

Rev. 06/2011

**Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
717-787-4315
www.EatSafePA.com**

Dear Shellfish Processor or Distribution or Warehouse:

Enclosed are the necessary forms and applications for obtaining a Shellfish Certification from the Pennsylvania Department of Agriculture. Please be advised that according to The Food Safety Act of 2010 (3 C.S. §§5721 – 5737), "...it shall be the duty of every person operating a food establishment within this Commonwealth to register..." All food establishments under this Act, including shellfish operations, must register prior to operation. Under Chapter 49, Shellfish, wholesale shellfish food establishments must obtain a Shellfish Certification. This would entail being inspected and being found in compliance before the Department can issue a Food Registration and Shellfish Certification. In order to be compliant with Shellfish Certification requirements, food establishments must also be compliant with Seafood HACCP requirements.

The enclosed material must be fully completed, returned with all necessary accompanying documentation, and reviewed by the appropriate Program Specialist, Food Sanitarian and/or Food Sanitarian Supervisor with the Bureau of Food Safety & Laboratory Services **prior to work begun in construction, remodeling, alteration of a facility, change in type of food operation, new ownership or the preparation/sale/distribution of foods AND at LEAST 60 days prior to opening.** Please note failure to provide all required information could delay your plan approval. Return all materials to the address below.

The Department will review the plans and notify you of its approval. If your plans are disapproved, you will receive a written letter stating the reasons for the application / plan disapproval. Applications can be resubmitted at any time. Please allow 3 – 4 weeks for processing. **Once you receive your approval, notify your Food Sanitarian or regional office at least ten (10) days prior to operation to arrange a licensing inspection.**

Sincerely,

The Bureau of Food Safety & Laboratory Services Staff

**MAILING ADDRESSES: The Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
Shellfish Program Specialist
2301 N Cameron St
Harrisburg PA 17110**

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY & LABORATORY SERVICES**

**APPLICATION FOR WHOLESALE SHELLFISH FACILITY
PLAN REVIEW**

Chapter 49, Shellfish, the Rules and Regulations of the PA Department of Agriculture issued under The Food Safety Act of 2010 (3 C.S §§5721 - 5737) , requires that properly prepared plans and specifications for construction, remodeling or alteration of a wholesale shellfish facility must be submitted to and approved by the Department before shellfish can be processed, stored, held, and sold.

Please complete **all information** and submit the following to the Department

1. Facility Information (circle one)

New Remodel Type Shellfish Facility/Operation Change New Owner Other (describe): _____

Name of Facility _____

Address _____

City _____ State _____ Zip Code _____

Borough or Township _____ County _____

Owner's Name _____ Telephone Number _____

Type of Owner (LLC, Corp. Inc. LLP, Sole Proprietor) _____

Name of Responsible Agent if other than Owner _____

Manager Contractor Designer Supplier Other, Specify _____

Mailing Address _____

City _____ State _____ Zip Code _____

2. Type of Facility

Select one that describes your facility

SP- Shucker/Packer

RP- Repacker

SS- Shellstock Shipper

RS- Reshipper

DP- Depuration Processor

Wholesale Commerce Sales will be: Interstate Intra State Inter/Intra State

3. Water, Sewage and Waste

Type of Water Supply Public/Community. Name of Water Company _____

Non-Public (Well)

Is the current water test attached? (Coliform and/or Nitrite/Nitrate) Yes No

Type of Sewage Disposal Public/Community. Name of Sewage Company _____
* Non-Public

*Has the sewage disposal permit been obtained? Yes No Attach copy of Permit or SEO Letter

Name of Solid Waste Collector _____
Refuse Disposal Site (if known) _____

4. HACCP Information

Do you have a Seafood HACCP Trained person on site? Yes No
Do you have a Seafood HACCP Trained person contracted? Yes No
Do you have a Shellfish HACCP Plan for your facility? Yes No

5. Employee Information?

Do you have a PA. Food Employee Certified Food Handler on staff if you sell retail? Yes NO
Do you have an employee health policy? Yes No

6. Zoning and Codes

Have Zoning Requirements been Met? Yes No
Have Code Requirements (electrical, plumbing, ventilation, building etc.) been met? Yes No
Copy of Township or Borough Permit attached? Yes No

7. Construction (If applicable)

Nature of Construction: Equipment Change New Construction Minor Construction
Briefly Describe: _____
Anticipate Start Date: _____

8. Anticipated Opening Date: _____

9. Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:		
Facility Function Type:	Shellfish Certification	Registration
Standards for Review:	Shellfish	
Approval:		
Plans Approved, Date _____	Plans Denied, Date _____	
Reviewing Sanitarian _____	Standardization Expiration Date _____	