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 harvester, document time oysters were landed/document time oysters were placed under refrigeration	If from a dealer, received well iced, in a conveyance at or below 45˚F ambient air temp or cooled to an internal temperature 50˚F or less or TTR	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 or harvester, otherwise, reject.

TTR= Time/Temperature Recording device

Reviewed by:_____ Date of Review:_____