## Washington State Department of Health logoShellfish 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:*       |

***This license is for those operations who want to harvest and sell either in state or out of state. Shucker Packers (SP) can purchase and sell directly to retail. They also can shuck and pack shellfish.*** **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):        |  |
| 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?

[ ]  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 shucked/ packed and 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” Shucker-Packer license.

7. 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

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.)?

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? (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).

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 you use ice?

[ ]  Yes – Continue to 16a, b. [ ]  No - Continue to 17.

16a. What is the source of the ice? (Check all that apply.)

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

16b. If your source of ice is at a different location from your facility, please enter the address here:

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.

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 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?

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. On average, how long does it take to move shellstock from the harvest site to refrigerate?

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

[ ]  Yes – Continue to 24a. [ ]  No – Continue to 25. **[ ]** N/A - 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)  **[ ]** Shucked meats label

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

29. Where will shells be discarded?

30. Are there other types of processing done at the facility? (e.g., breading smoking, filleting, fish/fishery products, storage, etc.)?

[ ]  Yes [ ]  No – continue to 31.

30a. If Yes, please describe these processes:

30b. Are the processes separated from shellfish by space and/or time?

 [ ]  Yes [ ]  No

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

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

(     )      -

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

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

[ ]  Yes- Continue to 35a. [ ]  No- Continue to 36.

35a. What type of sanitizer will your operation use?       (Ex. Quaternary Ammonium, Chlorine, Ozone)

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

[ ]  Yes [ ]  No

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

38. 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**

39. 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.

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

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

[ ]  Yes [ ]  No

44. 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**

45. What type of shucking bench/table will be used? Continue to 45a and 45b.

45a. Is the shucking bench/table constructed of corrosion resistant material?

[ ]  Yes [ ]  No

45b. If it is constructed of concrete, is the surface smooth and sealed?

[ ]  Yes [ ]  No

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

[ ]  Yes- Continue to 46a. [ ]  No- Continue to 47.

46a. Are external and internal blower airlines constructed of clear plastic and easily clenchable?

[ ]  Yes [ ]  No

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

[ ]  Yes- Continue to 47a. [ ]  No- Continue to 48

47a. What type of material is used?

48. 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.

*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.*

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

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

[ ]  Yes – Continue to 49a. [ ]  No - Continue to 50.

49a. Describe locations and type of back-flow devices.

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

[ ]  Yes [ ]  No

51. 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

52. Have you developed a Hazard Analysis and Critical Control Point (HACCP) Plan for this operation?

 [ ]  Yes [ ]  No

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

**[ ]** None- Continue to 53a.

53a. 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

54. Have you developed sanitation monitoring records?

[ ]  Yes [ ]  No

## Operation Licensee or Primary Contact

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