# Washington State Department of Health logo.Shellstock Shipper Plan of Operations

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

***This license is for those operations who want to harvest and sell either in state or out of state. Shellstock Shippers (SS) can also purchase and sell directly to retail.*** **Instructions:** Complete this form and mail it with your application materials to the 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):        |  Wholesale only: [ ]  Yes [ ]  No |
| 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. Are there any other emails, addresses, or phone numbers you would like to include to receive information and updates?

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

3. What days of the week will the operation be running?

[ ]  N/A – No facility

[ ]  Unknown – Hours vary based on tides

[ ]  Sunday – Hours of operation:

[ ]  Monday – Hours of operation:

[ ]  Tuesday – Hours of operation:

[ ]  Wednesday – Hours of operation:

[ ]  Thursday – Hours of operation:

[ ]  Friday – Hours of operation:

[ ]  Saturday – Hours of operation:

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

[ ]  Yes – Continue to 5. [ ]  No – Continue to 4a.

 4a. 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).

5. What types of shellstock will be harvested, purchased, and/or shipped? (Check all that apply.)

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

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

6. 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” shellstock shipper’s license.

7. What will be the market for your shellstock? As a shellstock shipper, 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](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) **[ ]**  Donations

8. Does anyone other than a licensed HA, SS, or SP transport or take possession of product that you are harvesting, buying or selling (such as common carriers, freight forwarders, third party shippers, etc.)?

[ ]  Yes – Continue to 8a. [ ]  No – Continue to 9.

8a. List names of all entities responsible for the transportation or possession of product.

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.)?

**[ ]** N/A – Continue to 11.

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

**[ ]** N/A, will not harvest **[ ]**  Handpicking **[ ]**  Long Lines **[ ]**  Dredging **[ ]**  Subtidal Harvesting

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

12. Will your operation use manmade aquaculture structures? (Such as: 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)](https://doh.wa.gov/community-and-environment/shellfish/commercial-shellfish/aquaculture-permit).

13. Describe where and how your shellstock will be sorted and washed.

**[ ]** N/A – Continue to 14.

14. Will you use ice?

[ ]  Yes – Continue to 14a, b. [ ]  No – Continue to 15.

14a. What is the source of the ice? (Check all that apply.)

[ ]  Certified Shellfish Dealer [ ]  Retail/Grocery [ ]  Ice Machine at Facility [ ]  Other:

14b. If your source of ice is at a different location from your facility, please enter the address here:

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

[ ]  Yes – Continue to 15a. [ ]  No – Continue to 16.

15a. How will these be kept separate in storage and processing to prevent commingling?

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

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

17. Will youuse water other than growing area water?

**[ ]** Yes – Continue to 17a. **[ ]** No – Continue to 18.

17a. Type of potable water system:

**[ ]** Community system with 15 or more houses or 25 or more people – Continue to 18.

**[ ]** Community system with less than 15 houses and less than 25 people – Continue to 17b, c, d.

**[ ]** Private well – Continue to 17b, c, d.

17b. Has the county health department inspected and approved the operation’s water supply system?

[ ]  Yes [ ]  No

17c. Describe the location of your well (if applicable):

17d. Attach a copy of your latest water test report. The report must be dated within the last 6 months.

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

[ ]  Yes – Continue to 19. [ ]  No – Continue to 18a, b. **[ ]** N/A – Continue to 19.

18a. Has the county health department inspected and approved the sewage disposal system?

[ ]  Yes [ ]  No

18b. Type of sewage disposal system:

[ ]  Septic tank/drain field/alternative system

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

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

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

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

[ ]  Yes – Continue to 20a, b, c.

[ ]  No – Describe how your shellstock will be transported from the harvest site to a certified dealer. Continue to 21.

20a. Describe your vehicles (license number, year, make, model) used to transport shellstock and where each vehicle will be parked.

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

20b. 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 20c.

20c. How will human waste be dealt with while using a boat?

**[ ]** N/A – Continue to 21.

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

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

[ ]  On-shore facility

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

22. 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

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

 [ ]  Yes – Continue to 23a. [ ]  No – Continue to 24.

23a. How long, on average, does it take to move shellstock from the harvest site to refrigeration?

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

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

24a. Briefly describe where and how the bags will be stored (elevation, shading, how long shellfish is stored, etc.).

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

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

25a. 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).

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

[ ]  Yes – Continue to 26a. [ ]  No – Continue to 27.

26a. 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:* |       |

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

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

28. 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)

(     )      -

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

[ ]  Yes [ ]  No **[ ]** N/A

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

[ ]  Yes [ ]  No **[ ]** N/A

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

[ ]  Yes [ ]  No **[ ]** N/A

32. Do you have a plan in place to maintain your facilities and grounds to prevent harboring/attracting pests?

[ ]  Yes [ ]  No **[ ]** N/A

33. 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.

**[ ]** N/A

34. Do your restrooms have hand washing signs in a language that is understood by all employees?

[ ]  Yes [ ]  No **[ ]** N/A

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

[ ]  Yes [ ]  No **[ ]** N/A

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

[ ]  Yes [ ]  No **[ ]** N/A

37. Is adequate lighting with safety (such as plastic covers) in processing and storage areas?

[ ]  Yes [ ]  No **[ ]** N/A

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

[ ]  Yes [ ]  No **[ ]** N/A

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

[ ]  Yes [ ]  No **[ ]** N/A

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

[ ]  Yes [ ]  No **[ ]** N/A

41. 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

42. Have you developed an approved HACCP Plan? [ ]  Yes – Continue to 43. [ ]  No – Continue to 42a.

42a. Are there currently employee(s) from your operation registered for HACCP training? *Class registration is available at* [*our website for HACCP training opportunities*](https://www.doh.wa.gov/CommunityandEnvironment/Shellfish/CommercialShellfish/Training)*.*

[ ]  Yes [ ]  No

43. Name(s) of HACCP trained employee(s):

**[ ]** None

44. Have you developed sanitation monitoring records?

[ ]  Yes [ ]  No

## Operation Licensee or Primary Contact

|  |  |
| --- | --- |
| Signature:       Printed Name:       |  Date:       |

Learn more about shellstock shipper 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).

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

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