Shellfish Receiving HACCP Record/ ISSC NSSP Shellfish Purchase and Sales record **Product Description: _____**

Firm Name: _____ **Firm Address: _____**

Purchase Date	Time	Harvester / Dealer #	Certified Dealer / Licensed Harvester (Y/N)	Harvest Date	Harvest Area	If from a dealer, received well iced, in a Conveyance at or below 45˚ F ambient air temp or capable of lowering product temperature and maintain it at 50˚ F or less	Open Area (Y/N)	Quantity Purchased	Properly Identified (Y/N)	Date Sold	Quantity Sold	Sold To (Cert.# if Applicable)	Initials	Corrective Actions	Weekly Review Signature

*A. Reject if from closed areas, from unlicensed harvesters or non-permitted dealer, not reasonably or logically properly tagged for traceability or shucked meat container not properly labeled.
B. For tags/labels with missing information that cannot be reasonably or logically determined, hold sacks/containers until correct information is placed on the tag/label directly by the supplying harvester, otherwise, reject.

Reviewed by:_____ Date of Review:_____