



RELAY ACTIVITY LOG

Relay Permit Holder Name: _____ Relay Permit Number: _____

Shellstock Identification:

Harvest Location: _____ Relay Start Date: _____

Shellstock Type: _____ Shellstock Quantity*: _____

*Total Quantity in Number of Containers at the Completion of the Harvest Activity.

Harvest Date: _____	Harvest Start Time: _____	AM/PM	Harvest End Time: _____	AM/PM
Harvest Date: _____	Harvest Start Time: _____	AM/PM	Harvest End Time: _____	AM/PM
Harvest Date: _____	Harvest Start Time: _____	AM/PM	Harvest End Time: _____	AM/PM
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Harvest Date: _____	Harvest Start Time: _____	AM/PM	Harvest End Time: _____	AM/PM

Harvesters: (Name and License Number)

1) _____ / _____	5) _____ / _____
2) _____ / _____	6) _____ / _____
3) _____ / _____	7) _____ / _____
4) _____ / _____	8) _____ / _____

Transportation: (if by truck at anytime)

Vehicle Decal #(s): _____ State Seal #(s): _____

Shellstock Disposition:

Location of Approved Relay Site: _____ Relay Area Marked: *Y or N*

Shellstock Relayed as: *Broadcast or Container** (Circle One) Relay End Date/Time: _____ AM/PM

* If Shellstock is Containerized Enter Total Number of Containers Planted: _____

Authorized Supervision:

Name of State Approved Representative: _____

Signature

Print

This form must be completed and returned to Maine DMR (dmrpublichealthdiv@maine.gov) immediately after the completion of a relay by the relay supervisor. If a single relay event occurs over multiple harvests, all harvest dates and times must be listed. This form **DOES NOT** replace the required notification pre-relay.