Shellfish Shucker-Packer Plan of Operations

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| *For Department of Health Use Only* |
| *Date Received* | *Reviewed by (Inspector):*       | *Approved Date:*       |
|  | *Certification Number: WA*  |       | *SP* |
| *Approved by (Supervisor):*       |  *Approved Date:*       |

**Instructions:** Complete this form and mail it with your application materials to Department of Health Shellfish Program, PO Box 47824, Olympia, WA 98504-7824 or email it to shellfish@doh.wa.gov. All fields are required unless otherwise indicated. If you have questions, please call 360-236-3330 or email us at shellfish@doh.wa.gov.  |
| Operation Information |
| Operation Name:        | Phone:       | Cell:       |
| Primary Contact:       | Title:       | Email:       |
| Secondary Contact:       | Title:       | Email:       |
| Tribal Affiliation (if applicable):        |  |
| Mailing Address |
| Street:       County:       | City:       | State:      Zip:       |
| Facility Address (if different from mailing address) |
| Street:      County:       | City:        | State: WA Zip:       |
| Address Where Records Are Maintained (if different from mailing address) |
| Street:      County:       | City:        | State:       Zip:       |

1. Attach a map showing clear directions on how to reach the facility.

2. Did all employees from your operation complete the [required dealer training](https://www.doh.wa.gov/CommunityandEnvironment/Shellfish/CommercialShellfish/Training)?

[ ]  Yes – Continue to 3. [ ]  No – Continue to 2a.

 2a. Describe what dealer training was provided in accordance with [21 CFR 117.4](https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=117.4)?

3. What days of the week will the plant be in operation?

[ ]  Sun [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thurs [ ]  Fri [ ]  Sat

4. Hours of operation:

5. Number of shifts:

6. What types of shellstock will be shipped and packed in this operation? (Check all that apply.)

[ ]  Manila Clams [ ]  Littleneck Clams [ ]  Butter Clams [ ]  Razor Clams [ ]  Varnish Clams

[ ]  Oysters [ ]  Geoduck “Intertidal” [ ]  Geoduck “Subtidal” [ ]  Mussels [ ]  Other:

7. Will you harvest any shellstock?

**[ ]** Yes – You must complete a [Harvest Site Certificate application](https://www.doh.wa.gov/CommunityandEnvironment/Shellfish/CommercialShellfish/HarvestSite) for each harvest site (parcel, bed, etc.).

**[ ]** No – You will be issued a “Wholesale Only” Shucker-Packer license.

8. What will be the market for your shellstock? As a Shucker-Packer, you are permitted to sell to retail outlets, other dealers in the United States, and to dealers in other countries. You may purchase shellstock from other dealers listed on the [Interstate Certified Shellfish Shippers List](http://www.fda.gov/food/guidanceregulation/federalstatefoodprograms/ucm2006753.htm) and [Washington State licensed harvesters (PDF)](https://www.doh.wa.gov/Portals/1/Documents/Pubs/332-104.pdf).
(Check all that apply.)

**[ ]**  Retail Markets **[ ]**  Restaurants **[ ]**  Other Dealers (shellstock shippers, shucker-packers)

**[ ]**  Out of State **[ ]**  Foreign Markets (exports) **[ ]**  Donation

9. Where and how will harvesting equipment be stored at your facility (such as rakes, netting, etc.)?

**[ ]** N/A - Continue to 10.

10. Where and how will transportation containers be stored at your facility (such as fish totes, pallets, etc.)?

11. How will you grow/harvest your shellstock? (Check all that apply.)

**[ ]** N/A **[ ]**  Handpicking **[ ]**  Long Lines **[ ]**  Dredging **[ ]**  Subtidal Harvesting **[ ]**  Hanging Culture

**[ ]**  Intertidal Harvesting **[ ]**  Tubing **[ ]**  Other:

12. Will your operation use manmade aquaculture structures? flupsys, rafts, pens, cages, nets, or floats

**[ ]** Yes – Continue to 12a. **[ ]** No – Continue to 13.

12a. Briefly describe your aquaculture activities and submit an [Aquaculture Operational Plan](https://doh.wa.gov/community-and-environment/shellfish/commercial-shellfish/aquaculture-permit).

13. Describe in detail where and how your shellstock will be sorted, washed, and stored prior to shucking or shipping.

14. Will shellstock from different harvest locations be in the facility at the same time?

[ ]  Yes – Continue to 14a. [ ]  No - Continue to 15.

14a. How will these be kept separate in storage and processing to prevent commingling?

15. Will you use approved growing area water to wash your shellstock?

**[ ]** Yes **[ ]** No

16. Will youuse water other than growing area water?

**[ ]** Yes – Continue to 16a. **[ ]** No – Continue to 17.

16a. Type of potable water system:

**[ ]** Community system with 15 or more houses or 25 or more people – Continue to 17.

**[ ]** Community system with less than 15 houses and less than 25 people – Continue to 16b, c, d.

**[ ]** Private well – Continue to 16b, c, d.

16b. Has the county health department inspected and approved the operation’s water supply system?

[ ]  Yes [ ]  No

16c. Describe the location of your well (if applicable):

16d. Attach a copy of your latest water test report. The report must be dated within the last 6 months.

17. Is your facility connected to a public sewage disposal system?

[ ]  Yes – Continue to 18. [ ]  No – Continue to 17a, b.

17a. Has the county health department inspected and approved the sewage disposal system?

[ ]  Yes [ ]  No

17b. Type of sewage disposal system:

[ ]  Septic tank/drain field/alternative system

[ ]  Community system (not owned, maintained, or operated by a government agency)

18. What type of restroom facilities will be available during harvesting or transportation activities?

[ ]  Home facility [ ]  Nearby public facility [ ]  Other:

19. Will you use your own vehicles/boats to harvest/transport shellstock?

[ ]  Yes – Continue to 19a, b, c.

[ ]  No – Describe how your shellstock will be transported from the harvest site to a certified dealer. Continue to 20.

19a. Describe your vehicles (license number, year, make, model) used to transport shellstock and where each vehicle will be parked.

**[ ]** N/A - Continue to 19b.

19b. Describe your boats (Coast Guard number, year, make, model) used to transport shellstock and where each boat will be docked/moored?

**[ ]** N/A - Continue to 19c.

19c. How will human waste be dealt with while using a boat?

**[ ]** N/A - Continue to 20.

[ ]  On-board US Coast Guard approved Marine Sanitary Device (MSD) – Type:

[ ]  On-board container with tight fitting lid marked “Human Waste”

[ ]  On-shore facility

20. Describe how you propose to keep your shellstock cool after harvest and/or during transportation to a certified dealer or to retail. If you are harvesting oysters from May 1 through September 30, what measures do you have in place for *Vibrio parahaemolyticus* control?

21. If you are harvesting oysters in Vibrio season (May 1 through September 30), you must also [fill out a Vibrio Harvest Plan (Word)](https://www.doh.wa.gov/Portals/1/Documents/4400/332-161.docx). Are you including a Vibrio harvest plan?

[ ]  Yes [ ]  No

22. Will you have dry storage (refrigerated cooling)?

 [ ]  Yes- Continue to 22a. [ ]  No- Continue to 23.

22a. How long on average, does it take to move shellstock from the harvest site to refrigeration?

23. Will you store shellstock at its harvest site after it is bagged?

[ ]  Yes – Continue to 23a. [ ]  No – Continue to 24. **[ ]** N/A - Continue to 24.

23a. Briefly describe where and how the bags will be stored (elevation, shading, how long shellfish is stored, etc.).

24. Will you move shellstock from one harvest site/growing area to another for purposes of wet storage?

[ ]  Yes – Continue to 24a. [ ]  No – Continue to 25.

24a. Briefly describe your wet storage activities and submit a [Wet Storage Plan of Operations (Word)](https://www.doh.wa.gov/Portals/1/Documents/Pubs/332-162.docx).

25. Does your operation use manmade structures for wet storage purposes?

[ ]  Yes – Continue to 25a. [ ]  No – Continue to 26.

25a. Briefly describe your manmade wet storage structures and submit a [Wet Storage Plan of Operations (Word)](https://www.doh.wa.gov/Portals/1/Documents/Pubs/332-162.docx).

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| ***For Department of Health Use Only*** |
| *Beach Wet Storage designation?*  *[ ]  Yes [ ]  No* | *Initials:* |       | *Date:*  |       |
| *Wet storage plan required? [ ]  Yes [ ]  No* | *Initials:* |       | *Date:*  |       |
| *Wet storage permit required? [ ]  Yes [ ]  No* | *Initials:* |       | *Date:* |       |

26. How will you tag your shellstock? (Check all that apply.)

**[ ]** Each individual bag **[ ]** Each tote **[ ]**  Single bulk tag (with transaction record)  **[ ]** Shucked meats label

27. How often will shucked shells be removed from the facility grounds?

28. Where will shells be discarded?

29. Will the shucking and/or packing rooms be used for other processes during non-shucking operation times (e.g., breading or storage)?

[ ]  Yes [ ]  No

30. What method will be used for discharging process water?

31. You are required to have a voice mail for receiving biotoxin closure notifications, recall notices, and other important shellfish program information. List the voice mail number if it is different than operation phone number. [WAC 246-282-014 (6)](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-282&full=true#246-282-014)

(     )      -

32. Is the facility located where it is subject to flooding?

[ ]  Yes [ ]  No

33. Are facility grounds graded so that surface water does not collect around or near the building?

[ ]  Yes [ ]  No

34. Does your sanitizer product label clearly state/describe that it is for sanitizing food contact surfaces? (Food grade)

[ ]  Yes- Continue to 34a. [ ]  No- Continue to 35.

34a. What type of sanitizer will your operation use?       (Ex. Quaternary Ammonium, Chlorine, Ozone)

35. Is your facility and grounds clear of vegetation, litter, and general debris that harbors/attracts pests?

[ ]  Yes [ ]  No

36. Describe the plan you have in place to maintain your facilities and grounds to prevent harboring/attracting pests.

37. In the space below draw a diagram of the well, the septic tank, and the drain field in relationship to the facility. Show distances in feet. Also note the location of incoming water and sewer lines.

**Plant Interior**

38. Walls, ceilings, and doors must be smooth, easily cleanable, light-colored, and constructed of a durable material that will not deteriorate. Describe the type of material used for walls and ceilings.

39. Are windows, floor drains, and door openings screened or provided with air-screens or other means to prevent insect or rodent entry?

[ ]  Yes [ ]  No

40. Are all exterior doors properly constructed so that no gaps greater than ¼ of an inch exist under and around the doors?

[ ]  Yes [ ]  No

41. Do the shucking and packing rooms have screened windows on opposite walls that can be opened to remove condensation?

[ ]  Yes [ ]  No

42.Is adequate lighting with safety shielding provided in all areas?

[ ]  Yes [ ]  No

43. Do restrooms have waste receptacles, hand sinks, soap, paper towels or a hand drying device that provides heated air, hand washing signs, and self-closing doors (which do not lead directly into a processing and/or storage area)?

[ ]  Yes [ ]  No

**Equipment and Utensils**

44. What type of shucking bench/table will be used? Continue to 44a and 44b.

44a. Is the shucking bench/table constructed of corrosion resistant material?

[ ]  Yes [ ]  No

44b. If construction is of concrete, is the surface smooth and sealed?

[ ]  Yes [ ]  No

45. Are blower tanks, tubs, and skimmers properly constructed with no open seam joints or seams soldered with lead?

[ ]  Yes- Continue to 45a. [ ]  No

45a. Are external and internal blower airlines constructed of clear plastic and easily clenchable?

[ ]  Yes [ ]  No

46. Are outer surfaces of loading hoppers and other nonfood contact surfaces of equipment constructed of corrosion-resistant, easily cleanable material?

[ ]  Yes- Continue to 46a. [ ]  No

46a. What type of material is used?

**Note:** For previously existing plants and plants in an existing building, the county building department must

inspect and approve the building. Attach a copy of the county building permit’s final approval inspection.

47. On the following blank page, provide a detailed drawing of the plant layout showing **room locations and dimensions**. Include all the following:

1. Shucking and packing rooms, and delivery window with shelf.
2. Employee storage room and facilities (if more than single family).
3. Restrooms, toilets, hand sinks, and soap and towel dispensers (if more than single family).
4. Three-compartment deep sink or approved dishwasher.
5. Shucking bench or table.
6. Refrigeration units. Note the type of unit.
7. Hand washing sinks, soap, and towel dispensers, and refuse cans.
8. Blower tank and skimmer table.
9. Ice machine. Note the type of the ice machine.
10. Shellstock dry storage area. Indicate method used for transporting shellstock to shucking room.
11. Shellstock washing area.
12. Opposing screened windows that can be opened to provide cross-ventilation in shucking and packing rooms to eliminate condensation.

**Plant interior drawing for (Insert Operation Name)**

48. Do you have back-flow prevention devices installed?

[ ]  Yes – Continue to 48a. [ ]  No - Continue to 49.

48a. Describe locations and type of back-flow devices.

49. Do you have dead legs in your plumbing system?

[ ]  Yes [ ]  No

50. Have you received and read the latest version of [National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish](https://www.fda.gov/food/federalstate-food-programs/national-shellfish-sanitation-program-nssp), [RCW 69.30](http://app.leg.wa.gov/rcw/default.aspx?cite=69.30) and [WAC 246-282](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-282)?

[ ]  Yes [ ]  No

51. Name(s) of HACCP trained employee(s) and date of training:

**[ ]** None- Continue to 51a

51a. Are there currently employee(s) from your operation registered for HACCP training?

[ ]  Yes [ ]  No

Class registration is available at [our website for HACCP training opportunities](https://www.doh.wa.gov/CommunityandEnvironment/Shellfish/CommercialShellfish/Training).

52. Have you developed a HACCP Plan for this operation?

 [ ]  Yes [ ]  No

53. Have you developed Sanitary Standard Operating Procedures monitoring records?

[ ]  Yes [ ]  No

54. Other than the contacts listed on page 1, are there any other emails addresses you would like to include to receive information and updates?

## Operation Owner or Primary Contact

|  |  |
| --- | --- |
| Signature:       | Date:       |

Learn more about shucker-packer requirements at [https://doh.wa.gov/community-and-environment/shellfish/commercial-shellfish/apply-license](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoh.wa.gov%2Fcommunity-and-environment%2Fshellfish%2Fcommercial-shellfish%2Fapply-license&data=05%7C01%7Cangela.robinson%40doh.wa.gov%7Cdc88440b609c4202224708daa7d82326%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638006843989066642%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=EGbFPEBmBoLc0zbmRdIHMihuFPXVd%2Bg2uZOej2027ec%3D&reserved=0).

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Shellfish Program: 360-236-3330 | shellfish@doh.wa.gov

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