Receiving Record for Shellstock from Harvesters

Dealer Name: _____

Dealer Address: _____

Date of Receipt	Time of Receipt	Harvest Date	Initial Harvest Time	Harvest Location	Harvester ID	Shellstock Species	Shellstock Quantity	Shellstock Properly Tagged?	Initials
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	

Weekly Review Signature: _____ Date: _____

Receiving Record for Shellstock from Dealers

Dealer Name: _____

Dealer Address: _____

Date of Receipt	Time of Receipt	Dealer Received From	Harvest Date	Harvest Location	Shellstock Species	Shellstock Quantity	Shellstock Properly Tagged?	Shipping Document*	For Shellstock Cooled to 50ºF Prior to Shipment		Initials
									Adequately Iced? OR →	Internal Temperature at Receipt	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	
							Y / N	Y / N	Y / N	ºF	

** Shipping Document must contain date and time of shipment and shellstock temperature at time of shipment; if shellstock not cooled to 50ºF prior to shipping and shipping time is greater than 4 hours, shipping document must also indicate presence of a time/temperature recording device*

Weekly Review Signature: _____ Date: _____

Receiving Record for Shucked Shellfish

Dealer Name: _____

Dealer Address: _____

Date of Receipt	Time of Receipt	Dealer Received From	Shucked Shellfish Type	Shucked Shellfish Quantity	Date Shucked/ Sell-By Date	Properly Labeled?	Shipping Document	Adequately Iced? OR →	Conveyance Ambient Temperature	Initials
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	
						Y / N	Y / N	Y / N	ºF	

Weekly Review Signature: _____ Date: _____

Receiving Record for In-Shell Product

Dealer Name: _____

Dealer Address: _____

Date of Receipt	Time of Receipt	Dealer Received From	In-Shell Product Type	In-Shell Product Quantity	Sell-By Date	Properly Tagged or Labeled?	Shipping Document	Adequately Iced? OR →	Conveyance Ambient Temperature OR →	Internal Temperature at Receipt	Initials
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	
						Y / N	Y / N	Y / N	ºF	ºF	

Weekly Review Signature: _____ Date: _____

Transaction Record

Dealer Name: _____

Dealer Address: _____

Date of Sale	Time of Sale	Sold To	Shellfish Type (shellstock, shucked, or in-shell)	Shellfish Species	Shellfish Quantity	Harvest Date, Date Shucked, or Sell-By Date	Shellstock Harvest Location	Shellstock Temperature (≤50ºF)*	Initials
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	
								ºF	

** For shellstock received from harvesters*

Weekly Review Signature: _____ Date: _____

Corrective Action Record

Dealer Name: _____

Dealer Address: _____

Date	Time	Description of Critical Limit Exceedance	Disposition of Affected Shellfish	Initials

Weekly Review Signature: _____ Date: _____

Daily Sanitation Record (daily form)

Dealer Name: _____

Dealer Address: _____

Date: _____

Area of Sanitation	Satisfactory (S) or Unsatisfactory (U)	Corrective Actions If Unsatisfactory	Time	Initials
1. Safety of Water for Processing and Ice Production	S / U			
2. Condition and Cleanliness of Food Contact Surfaces	S / U			
3. Prevention of Cross Contamination	S / U			
4. Maintenance of Hand Washing and Toilet Facilities	S / U			
5. Protection from Adulterants	S / U			
6. Proper Labeling, Storage, and Use of Toxic Compounds	S / U			
7. Control of Employees with Adverse Health Conditions	S / U			
8. Exclusion of Pests	S / U			

Daily Sanitation Record (weekly form)

Dealer Name: _____

Dealer Address: _____

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Area of Sanitation	Satisfactory(S) or Unsatisfactory(U)	Satisfactory(S) or Unsatisfactory(U)	Satisfactory(S) or Unsatisfactory(U)	Satisfactory(S) or Unsatisfactory(U)	Satisfactory(S) or Unsatisfactory(U)	Satisfactory(S) or Unsatisfactory(U)	Satisfactory(S) or Unsatisfactory(U)
1. Safety of Water for Processing and Ice Production	S / U	S / U	S / U	S / U	S / U	S / U	S / U
2. Condition and Cleanliness of Food Contact Surfaces	S / U	S / U	S / U	S / U	S / U	S / U	S / U
3. Prevention of Cross Contamination	S / U	S / U	S / U	S / U	S / U	S / U	S / U
4. Maintenance of Hand Washing and Toilet Facilities	S / U	S / U	S / U	S / U	S / U	S / U	S / U
5. Protection from Adulterants	S / U	S / U	S / U	S / U	S / U	S / U	S / U
6. Proper Labeling, Storage, and Use of Toxic Compounds	S / U	S / U	S / U	S / U	S / U	S / U	S / U
7. Control of Employees with Adverse Health Conditions	S / U	S / U	S / U	S / U	S / U	S / U	S / U
8. Exclusion of Pests	S / U	S / U	S / U	S / U	S / U	S / U	S / U
Corrective Actions if Unsatisfactory							
Initials							

Monthly Thermometer Calibration Record

Dealer Name: _____

Dealer Address: _____

	January	February	March	April	May	June	July	August	September	October	November	December
Date												
Time												
Thermometer Reading In Ice Slurry Before Calibration												
Thermometer Reading In Ice Slurry After Calibration												
Calibrator Initials												
Manager Signature												