

.02 Shellfish Plant Inspection Standardization Procedures

ATTACHMENT I

STANDARDIZATION NOMINATION FORM

| | |
|--|--|
| TO: | |
| FROM: | |
| SUBJECT: REQUEST FOR STANDARDIZATION | |
| DATE: | |
| Name: | |
| Title: | |
| Agency Name: | |
| Address: | |
| City/State/Zip: | |
| Telephone: | |
| Fax: | |
| Education: (list degree or include a transcript) | |
| | Length of Service: |
| | Describe shellfish experience: |
| | |
| | |
| CHECK (X) BELOW COURSES ATTENDED: | How many routine shellfish plant evaluations per year? |
| Shellfish Plant Sanitation () | 1 - 5 () 6 - 10 () >20 () |
| Basic Seafood HACCP Alliance Course () | |
| List Other Courses | |

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**ATTACHMENT II
COMPOSITE PERFORMANCE REPORT**

| FIRM NAME: | Candidate(O) | Standard(X) | Disagreements |
|--|---------------------|--------------------|----------------------|
| #1 HACCP Plan | | | |
| #2 Plan Elements (a) Hazards | | | |
| #2 Plan Elements (b) Records | | | |
| #2 Plan Elements (c) Critical Limits | | | |
| #2 Plan Elements (d) Signed and Dated | | | |
| #2 Plan Elements (e) Critical Control Points | | | |
| #2 Plan Elements (f) Monitoring | | | |
| #2 Plan Elements (g) Verification Procedures | | | |
| #2 Plan Elements (h) Corrective Action if identified | | | |
| #3 HACCP Training | | | |
| #4 Plan Implementation (a) Receiving | | | |
| #4 Plan Implementation (b) Shellstock Storage | | | |
| #4 Plan Implementation (c) Processing | | | |
| #4 Plan Implementation (d) Shucked Meat Storage | | | |
| #4 Plan Implementation (e) Other Critical Limits | | | |
| #5 Approved Source Control Failure | | | |
| #6 Time/Temperature Control Failure | | | |
| #7 Other Critical Control Failure | | | |
| TOTAL NUMBER OF DISAGREEMENTS | | | |
| SANITATION ITEMS | | | |
| #8 Safety of water for processing and ice production | | | |
| #9 Condition and cleanliness of food contact surfaces | | | |
| #10 Prevention of cross-contamination | | | |
| #11 Maintenance of hand-washing, toilet facilities | | | |
| #12 Protection from adulterants | | | |
| #13 Proper labeling, storage, and use of toxic compounds | | | |
| #14 Control of employees with adverse health conditions | | | |
| #15 Exclusion of pests | | | |
| #16 Sanitation Monitoring and Records | | | |
| TOTAL NUMBER OF DISAGREEMENTS | | | |
| ADDITIONAL MODEL ORDINANCE REQUIREMENTS | | | |
| #17 Plants and Grounds | | | |
| #18 Plumbing and related facilities | | | |
| #19 Utilities | | | |
| #20 Disposal of other waste | | | |
| #21 Equipment condition and cleaning, maintenance, and construction of non-food contact surfaces | | | |
| #22 Shellfish storage and handling | | | |
| #23 Heat shock | | | |
| #24 Supervision | | | |
| #25 Transportation (To include only the person shipping) | | | |
| #26 Labeling and Tagging | | | |
| #27 Shipping Documents and Records / Written Recall Procedures | | | |
| TOTAL NUMBER OF DISAGREEMENTS | | | |

FIELD REQUIREMENT FOR THE SUCCESSFUL COMPLETION OF STANDARDIZATION

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In order for the *Candidate* to successfully complete standardization he/she must meet the following field standardization criteria after five (5) evaluations:

- HACCP inspection form items 1 - 7.
Disagreements with the *standard cannot exceed an average of three (3)*.
- Sanitation inspection form items 8 - 16.
Disagreements with the *standard cannot exceed an average of three (3)*.
- Additional Model Ordinance inspection form items 17 - 27.
Disagreements with the *standard cannot exceed an average of four (4)*.

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NSSP Standardized Shellfish Processing Plant Inspection Form

| | | | | | | | | | |
|---|---|--|---|------------------------------|---------------------------------------|--------------------|-------------|------|--|
| Agency Name: | | | | | Date | | | | |
| Type of Inspection: | | <input type="checkbox"/> Certification <input type="checkbox"/> Pre-operational <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Standardization | | | | | | | |
| Dealer Name: | | Certification Number | | | | | | | |
| Dealer Address: | | | | | | | | | |
| Hazard Analysis Critical Control Point (HACCP) | | | | | | | | | |
| 1. | HACCP Plan Yes <input type="checkbox"/> No <input type="checkbox"/> Required for Certification | | | | | | | | |
| 2. | Plan Elements Identified and Adequate | Citation | ✓/✗ NA | Code | Plan Elements Identified and Adequate | Citation | ✓/✗ NA | Code | |
| | (a) Hazards | X.01.C.(1) | | O | (e) Critical Control Points | X.01.C.(2) | | K | |
| | (b) Records | X.01.C.(6) | | O | (f) Monitoring | X.01.C.(4) | | K | |
| | (c) Critical Limits | X.01.C.(3) | | K | (g) Verification Procedures | X.01.C.(7) | | O | |
| | (d) Name, Address, Signed and Dated | X.01.H.(1) X.01.D.(1) | | O | (h) Corrective Action if identified | X.01.C.(5) | | K | |
| 3. | HACCP Training | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Code O | Activities Records | | | |
| 4. | Plan Implementation | | Corrective Actions Recorded (K) X.01.F.(1) X.01.F.(4) Verification Procedures (K)(Signature) X.01.G.(1) X.01.G.(1)(c) Monitoring Procedures (K) X.01.C.(4) X.01.C.(6) Records: Accurate/Maintained (K) Format (O) X.01.H Initialed/Dated (O) X.01.H Firm's Name on record (O) X.01.H | | | | ✓/✗ | | |
| | | | (a) | Receiving | | | NA | Code | |
| | | | (b) | Shellstock Storage | | | | | |
| | | | (c) | Processing | | | | | |
| | | | (d) | Shucked Meat Storage | | | | | |
| | | | (e) | Other Critical Limits | | | | | |
| 5. | Approved Source Control Failure | | | | .01.A | | C | | |
| 6. | Time/Temperature Control Failure | | | | .01.A,B,C,D | | C | | |
| 7. | Other Critical Control Failure | | | | .01. A,B,C,D,E,F | | C | | |
| Sanitation Items | | | | | Citation | ✓/✗ | Code | | |
| 8. | Safety of water for processing and ice production | | | | .02A | | | | |
| 9. | Condition and cleanliness of food contact surfaces | | | | .02B | | | | |
| 10. | Prevention of cross-contamination | | | | .02C | | | | |
| 11. | Maintenance of hand-washing and toilet facilities | | | | .02D | | | | |
| 12. | Protection from adulterants | | | | .02E | | | | |
| 13. | Proper labeling, storage, and use of toxic compounds | | | | .02F | | | | |
| 14. | Control of employees with adverse health conditions | | | | .02G | | | | |
| 15. | Exclusion of pests | | | | .02H | | | | |
| 16. | Sanitation Monitoring and Records | | | | .02A,B | | S(K/O) | | |
| Additional Model Ordinance Requirements | | | | | Citation | ✓/✗ | Code | | |
| 17. | Plants and Grounds | | | | .03A | | | | |
| 18. | Plumbing and related facilities | | | | .03B | | | | |
| 19. | Utilities | | | | .03C | | | | |
| 20. | Disposal of other waste | | | | .03D | | | | |
| 21. | Equipment condition and cleaning, maintenance, and construction of non-food contact surfaces | | | | .03E | | | | |
| 22. | Shellfish storage and handling | | | | .03F | | | | |
| 23. | Heat shock | | | | .03G | | | | |
| 24. | Supervision | | | | .03H | | | | |
| 25. | Transportation (To include only the person shipping) | | | | IX..01,.02,.03,.04 | | K | | |
| 26. | Labeling and Tagging | | | | X.05,.06,.07 | | S (K/O) | | |
| 27. | Shipping Documents and Records / Written Recall Procedures | | | | IX. .05,X. .03,.08 | | K | | |
| Dealer's Signature | | | | Inspector's Signature | | | | | |

