

Year _____ Month _____

HACCP RECEIVING LOG For: _____

ADDRESS: _____ LIC#: _____

RECEIVING LOG FOR SHELLSTOCK (CLAMS, MUSSELS, OYSTERS) Buys from Certified Dealers or Certified Connecticut Harvesters (Dealers)

| Time/ Date Rec'd & Initials | Shellfish | | Temp of Truck/Cooler at Receiving OR Iced | Dealer # shellfish bought from | *Time harvest boat landing | Orig'l Shipper # and State if different from whom purchased from | Harvest info from Tag | |
|--------------------------------------|-----------|------|----------------------------------------------------|-----------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|-----------------------|------|
| | Quantity | Type | | | | | Area | Date |
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HACCP Trained Designee must review and sign weekly
Sign weekly: _____ Date: _____ Sign weekly: _____ Date: _____

Sign weekly: _____ Date: _____ Sign weekly: _____ Date: _____

*Product not received at 45° F or below or not iced must be received from original licensed harvester within two hours of harvest boat landing time. Record time of boat docking and time of your purchase. Reject if conditions not met.