Public Health Environmental Health Services

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MOLLUSCAN SHELLFISH LIFE SUPPORT HACCP PLAN

| 1 Critical | 2 Significant | 3 Critical | | Monito | | | 8 Corrective Action | 9 Records | 10 Verification |
|---------------|------------------|----------------------------|------|--------|-----------|-----|---------------------|--------------|--------------------|
| Control | Hazard(s) | Limits for | 4 | 5 | 6 | 7 | Examples | 11000140 | |
| Point (CCP) | | each Control Measure | What | How | Frequency | Who | | | |
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| 1 Critical | 2 Significant Hazard(s) | 3 Critical Limits for each Control Measure | | Monito | ring | | 8 Corrective Action | 9 Records | 10 Verification |
|---|-------------------------------|---|------|--------|--------------------------------|-----|---------------------|--------------|--------------------|
| Control Point (CCP) | | | 4 | 5 | 5 6 | | Examples | 11000140 | 701113411011 |
| | | | What | How | Frequency | Who | | | |
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| Establishment Name: | | | | | uct description: | | | | |
| Establishment Address | | | | and D | od of Storage Distribution: | | | | |
| Permit Holder/ Applicant Signature: | | | | Intend | ded Use and umer: | | | | |
| Date: | | | | | | 1 | l | L . | |

SAN BERNARDINO

COUNTY

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EXAMPLE OF MOLLUSCAN SHELLFISH LIFE SUPPORT HACCP PLAN

| 1 | 2 | 3 | Monitoring | | | | 8 | 9 | 10 |
|---------------------------|--|--|-------------------------|--|------------------|---|---|------------------------------|---|
| Critical Control Point | Significant Hazard(s) | Critical Limits for | 4 | 5 | 6 | 7 | Corrective Action Examples | Records | Verification |
| (CCP) | | each Control Measure | What | How | Frequency | Who | | | |
| Receiving | Physical Chemical Biological Pathogens Biotoxins | Approved Source | Tags on every container | Visual check of each tag for dealer on the Interstate Certified Shellfish Shippers List (ICSSL) | Each shipment | Food employee designated by the person in charge | Reject | Receiving Record | Weekly |
| Receiving | Microbiological Pathogen Growth | Receiving temperature ≤ 50°F (10.0°C) | Product temperature | Thermometer to verify and observe temperature | Each shipment | | Reject | Receiving record | Weekly |
| Cooler storage | Microbiological Pathogen Growth | Cooler ambient air ≤ 41°f (5°c) | Cooler temperature | Thermometer to verify and observe temperature | Two times a day | | Add ice to the affected product Or Move products requiring temperature control from malfunctioning cooler to another cooler, | Cooler temperature log | Daily monitoring with weekly verification of records |
| | | | | | | | And Take one of the following actions to the product involved in the critical limit deviation: Destroy the product, Or Hold the product until it can be evaluated based on its time/temperature exposure. | Thermometer calibration log | Monthly calibration with quarterly records verification |

| 1 Critical | 2 3 8 Significant Critical Monitoring Corrective Action | | | | | | 9 Records | 10 Verification | | |
|--|---|---|---------------------------|--|--|---|---|---|--|--|
| Control Point | | | 4 | 5 | 6 | 7 | | nples | | |
| (001) | | each Control Measure | What | How | Frequency | Who | | | | |
| Tank storage water temperature | Microbiological pathogen growth | Tank water temperature ≤ 41°f (5°c) | Tank water temperature | Use a thermometer take and observe temperature | | Food employee designated by the person in charge | Add ice to the product, Common Move products temperature commalfunctioning another cooler | Or s requiring ontrol from g cooler to | Tank Thermometer Temperature Log | Daily monitoring with weekly verification of records |
| | | | | | | | Take one of the actions to the provided in the deviation: Destroy the provided in the deviation: | product critical limit | Thermometer calibration log | Monthly calibration with quarterly verification of records. |
| | | | | | | | Or Hold the product until it can be evaluated based on the time/temperature exposure. | | | |
| Tank storage water quality | Microbiological Pathogen Growth | Maximum = 0 mpn | Total coliform | Water sample taken to state certified lab | | | A second posit the tank to be sanitized and i water, | ampling, nd tive tc requires cleaned and new tank | Laboratory results. Logs with corrective actions documented | Weekly |
| Establishment Name: Establishment | | | | | Product description: | | | | | |
| Address Permit Holder/ Applicant Signature: Date: | | | | a Ir | nd Distribution: ntended Use and consumer: | | | | | |