



# Department of Marine Resources

## Bureau of Public Health

### BUYING STATION ACTIVITY LOG

Dealer Name, Certification#, and Address: \_\_\_\_\_

Buying Station Permit#: \_\_\_\_\_ Vehicle decal#: \_\_\_\_\_ State Seal#: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Start time: \_\_\_\_\_ AM/PM Truck Temperature: \_\_\_\_\_

End Time: \_\_\_\_\_ AM/PM Truck Temperature: \_\_\_\_\_

Total quantity in Number of Containers at the Completion of the Purchase Activity: \_\_\_\_\_

Time of Arrival at Certified Dealer Facility: \_\_\_\_\_ AM/PM Truck Temperature at Arrival: \_\_\_\_\_

Authorized Supervision: \_\_\_\_\_

Signature

Print

Time of Harvest	Amount	Harvester	Harvester License #	Harvest Location

Weekly HACCP Review Signature and Date: \_\_\_\_\_

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Time of Harvest	Amount	Harvester	Harvester License #	Harvest Location

Weekly HACCP Review Signature and Date: \_\_\_\_\_

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