Shellfish Harvester Plan of Operations

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| *For Department of Health Use Only* |
| *Date Received* | *Reviewed by (Inspector):*       | *Approved Date:*       |
|  | *Certification Number: WA*  |       | *HA* |
| *Approved by (Supervisor):*       |  *Approved Date:*       |

**Instructions:** Complete this form and mail it with your application materials to Department of Health Shellfish Program, PO Box 47824, Olympia, WA 98504-7824 or email it to shellfish@doh.wa.gov. All fields are required unless otherwise indicated. If you have questions, please call 360-236-3330 or email us at shellfish@doh.wa.gov.  |
| 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. Attach a map showing clear directions on how to reach the facility.

2. 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 2a. [ ]  No – Continue to 3.

 2a. Name(s) of employee(s) who have completed Harvester Training:

3. What types of shellstock will be harvested by this operation? (Check all that apply.)

[ ]  Manila Clams [ ]  Littleneck Clams [ ]  Butter Clams [ ]  Razor Clams [ ]  Varnish Clams

[ ]  Oysters [ ]  Geoduck “Intertidal” [ ]  Geoduck “Subtidal" [ ]  Mussels [ ]  Other:

4. Have you completed a Harvest Site Application?

[ ]  Yes [ ]  No

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

5. Where and how will harvesting equipment be stored at your facility (such as rakes, netting, etc.)?

6. Where and how will transportation containers be stored at your facility (such as fish totes, pallets, etc.)?

7. How will you grow/harvest your shellstock? (Check all that apply.)

**[ ]**  Handpicking **[ ]**  Long Lines **[ ]**  Dredging **[ ]**  Subtidal Harvesting **[ ]**  Hanging Culture

**[ ]**  Intertidal Harvesting **[ ]**  Tubing **[ ]**  Other:

8. Will your operation use manmade aquaculture structures? Examples: flupsys, rafts, pens, cages, nets, or floats

**[ ]** Yes – Continue to 8a. **[ ]** No – Continue to 9.

8a. Briefly describe your aquaculture activities and submit an [[Aquaculture Operational Plan](https://doh.wa.gov/community-and-environment/shellfish/commercial-shellfish/aquaculture-permit)](https://doh.wa.gov/community-and-environment/shellfish/commercial-shellfish/aquaculture-permit).

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

10. Will shellstock from different harvest locations be in the facility at the same time?

[ ]  Yes – Continue to 10a. [ ]  No - Continue to 11.

10a. How will these lots be kept separate to prevent commingling?

11. Will you use approved growing area water to wash your shellstock?

**[ ]** Yes **[ ]** No

12. Will youuse water other than growing area water?

**[ ]** Yes – Continue to 12a. **[ ]** No – Continue to 13.

12a. Type of potable water system:

**[ ]** Community system with 15 or more houses or 25 or more people – Continue to 13.

**[ ]** Community system with less than 15 houses and less than 25 people – Continue to 12b, c, d.

**[ ]** Private well – Continue to 12b, c, d.

12b. Has the county health department inspected and approved the operation’s water supply system?

[ ]  Yes [ ]  No

12c. Describe the location of your well (if applicable):

12d. Attach a copy of your latest water test report. The report must be dated within the last 6 months.

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

[ ]  Yes – Continue to 14. [ ]  No – Continue to 13a, b.

13a. Has the county health department inspected and approved the sewage disposal system?

[ ]  Yes [ ]  No

13b. Type of sewage disposal system:

[ ]  Septic tank/drain field/alternative system

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

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

[ ]  Home facility [ ]  Nearby public facility [ ]  Other:

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

[ ]  Yes – Continue to 15a, b, c.

[ ]  No – Describe how your shellstock will be transported from the harvest site to a certified dealer, and then continue to 16.

15a. Describe your vehicles (license number, year, make, model) used to transport shellstock and where each vehicle will be parked.

15b. Describe your boats (Coast Guard number, year, make, model) used to transport shellstock and where each boat will be docked/moored?

15c. How will human waste be dealt with while using a boat?

**[ ]** N/A - Continue to 16.

[ ]  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

16. Describe how you propose to keep your shellstock cool after harvest and/or during transportation to a certified dealer. If you are harvesting oysters from May 1 through September 30, what additional controls do you have in place for *Vibrio parahaemolyticus*.

17. If you are harvesting oysters during Vibrio season (May 1 through September 30), you must also [fill out a Vibrio Harvest Plan (Word)](https://www.doh.wa.gov/Portals/1/Documents/4400/332-161.docx). Are you including a Vibrio harvest plan?

[ ]  Yes [ ]  No

18. Will you leave shellstock at its harvest site after it is bagged?

[ ]  Yes -Continue to 18a. [ ]  No – Continue to 19.

18a. Briefly describe where and how the bags will be left (elevation, shading, how long shellfish will be left, etc.).

19. How will you tag your shellstock?

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

20. 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)

(     )      -

21. Do your restrooms have hand washing signs in a language that is understood by all employees?

[ ]  Yes [ ]  No **[ ]** N/A

22. Do you have back-flow prevention devices installed?

[ ]  Yes [ ]  No **[ ]** N/A

23. 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

24. Are there any other emails, addresses, or phone numbers you would like to include to receive information and updates?

## Operation Owner or Primary Contact

|  |  |
| --- | --- |
| Signature:       | 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).

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

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 civil.rights@doh.wa.gov.