph 1, you may not select "Not Applicable." (Value) \_\_.\_ (Select one) For all other circumstances, complete D.1. Section D.3 (net weight) is optional minimum maximum information. d) Does the product contain microbial preservatives? ☐ Yes (Continue to d.i) ☐ No 1. Dimensions: i. Enter the preservative(s) and each minimum associated % (e.g., benzoate – 0.1%; a) \_ \_ \_ Diameter \_ \_ \_ Height (Use for cylindrical shapes) (see accompanying sorbate - 0.2%) instructions for proper coding) b) Length Width \_ \_ \_ Height/Thickness (Use for container shapes other than cylindrical) (see accompanying instructions for proper coding) 2. Tormulation Control (Identify all applicable critical factors.) (Attach supporting challenge study.) 2. Volume: \_\_\_\_ (Select one) Liters Milliliters a) What is the % (Sodium Chloride + Di-Sodium Phosphates)? \_\_\_.\_ (Select one) ☐ Fluid Ounces Gallons □ Not Applicable ☐ minimum maximum 3. Net Weight (Optional): \_\_\_\_\_ (enter in ounces) b) What is the % moisture? \_\_.\_ (Select one) minimum maximum c) What is the finished equilibrium pH of the product after processing? \_ \_ . \_ \_ Continue to Section E. d) What is the % Catechins? \_\_.\_ (Select one) minimum maximum E. Processing Method e) What is the % Fat? \_ \_ .\_ \_ (Select one) ☐ maximum minimum What method is used for processing this product? (Select one) f) What is the % Phosphates? \_\_.\_ (Select one) 1. Water Activity Control minimum ☐ maximum a) What is the finished equilibrium pH of the product after processing? \_\_\_.\_\_ g) What is the % Polyphenols? \_\_.\_ (Select one) minimum maximum b) What is the maximum water activity? 0. h) What is the % Microbial Preservatives (e.g. benzoate, sorbate)? (Attach documentation to support this value.) i) What is the % Salt (e.g., sodium chloride, potassium chloride) \_ \_ . \_ (Select one)

(Continue next page – Formulation Control)

minimum

c) What is controlling the water activity? (Select all applicable factors)

☐ maximum

% Salt (e.g., sodium chloride, potassium chloride) \_ \_ \_ \_ (Select one)

minimum

maximum

(Attach documentation to support this value.)

j) What is the maximum water activity? 0.\_\_\_\_

Food Process Filing for Water Activity/Formulation Control Method (Form FDA 25	41f)
E. Processing Method: 2. Formulation Control (Continued)	H. Container and Container Closure Treatment: (Complete this section
k) What is the % Solids? (Select one)	ONLY for Process Modes: 1) High Temperature Short Time (HTST);
minimum maximum	2) Hot Fill and Hold; 3) Steam Jacketed Kettle
I) What is the Syrup Strength (degrees brix) (Select one)  minimum maximum	Describe how the container, headspace, and interior surface (the surfaces that are in contact with the food) of the container closure are treated. (Select one)
m) Other (Enter Name)	1. Aseptically Filled:
(% Value) (Select one)	a) What is the filler name and model?
minimum maximum	
Continue to Section F.	2. Heating Tunnel
F. Process Source	a) What is the process time? (Select one)
	☐ Seconds ☐ Minutes
What is the Process Source?	b) What is the temperature in the heating tunnel? (enter in Fahrenheit)
(Attach support documentation)	3. Hot Fill and Hold
	<ul> <li>a) What is the temperature of the product in the container at the end of the hold time?</li> <li> (enter in Fahrenheit)</li> </ul>
2. What is the date of the Process Source Document (mm/dd/yyyy)? / / /	i. Select one of the container closure treatments.
Continue to Section G.	Inversion/Laydown of Container: How long is the product inverted/laid-down?:_ (Select one)
G. Process Mode (Select one)	☐ Seconds ☐ Minutes
1. High Temperature Short Time (HTST)	☐ Steam Flow Closure
2. Hot Fill and Hold	Other (Enter container closure treatment)
3.  Steam Jacketed Kettle	
When process mode 1, 2, or 3 is selected, continue to Section H.	What is the exposure time? (Select one)
4. Batch Agitating Retort	Seconds Minutes
5. Crateless Retort	4. Water spray
6. Heating Tunnel - Hot Air, Steam or Water (water cascade, water immersion, water spray)	a) What is the process time? (Select one)
7. Hydrostatic Retort	Seconds Minutes  b) What is the temperature of the water energy? (enter in February)
8. Sterilmatic	b) What is the temperature of the water spray? (enter in Fahrenheit)
9. Still Retort (Steam or Water)	5. Other (Specify below)
10. Water Bath	
11. Other (Attach support documentation)	
When process mode 4-11 is selected, continue to Section I.	Continue to Section I.

Food Process Filing for Water Activity/Formulation Control Method (Form FDA 2541f)

## I. Scheduled Process: (Do not write in shaded areas -- Check appropriate box under column heading, when applicable, and enter numerical values on dashed lines.)

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9						Col. 10	Col. 11
Process No	Step	Temperature	Process Time	Process Temperature	F value (only one)	Thruput (Containers per Minute) Sterilmatic difficulties ing TONLY	Headspace  Batch Agitating Retendence Stelling CONLI	a. Reel Speed Sterilmatic or Batch A g R	b. Reel Diameter	c. Steps per Turn of Reel Sterilmatic	d. Chain/ Conveyer Speed	e. Cooker Capacity matic	f. Frequency Strokes per Minute Oscillation	Maximum Fill Weight	Other
		Min. Initial Fill	Seconds Minutes		Fo (F18/250)  Other F Ref T z: (°F only)		☐ Net ☐ Gross ☐ NA				Feet Carriers Flights (per minute)			Fill NA	
Number	Number	∘Fahrenheit	See above	∘Fahrenheit	Minutes	Number	Inches	RPM	Inches	Number	Number	Number	Number	Ounces	
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Food Process Filing for Water Activity/Formulation C	Control Method (Form FDA 25	41f)			
J. Additional Information (Optional)					
☐ Heat Penetration Study (Attach document. Provide nam	e or a brief description of attach	ment below.)			
Temperature Distribution Study (Attach document. Provi	ide name or a brief description o	f attachment	below.)		
Other (Attach document. Provide name or a brief desc	ription of attachment below.)				
Comments:					
Full Name (Please Type or Print)		Signature			
Establishment Name	State or Province		Country (other than U.S.)	Date	Telephone No.

#### **LACF Contact Information**

For more information, contact the LACF Registration Coordinator by e-mail at LACF@FDA.HHS.GOV or phone: 240-402-2411.

For paper submissions, send completed forms to:

Food and Drug Administration LACF Registration Coordinator (HFS-303) Center for Food Safety and Applied Nutrition 5100 Paint Branch Parkway College Park, MD 20740-3835

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