Fime/ Date Recd & Initials	Shellfi Quantity	sh Type	Temp of Truck/Cooler at Receiving OR Iced	Dealer # shellfish purchased from	Orig'l Shipper # and State if different from whom purchased from	Harvest info from Tag Area Date
ACCP Train gn weekly:	ed Designee	must revie	ew and sign weel Date:	kly Sign we	eekly:	Date:
gn weekly:						

HACCP RECEIVING LOG For:_____

Year_____ Month____