

FDA Form 2541c

IFTPS

Institute For Thermal Processing Specialists

26th Annual Conference & General Meeting

DBA

**Dover
Brook
Associates**

Background for 2541c

1. **FDA Form 2541c is used for filing processes that use aseptic processing and packaging systems.**
2. **The form is only used for LACF products under 21 CFR 108.35.**
3. **It is required that each block on the form be completed in English.**
4. **Unless otherwise indicated, all blocks on the form must be completed.**

2541c

| | | | | | | | | | | | | | | | | | | | |
|---|--|------------------|--|--|--|---|--|--|---|--|--|--------------------------------------|--|--------------------------------|--|--|--|------------------------|--|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES • Public Health Service • Food and Drug Administration FOOD PROCESS FILING FOR LOW-ACID ASEPTIC SYSTEMS (USE FDA BOOKLET TITLED "ASEPTIC PACKAGING SYSTEM SUPPLEMENT") <small>(TYPE OR PRINT ALL INFORMATION REQUESTED; IF AN ITEM DOES NOT APPLY ENTER "NA"; FILE ACIDIFIED ASEPTIC (pH 4.6 or BELOW) ON FORM 2541a)</small> | | | | | | NOTE: No commercial processor shall engage in the processing of low-acid foods unless completed Forms FDA 2541 and FDA 2541c have been filed with the Food and Drug Administration, 21 CFR 108.95 (c)(1) and (2). | | | FORM APPROVED: OMB No. 0190-0007 EXPIRATION DATE: 9/30/02 FDA USE ONLY DATE RECEIVED BY FDA | | | | | | | | | | |
| 1. FCE _____ | | | | | | 7. PRODUCT NAME, FORM OR STYLE, AND PACKING MEDIUM | | | | | | | | | | | | | |
| 2. ESTABLISHMENT NAME | | | | | | 8. NAMES OF STERILIZING SYSTEMS | | | | | | | | | | | | | |
| ADDRESS (No. and Street) | | | | | | a. Product ¹ | | | | | | | | | | | | | |
| CITY STATE | | | | | | b. Packaging | | | | | | | | | | | | | |
| ZIP CODE COUNTRY | | | | | | 9. PROCESS ORIGIN | | | | | | | | | | | | | |
| 3. SID 2 0 Y Y Y Y - M M - D D / S S S | | | | | | No. Source for 8.a. and 8.b. Date (mm/yyyy) | | | | | | | | | | | | | |
| 4. <input type="checkbox"/> NEW <input type="checkbox"/> CANCELS <input type="checkbox"/> REPLACES Y Y Y Y - M M - D D / S S S | | | | | | a. | | | | | | | | | | | | | |
| 5. <input type="checkbox"/> SCHEDULED <input type="checkbox"/> ALTERNATE FOR Y Y Y Y - M M - D D / S S S | | | | | | b. | | | | | | | | | | | | | |
| 6. SUP SID 2 0 Y Y Y Y - M M - D D / S S S | | | | | | 10. CONTAINER TYPE (Check one) | | | | | | | | | | | | | |
| | | | | | | a. <input type="checkbox"/> Tinplate or Steel Can b. <input type="checkbox"/> Aluminum Can c. <input type="checkbox"/> Glass d. <input type="checkbox"/> Other (Specify below and in Item 22 if necessary) | | | | | | | | | | | | | |
| 11. MAXIMUM WATER ACTIVITY ² | | 12. pH | | 13. MAXIMUM CONSISTENCY OR VISCOSITY IN CENTIPOISES OR APPROPRIATE UNITS | | | | 14. SPECIFIC GRAVITY AT 77 ± 2°F | | 15. INSIDE DIAMETER OF HOLDING TUBE (Inches) | | 16. HOLDING TUBE LENGTH (Inches) | | | | | | | |
| Normal | | Max ³ | | Value at 77 ± 2°F | | Value at Other Temp | | Other Temp (°F) | | Units | | Method Name | | Viscosity Characteristic | | N <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> | | | |
| 0. | | . | | . | | . | | . | | . | | . | | . | | . | | | |
| 17. OTHER CRITICAL CONTROL FACTORS (Check all that apply) | | | | 18. CONTAINER DIMENSIONS (Inches and Sixteenths) | | | | 19. SCHEDULED PROCESS | | | | 20. MAXIMUM FOOD FLOW RATE (gal/min) | | 21. THRUPT (containers/minute) | | FOOTNOTES | | | |
| 61 <input type="checkbox"/> Percent Solids | | | | No. | | | | Minimum Initial ⁴ Temp (°F) | | | | Time (sec) | | Temp (°F) | | Least Sterilizing Value (°F) ⁵ | | Flow Correction Factor | |
| 62 <input type="checkbox"/> Ratio of Solids to Liquids | | | | Diameter or Length | | | | Height or Width | | | | Height | | | | | | | |
| 63 <input type="checkbox"/> Syrup Strength | | | | 1 | | | | | | | | | | | | | | | |
| 64 <input type="checkbox"/> Method of Preparation | | | | 2 | | | | | | | | | | | | | | | |
| 65 <input type="checkbox"/> Formulation | | | | 3 | | | | | | | | | | | | | | | |
| 66 <input type="checkbox"/> Rehydration (specify method in 22) | | | | 4 | | | | | | | | | | | | | | | |
| 67 <input type="checkbox"/> Particulates (specify maximum size in 22) | | | | 5 | | | | | | | | | | | | | | | |
| 68 <input type="checkbox"/> Other (specify in 22) | | | | 6 | | | | | | | | | | | | | | | |
| 22. COMMENTS | | | | | | AUTHORIZED COMPANY REPRESENTATIVE | | | | | | | | | | | | | |
| | | | | | | NAME (Type or Print) | | | | | | TITLE | | | | | | | |
| | | | | | | SIGNATURE | | | | | | DATE | | PHONE NO. | | | | | |



Dover Brook Associates

Instructions for 2541c

Item 1 - FCE (Food Canning Establishment)

| |
|--------------|
| 1. FCE _____ |
|--------------|

1. A FCE is a registration number given to each food plant, which is entered into the FDA computer system and allows the Agency immediate access to a food manufacturers filings.
2. If the plant is already registered, enter the five (5) digit number.
3. If the food plant is being registered concurrently with the filing submission, leave the space blank and the FDA will complete it.
4. When the FCE number is obtained from the FDA record the number on copies of all filing forms.

Instructions for 2541c

Item 2 – Establishment Name and Address

| | | | |
|----|--------------------------|---------|-------|
| 2. | ESTABLISHMENT NAME | | |
| | ADDRESS (No. and Street) | | |
| | CITY | | STATE |
| | ZIP CODE | COUNTRY | |

1. The purpose of this is to identify the physical location of the plant and upon inspection it can be verified that the plant actually exists.

Domestic

2. The manufacturer's name and address must be the same as the one submitted to the FDA for the FCE #.
3. The actual manufacturing site for the filed products should be provided as the plant address.

Instructions for 2541c

Item 2 – Name and Address continued

Foreign

4. In the state designation, enter the name or abbreviation of the province or subdivision of your country.
5. Enter the appropriate postal code established by the country's postal department in the zip code section.
6. In the country designation, enter the name of the country in which the manufacturing plant is located.

Instructions for 2541c

Item 3 – Submission Identifier (SID)

| |
|----------------|
| 3. SID |
| 20 |
| YYYY-MM-DD/SSS |

1. The **SID** is a unique number assigned to each filing and entered into the FDA computers allowing traceability of all filings when used with the plant FCE number.
2. The first entry is the four digit year (i.e. 2007).
3. The second entry is the month represented as two digits in which the form is completed (i.e. 02 for February).
4. The day of submission is the next item and is entered as two digits in which the form is completed (i.e. 05 for the fifth day)
5. The last item is the sequence of the filing within the date (i.e. 001, 002, etc).

*2007-02-05/001 for the first filing of that specific day.
2007-02-05/002 for the second of that specific day.*

Instructions for 2541c

Item 4 – New, Replacement or Cancellation

| | | | | | | | | | | |
|----|------------------------------|----------------------------------|-----------------------------------|---------|---|-----|---|-----|---|-------|
| 4. | <input type="checkbox"/> NEW | <input type="checkbox"/> CANCELS | <input type="checkbox"/> REPLACES | Y Y Y Y | - | M M | - | D D | / | S S S |
|----|------------------------------|----------------------------------|-----------------------------------|---------|---|-----|---|-----|---|-------|

1. This describes the type of filing being submitted for the product.
2. If the product has no previous filings for the product in the container sizes listed “NEW” is selected.
3. If the previously submitted filing is being cancelled, then select “CANCEL”. The SID for the filing which is being cancelled must be supplied in the space allotted. To ensure the correct process filing is cancelled, the food name should be entered under Item 7 using the appropriate instructions.
4. If the product has been previously filed and this is replacing that filing select “REPLACES”. The SID for the filing which is being replaced must be supplied in the space allotted.

Instructions for 2541c

Item 5 – Scheduled or Alternate

| | | | | | | | | | | | | | | | | | |
|----|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5. | <input type="checkbox"/> SCHEDULED | <input type="checkbox"/> ALTERNATE FOR | <table border="0"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>-</td> <td>M</td><td>M</td> <td>-</td> <td>D</td><td>D</td> <td>/</td> <td>S</td><td>S</td><td>S</td> </tr> </table> | Y | Y | Y | Y | - | M | M | - | D | D | / | S | S | S |
| Y | Y | Y | Y | - | M | M | - | D | D | / | S | S | S | | | | |

1. **Scheduled or alternate processes notify the FDA when there is more than a single process for a product.**
2. **If the process being filed is the one normally used under normal conditions, then “SCHEDULED” should be selected.**
3. **If the facility “Regularly” uses another process for a process which has been filed separately then select “ALTERNATE FOR”. The SID must be provided for the filed scheduled process. The alternate process should be reported ONLY IF USED REGULARLY.**

Instructions for 2541c

Item 6 – Required Supplemental Information for Aseptic Packaging Systems (SUP SID)

6. SUP SID
2 0
Y Y Y Y W M D D S S S

1. A SUP SID is required for each aseptic packaging system that is filed to give the FDA all critical information necessary to safely operate the equipment.
2. The supplemental information is given a unique SID number which the FDA enters into the computers and uses to track adherence to the regulations for a specific system.
3. The procedure used to assign a SID is the same as provided under Item 3, 2-4.

Instructions for 2541c

Item 7 – Food Product Name, Form or Style, and Packaging Medium.

7. PRODUCT NAME, FORM OR STYLE, AND PACKING MEDIUM

1. This is used to identify the product being processed on the aseptic system.
2. The food product name, form or style must be recorded on the form in that order (i.e. whole milk, chocolate pudding, etc...).
3. After the name, form or style is recorded then the packing medium must be entered (i.e. particulate).

Instructions for 2541c

4. If the product has different forms or styles, a separate 2541c must be used for each if it has a different scheduled process (i.e. whole milk, skim milk, etc.) or if the characteristics of the food affects the heat transfer or microbial heat resistance a different 2541c must be used.
5. Product forms or styles which have the same scheduled process should be included in parentheses after the product name.
6. The English name as well as the non-English name as given on the container label should be included for foreign firms.

Instructions for 2541c

Item 8 – Names of the Sterilizing Systems

| 8. NAMES OF STERILIZING SYSTEMS | |
|---------------------------------|----------------------|
| a. | Product ¹ |
| b. | Packaging |

- 1. The purpose of this block is to define the make and model of the aseptic processing system. In Part a and b, the names of the product sterilizer and packaging system must be provided. In addition to the names, the manufacturers' model numbers have to be supplied. This allows the FDA to confirm the equipment being used on site during an audit.**
- 2. Limit the name to 30 characters if possible. Abbreviations can be used, but must be clear as to the meaning (i.e. Cherry Burrell: Swept Surface Ht. Ex, DuPont DA2000 Pouch Filler).**

Instructions for 2541c

Item 9 – Process Origin

| 9. PROCESS ORIGIN | | |
|-------------------|--------------------------|----------------|
| No. | Source for 8.a. and 8.b. | Date (mm/yyyy) |
| a. | | |
| b. | | |

1. The process origin information provides the name of the Process Authority (PA) who performed the scientific studies to establish the scheduled process for the processor and packaging system.
2. Item 9a - Enter the name for the Process Authority for the product. Follow this with the date for the process origin using a numerical (two digit) month and (four digit) year format.
3. Item 9b - Enter the name for the Process Authority for the packaging system. Follow this with the date for the process origin using a numerical (two digit) month and (four digit) year format.

Instructions for 2541c

Item 10 – Container Type

| | | | |
|--|--|-----------------------------------|---|
| 10. CONTAINER TYPE (Check one) | | | |
| a. <input type="checkbox"/> Tinfoil or Steel Can | b. <input type="checkbox"/> Aluminum Can | c. <input type="checkbox"/> Glass | d. <input type="checkbox"/> Other (Specify below and in Item 22 if necessary) |
| _____ | | | |

1. The purpose of this section is to describe the type of aseptic container used to package the commercially sterile product.
2. A separate filing form must be used for each different type of container, even if all other information is identical. The only exception is tinfoil/steel and aluminum cans which can use the same 2541c form.
3. If *Other* is selected, provide a description of the container type in the comments section in Item 22.

For Example: Pouch (polyethylene/alum. Foil laminate); Semi-Rigid containers (cups. Bottles, etc)

Instructions for 2541c

Item 11 – Maximum Water Activity

| 11. MAXIMUM WATER ACTIVITY ² | 12. pH | | 13. MAXIMUM CONSISTENCY OR VISCOSITY IN CENTIPOISES OR APPROPRIATE UNITS | | | | | |
|---|--------|------------------|--|---------------------|-----------------|-------|-------------|--|
| | Normal | Max ² | Value at 77 ± 2°F | Value at Other Temp | Other Temp (°F) | Units | Method Name | Viscosity Characteristic |
| 0. | . | . | . | . | . | | | N <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> |

1. The purpose of this block is to specify if water activity is critical to achieving the scheduled process. If it is critical, enter the value to the nearest hundredth (i.e. 0.88).
2. If the water activity is not critical then enter N/A.
3. If water activity is critical to the process and the block is completed then water activity must be monitored, controlled and recorded during processing of the product.
4. If water activity controls *C. botulinum*, the Agency asks the firms to file using 2541a.

Instructions for 2541c

Item 12 – pH

| 11. MAXIMUM WATER ACTIVITY ² | 12. pH | | 13. MAXIMUM CONSISTENCY OR VISCOSITY IN CENTIPOISES OR APPROPRIATE UNITS | | | | | |
|---|--------|-------------------|--|---------------------|-----------------|-------|-------------|--|
| | Normal | Max. ² | Value at 77 ± 2°F | Value at Other Temp | Other Temp (°F) | Units | Method Name | Viscosity Characteristic |
| 0. | . | . | . | . | . | | | N <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> |

1. There are two purposes for this block, the first is to confirm the product is low acid and must be filed with the FDA. The second is to determine if pH is critical in achieving the scheduled process.
2. The normal product pH before processing is entered to the nearest tenth (i.e. 6.2).
3. If pH is listed as a critical factor by the PA, enter the maximum equilibrium pH (upper limit) of the finished product after acidification.
4. The pH must be measured within 24 hours after processing of the product.

Instructions for 2541c

Item 13 – Maximum Consistency or Viscosity

| 11. MAXIMUM WATER ACTIVITY ² | 12. pH | | 13. MAXIMUM CONSISTENCY OR VISCOSITY IN CENTIPOISES OR APPROPRIATE UNITS | | | | | |
|---|--------|-------------------|--|---------------------|-----------------|-------|-------------|--|
| | Normal | Max. ² | Value at 77 ± 2°F | Value at Other Temp | Other Temp (°F) | Units | Method Name | Viscosity Characteristics |
| 0. | . | . | . | . | . | | | N <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> |

- In aseptic processing, viscosity is important in determining the type of process which should be applied to a continuous flow product in a pipe (i.e. laminar or turbulent).**
- The consistency or viscosity of a product is entered only if determined to be critical to achieving the scheduled process as determined by the process authority designated in Item 9.**
- If consistency or viscosity are not applicable, enter N/A.**
- If consistency or viscosity is applicable, enter the values specified in Item 13.**

Instructions for 2541c

Product Viscosity Characteristics

1. The 2541c deals with three types of fluid viscosity in determining the flow characteristics. If viscosity is determined to be critical then the product characteristic has to be determined and selected as part of the filing. The three main types of viscosity for food products are:

N – Newtonian. Viscosity remains constant with changes in shear rate. P – Pseudoplastic. Viscosity decreases as shear increases and D – Dilatant. Viscosity increases as shear increases.

2. Product viscosity characteristics can be found in scientific literature, handbooks or by direct measurement.
3. If direct measurement is used, product viscosity is determined using three (3) rates of shear at the same temperature.

Instructions for 2541c

Items 14-16: Specific Gravity, Hold Tube ID, and Hold Tube Length

| 14. SPECIFIC GRAVITY AT 77±2°F | 15. INSIDE DIAMETER OF HOLDING TUBE (Inches) | 16. HOLDING TUBE LENGTH (Inches) |
|--------------------------------|--|----------------------------------|
| | | |

1. Specific gravity of foods is an important factor used in determination of the Reynolds Number which is important in determining flow characteristics of the product (i.e. turbulent or laminar). The value is entered to the nearest thousandth (i.e. 1.019).
2. The hold tube measurements are used to calculate the particle residence time based on the product flow. The inside diameter (ID) is entered to the nearest hundredth (i.e. 2.45”).
3. The hold tube length is entered to the nearest whole inch (i.e. 245”).

Instructions for 2541c

Item 17 – Other Critical Factors

| 17. OTHER CRITICAL CONTROL FACTORS (Check all that apply) | |
|---|--|
| 61 | <input type="checkbox"/> Percent Solids |
| 62 | <input type="checkbox"/> Ratio of Solids to Liquids |
| 63 | <input type="checkbox"/> Syrup Strength |
| 68 | <input type="checkbox"/> Method of Preparation |
| 70 | <input type="checkbox"/> Formulation |
| 71 | <input type="checkbox"/> Rehydration (specify method in 22) |
| 72 | <input type="checkbox"/> Particulates (specify maximum size in 22) |
| 73 | <input type="checkbox"/> Other (specify in 22) |

1. Other critical factors are ones specified by the Process Authority as being necessary to ensure the appropriate scheduled process is delivered to the product.
2. All blocks which apply to the product must be checked and if applicable the appropriate value must be entered under Item 22.

Instructions for 2541c

Item 18 – Container Dimensions

| No. | 18. CONTAINER DIMENSIONS (Inches and Sixteenths) | | | 19. SCHEDULED PROCESS | | | | | 20. MAXIMUM FOOD FLOW RATE (gal / min) | 21. THRUPUT (containers / minute) |
|-----|---|--------------------|--------|--|------------|-----------|---|------------------------------|---|---|
| | Diameter or Length | Height or Width | Height | Minimum Initial ⁴ Temp (°F) | Time (sec) | Temp (°F) | Least Sterilizing Value (°F) ⁵ | Flow Correction Factor | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

1. The purpose of this section is to provide the container dimensions. They must be entered in English Units. A separate line must be used for each container size.
2. The container dimensions must be listed in inches and sixteenths of an inch using four (4) digits.

Ex.: A container which has a dimension of 3 1/16” would be written as 0301.

Instructions for 2541c

Item 19 – Scheduled Process

| No. | 18. CONTAINER DIMENSIONS (Inches and Sixteenths) | | | 19. SCHEDULED PROCESS | | | | | 20. MAXIMUM FOOD FLOW RATE (gal / min) | 21. THRUPTUT (containers/ minute) |
|-----|---|--------------------|--------|--|------------|-----------|---|------------------------------|---|---|
| | Diameter or Length | Height or Width | Height | Minimum Initial ⁴ Temp (°F) | Time (sec) | Temp (°F) | Least Sterilizing Value (°F) ⁵ | Flow Correction Factor | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

1. The purpose of this section is to list critical factors necessary to achieve commercial sterility of the product. There are five critical factors listed: Minimum Initial Temperature, Time, Temperature, Least Sterilizing Value, and Flow Correction Factor.

Instructions for 2541c

Item 19 – Scheduled Process continued

2. **Minimum Initial Temperature** is the temperature of the product entering the processor. For normal fluid products this value is not applicable, enter N/A. If it is a product which is steam infused, steam injected or has particulates enter the coldest initial temperature which can be used for the process.
3. **Process Time (sec)** is the minimum time required to achieve the scheduled process and is determined by the process authority. Enter the minimum time in seconds to the nearest hundredth of a second (i.e. 27.00).
4. **Process Temperature** is the minimum processing temperature of the product at the exit of the hold tube. Enter this value in whole degrees (°F). **NEVER ROUND UP**, 275.9°F would be entered as 275°F.

Instructions for 2541c

Item 19 – Scheduled Process continued

5. Least Sterilizing Value is the F_o of the process expressed to the nearest tenth of a minute (i.e. $F_o = 8.4$).

This uses the standard death rate Z value of 18°F and reference temperature (T_{ref}) of 250°F.

If another F_o is used, the value for Z and T_{ref} Must be specified below the last value entered on the 2541c.

6. Flow Correction is the value entered to correct for either laminar or turbulent flow of the fastest particle.

Instructions for 2541c

Item 20 – Maximum Food Flow Rate

| No. | 18. CONTAINER DIMENSIONS (Inches and Sixteenths) | | | 19. SCHEDULED PROCESS | | | | | 20. MAXIMUM FOOD FLOW RATE (gal / min) | 21. THRUPTUT (containers / minute) |
|-----|---|--------------------|--------|--|------------|-----------|---|------------------------------|---|--|
| | Diameter or Length | Height or Width | Height | Minimum Initial ⁴ Temp (°F) | Time (sec) | Temp (°F) | Least Sterilizing Value (°F) ⁵ | Flow Correction Factor | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

1. This is the flow rate of the processing system measured as gallons per minute (gpm).
2. Enter the value to the nearest hundredth of a gallon.

Item 21 –Thruput

1. This is the thruptut of containers for the packaging system.
2. Enter the value specified by the Process Authority in whole containers per minute.

Instructions for 2541c

Item 22 – Comments

22. COMMENTS

1. The purpose of the comments section is to provide an area to enter specific information about a critical factor or an attachment.
2. Flow correction values, for steam infusion or steam injection systems which require flow correction when flow rate is measured prior to heating, should be entered here. Additionally, if the flow rate is measured after steam injection or infusion heating, this should be noted in the comment block.

Instructions for 2541c

Authorized Company Representative

| AUTHORIZED COMPANY REPRESENTATIVE | | |
|-----------------------------------|-------|-----------|
| NAME (Type or Print) | TITLE | |
| SIGNATURE | DATE | PHONE NO. |

1. Enter the name, title, address, telephone number and signature of the authorized company representative who signs the form on behalf of the company.

Instructions for 2541c

Standard vs. Electronic Filing

1. If this is a standard submission the original (white copy) is sent to: LACF Registration Coordinator (HFF-618)
2. The duplicate (pink copy) is kept on file at the plant location.
3. In an effort to reduce paper, plants are encouraged to use the electronic FDA Unified Registration and Listing System (FURLS).
4. Additional 2541c filing instructions are listed on the FDA CFSAN website:

www.cfsan.fda.gov/~comm/lacf-s6.html