******Commercial Shellfish Company**

**Harvest Plan for *Vibrio Parahaemolyticus* Control Months**

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| (For Office Use Only)  Date Received | (For Office Use Only)  Reviewed By:  Assigned Inspector  Approved by |
|  | |

**Company Information**

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| Company Name / Certification Number: |  | | |
|  |  | | |
| Point of Contact: |  | Phone: |  |
| Email: |  | Cell: |  |

1. Person in charge has read and understands the requirements of the Washington State *Vibrio parahaemolyticus* control plan found in WAC 246-282-006?

Yes

No

1. Person in charge has attended Washington State *Vibrio parahaemolyticus* training offered by Department of Health?

Yes

No – If no date scheduled to attend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you be harvesting product or purchasing product from a licensed harvester or dealer?

Harvesting. Complete questions 4-8.

Purchasing. Complete questions 8-10.

Both harvesting and purchasing. Complete questions 4-10.

1. How will shellstock be harvested?

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1. How will the company check air temperature prior to harvest?

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1. Will the company check water or internal tissue temperature to attain harvest temperature prior to harvest? What method will be used to check the temperature?

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1. Will harvester initiate cooling prior to sale?

No

Yes – Please explain method below.

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1. Describe how you will transport the product and what documentation you will provide to the dealer.

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1. Describe how you will receive product from licensed harvesters or other licensed dealers.

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1. Describe the method you will use to adequately cool the product in accordance with the guidelines established in the *Vibrio parahaemolyticus* control plan found in WAC 246-282-006.

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| **Owner/Manager Signature** |  | **Date signed** |

**Notes**

* *Vibrio parahaemolyticus* product refers to shellstock (in-shell) oysters harvested during the months of May through September.
* Attach a copy of your company’s harvest temperature record.
* Waiver requests for any of the requirements of the Vibrio Control Plan may be made to the Department of Health. The request must:
  + State the requirement to be waived.
  + State the reason for the request, including how it is consistent with the applicable standards and the intent of the Vp control plan and how it provides a comparable level of public health protection to the requirement being waived.
* Include supporting information.