SNOHOMISH COUNTY HEALTH DEPARTMENT

Form D: Molluscan Shellfish Tanks (MST)
Hazard Analysis Critical Control Point (HACCP) Checklist

Facility Name: _____ Date: _____

Applicant: _____ Applicant title: _____

Applicant email: _____ Applicant phone: _____

Person in charge of HACCP process: _____

Before a plan may be approved, a food establishment must have a satisfactory inspection history for the past year with no cooling or cold holding violations.

This checklist must be complete before you submit your application.

☐ Variance request.

☐ List of all species to be held in the MST.

☐ A detailed description of the MST, including the design and materials used, capacity (must be at least 100 gallons/75 pounds of shellstock), water circulation, refrigeration details, in-system thermometer, filtration system, and disinfection system.

☐ Standard Sanitation Operating Procedures (SSOP) including the following:

- Daily removal of dead, cracked, or weak molluscan shellfish.
- Rinsing of shellstock prior to adding to MST, using saltwater make from a public water system.
- Where water for MST will be obtained or how it will be prepared.
- Separation of shellfish with different shipper's tags, harvest dates, or harvest areas.
- Maximum load of shellstock (in pounds) held in MST.
- Frequency and method MST will be cleaned and sanitized.

☐ Identification of the most important food safety control(s) for each process. Each of these important food safety controls is called a Critical Control Point (CCP). CCPs for molluscan shellfish tanks usually include water temperature, water quality, and water disinfection.

For each Critical Control Point:

- Identify acceptable levels, called Critical Limits. **Critical Limits must be things you can measure**. Examples are water temperature (41º F or less), water quality (0 cfu)
- Describe how the Critical Limits will be measured and documented. Include who will measure, and how frequency of measurement and documentation.
- Who will verify that the measurements and procedures are correctly documented and followed? How often will this be done?
- What corrective actions will be taken if the critical limits for each CCP are not met? Corrective actions need to be specific to the critical limit. For example, what will you do when the water temperature in the MST is above 41ºF?

☐ Provide samples of the forms that will be used to keep track of the measurements, verify the procedures are correct and record corrective actions when critical limits are not met. A single form could be used for all.

☐ Provide food safety training plan to teach employees and supervisors how to properly operate the tank, how to verify critical limits have been met, and how to implement corrective actions. Employees need to sign off on the training plan.

☐ Include a statement that an approved, signed copy of the plan will be kept on the premises for review by the Snohomish County Health Department. Also include a statement that the Snohomish County Health Department will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

I certify that all of the information submitted is accurate to the best of my knowledge. The operation complies with Washington State Retail Food Code.

I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of the Washington State Retail Food Code WAC 246-215 and may result in enforcement action.

Applicant Name: _____

Signature: _____ Date: _____

Environmental Health Division
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