**SHELLFISH HARVEST/ ORIGINAL DEALER PURCHASE RECORD:**

COMPANY NAME: Dealer Certification Number: OR SP or SS

COMPANY ADDRESS:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Harvest Date & Time | **Harvester Cert #** | **Harvest Area** | **Quantity, Product**  **and/or**  **Lot #** | **Harvest Matrix\* time (June through September)** | Receiving/ **Purchase Date & Time** | **Properly tagged**  **Y/N** | **Time to**  **< 50°F (June through September)\*** | **Corrective Actions Taken** | **Receiving employee**  **initials** |
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Signature of person performing weekly records review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person performing weekly records review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Indicates new record keeping requirement.