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

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| *For Department of Health Use Only* |
| *Date Received* | *Signatures for Approval* |
|       |  *Inspector signature:*       | *Date:*       |
|  *HS Lead signature:*       | *Date:*       |
|  *Relay Lead signature:*       | *Date:*       |
|  *Supervisor Approval:*       | *Date:*       |

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| **A relay permit is used to move shellstock from growing areas classified as “Restricted” or “Conditionally Approved” in the closed status to areas classified as “Approved” or “Conditionally Approved” in the open status. A separate relay application is required for each site.** **Instructions:** Complete this form and mail it to Department of Health Shellfish Program, PO Box 47824, Olympia, WA 98504-7824, or email it to shellfish@doh.wa.gov.  |
| Operation Information |
| Operation Name:       Certification #:       |  Phone:       | Cell:       |
| Owner/Manager       | Email:       |  |

**There are three parts to this application. Please ensure A through C are complete.
*Incomplete applications cannot be processed*.**

1. Application Requirements
2. General Questions about your Relay
3. Signature on behalf of the Operation
4. Guidance Documents

## A. Application Requirements

**The following information must be submitted with this application:**

[ ]  Harvest site applications for both the initial harvest site and grow out site (if not already certified).

[ ]  Copy of lease agreement(s) (if applicable). [ ]  Tax statement showing parcel ownership.

[ ]  General area maps with beaches marked.

[ ]  Specific parcel map with beaches marked.

[ ]  Example of record keeping document.

[ ]  Map of where the original site and relay site are located.

[ ]  Directions on how to get to the original site and relay site.

## B. General Questions About Your Relay

1. Species you plan to relay:

2. Length of time you plan to relay:

*(Note: Less than 61 days requires a validation study. See Guidance Document below.)*

3. Time of year you plan to relay (check all that apply):

[ ]  Warm season: May through October [ ]  Cold season: November through April

4*.* How will the original harvest occur?

5. What is your method and route of transport to the relay site?

6. How will the shellstock be stored in the relay site?

7. How will you maintain separation between lots of shellstock at the relay site? The relayed shellstock may not be commingled with other shellstock.

8. What is your surveillance plan for the relay site to ensure lots are not commingled or stolen?

9. What record-keeping procedures will be used? Must include lot number, species, harvest location, harvest date, quantity, relay site and relayed product harvest date. **(Please include a copy of this record).**

10. Do you have a [transfer permit with the Washington Department of Fish and Wildlife](https://wdfw.wa.gov/licenses/fishing/fish-stocking-transport) (WDFW)?

 [ ]  Yes [ ]  No - If “No” contact WDFW.

11. Enter site information into the table below.

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|  | Parcel Number | Owner Name | Growing Area Name & Classification |
| Initial Site |       |       |       |
| Grow Out Site |       |       |       |

## C. Manager/Owner Signature

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| Print Name:       |
| Title:       |
| Signature:       | Date:       |

## D. Guidance Documents

Validation Study requirements: A validation study is required when shellstock will be relayed less than 61 days.

1. Coordinate the Relay Validation Study with the Relay Lead at the DOH’s Licensing and Certification Program. Each season requires a separate validation study (see above in question B3). Samples of shellstock submitted to the laboratory will be coordinated by the Relay Lead.
2. Collect 5 samples of shellstock from the original harvest area on day 0. If the area is Conditionally Approved, it needs to be in Closed status. The first samples can be harvested on Sunday and delivered to the lab on Monday morning. The lab can accept samples on Tuesday morning before 10:00 AM but would prefer delivery on a Monday.
3. Each sample should contain at least 200 grams of shellfish meat:
	1. About 15 medium Pacific oysters
	2. About 40 Littleneck or Manila clams
	3. About 3 Varnish clams
4. The sample needs to be received by the lab before 10:00 AM. Samples are required to be delivered cold (not frozen) and the temperature needs to be below 10°C (50°F). We recommend using gel packs to keep the shellstock cold. **Samples must be received by the lab within 24 hours of harvest.**
5. The lab’s address is: 1610 NE 150th Street, Seattle, WA 98155
6. At the same time as the original harvest on day 0, move 5 samples to the relayed site for 2 weeks. Be sure to mark the shellstock on the relayed site to make sure they are separated. This step is to evaluate the grow out site’s ability to purge coliform bacteria.
7. After two weeks, collect the 5 samples that were moved to the relayed site and 5 samples that are indigenous to the grow-out area (specifically shellfish that have been there for greater than 6 months).
8. You will have a total of 10 samples to be submitted to the lab using the same protocol as the original 5 samples (described in step 4.).
9. The Relay Lead will contact you with the relay results.

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| ***For Department of Health Use Only – To be Filled by Relay Lead*** |
| *Validation Study Needed?* *[ ]  Yes* *[ ]  No* | *Secondary Validation Study Needed? [ ]  Yes [ ]  No* |
| *Validation Study Submitted Dates:**Validation Study Complete Date:* *Season: [ ]  Cold water [ ]  Warm Water**Minimum holding time:       days* | *Validation Study Submitted Dates:**Validation Study Complete Date:* *Season: [ ]  Cold water [ ]  Warm Water**Minimum holding time:       days* |
| *Species approved:* | *Species approved:* |
| *Comments:* | *Comments:* |
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|  |  |

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

DOH 332-176 March 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.