# Washington State Department of Health logo.Shellfish Harvester Plan of Operations - Razor Clam Only

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| 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. A “facility” is defined as a place where harvest equipment and/or shellfish is processed and stored. Attach a map showing clear directions on how to reach the facility.

3. Will you take the Razor clams to a different location (i.e. your home) for storage?

Yes  No

4. What is the intended market for your Razor clams?

For Bait  For Human Consumption  Unknown

5. Have you completed a Harvest Site Application? *You must complete a* [*Harvest Site Certificate application*](https://www.doh.wa.gov/CommunityandEnvironment/Shellfish/CommercialShellfish/HarvestSite) *for each harvest site you’re using (one per parcel, bed, etc.).*

Yes  No

6. Where and how will harvesting equipment be stored (such as rakes, netting, etc.)?

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

8. Will youuse water other than growing area water to wash your Razor clams?

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

8a. Type of potable water system:

Community system with 15 or more houses or 25 or more people – Continue to 9.

Community system with less than 15 houses and less than 25 people – Continue to 8b, c.

Private well – Continue to 8b, c.

8b. Has the county health department inspected and approved the operation’s water supply system?

Yes  No

8c. Attach a copy of your latest water test report. The report must be dated within the last 6 months.

9. Will you use ice?

Yes – Continue to 9a, b.  No – Continue to 10.

9a. What is the source of the ice? (Check all that apply.)

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

9b. If your source of ice is at a different location from your facility, please enter the address here:

9c. Describe the location of your well (if applicable):

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

Yes – Continue to 11.  No – Continue to 10a, b.

10a. Has the county health department inspected and approved the sewage disposal system?

Yes  No

10b. Type of sewage disposal system:

Septic tank/drain field/alternative system

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

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

Home facility  Nearby public facility  Other:

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

Yes – Continue to 12a, b, c.

No – Describe how your shellstock will be transported from the harvest site to a certified dealer. Continue to 13.

12a. Describe your vehicles (license number, year, make, model) used to transport shellstock and where each vehicle will be parked.

12b. Describe your boats (Coast Guard number, year, make, model) used to transport shellstock and where each boat will be docked/moored?

12c. How will human waste be dealt with while using a boat?

N/A - Continue to 13.

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

On-board container with tight fitting lid marked “Human Waste” Letters must be highly visible and at least 3 inches tall.

On-shore facility

13. How will you tag your shellstock?

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

14. You are required to have a voice mail for receiving growing area 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)

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15. 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

16. Did at least one individual from your operation complete the required [Harvester Training](http://www.doh.wa.gov/CommunityandEnvironment/Shellfish/CommercialShellfish/Training)?

Yes – Continue to 16a.  No – Continue to 17.

16a. Name(s) of employee(s) who have completed Harvester Training:

## Operation Licensee or Primary Contact

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

Learn more about shellfish harvester 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](mailto:shellfish@doh.wa.gov)

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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](mailto:doh.information@doh.wa.gov).