Vibrio Control Plan HACCP Monitoring Record
Effective May 19 - October 19, 2018

FACILITY: _____ **DMF DEALER PERMIT #:** _____

ADDRESS: _____

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TRANS #	HARVESTER ID #	HARVEST			QUANTITY	PROPER TAG	ADEQUATE ICING		DEALER'S VEHICLE TEMP		OYSTERS COOLED ≤ 45°F			
		DATE	TIME	AREA		Y/N	TIME	Y/N	TIME	TEMP	DATE	TIME	TEMP	INITIALS

Weekly Review by_____ **Weekly Review Date**_____