



# Department of Marine Resources

## SHELLFISH RELAY ACTIVITY LOG

Relay Permit Holder Name: \_\_\_\_\_ Relay Permit Number: \_\_\_\_\_

Marine Patrol Notified: **Y** or **N**      Date & Time: \_\_\_\_\_

### Shellstock Identification:

Harvest Date: \_\_\_\_\_ Harvest Start Time: \_\_\_\_\_ AM/PM

Harvest Location: \_\_\_\_\_ Harvest End Time: \_\_\_\_\_ AM/PM

Shellstock Type: \_\_\_\_\_ Shellstock Quantity\*: \_\_\_\_\_

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

### 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 Time: \_\_\_\_\_ AM/PM

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

### Authorized Supervision: Name of State Approved Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

### Laboratory Use Only:

Date Examined: \_\_\_\_\_ Examined by: \_\_\_\_\_

Shellstock Sample Result: \_\_\_\_\_ Fecal Coliform MPN/100grams      Lot # \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Release Approval Signature: \_\_\_\_\_ Release Date: \_\_\_\_\_