




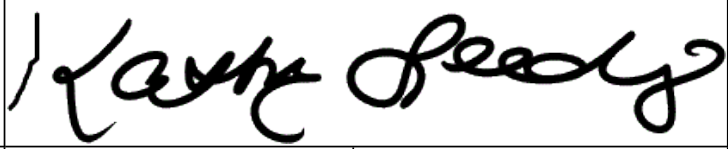
Florida Department of Agriculture and Consumer Services
 Division of Aquaculture
SHELLFISH PROCESSING FACILITY
INSPECTION FORM

ADAM H. PUTNAM
 COMMISSIONER

Rule 5L-1.005, F.A.C.

Type of Inspection:		Limited	Insp Number		TDEK-B38KC6	Date:		08/01/2018		
Dealer Name: SOUTHEASTERN SEAPRODUCTS INC.						Certification Number: 1284-SP				
Dealer Address: 1500 MAPLE AVENUE , MELBOURNE, FL 32935										
Hazard Analysis Critical Control Point (HACCP)										
1.	HACCP Plan				Required for Certification					
			[x]Yes []No							
2.	Plan Elements Identified and Adequate		OK/X NA	Code			OK/X NA	Code		
	(a)	Hazards	OK	OK	(e) Critical Control Points		OK	OK		
	(b)	Records	OK	OK	(f) Monitoring		OK	OK		
	(c)	Critical Limits	OK	OK	(g) Verification Procedures		OK	OK		
	(d)	Name, Address, Signed and Dated	OK	OK	(h) Corrective Action If identified		OK	OK		
3.	HACCP Training				Code	OK				
			[x]Yes []No							
4.	Plan Implementation		Corrective Actions (K) Verification Procedures (K) (Signature) Monitoring Procedures (K) Records: Accurate/Maintained (K) Format/(O) Initialed/Dated (O) Firm's Name on record (O)					OK/X	Code	
	(a)	Received						OK	OK	
	(b)	Shellstock Storage						OK	OK	
	(c)	Processing						OK	OK	
	(d)	Shucked Meat Storage						OK	OK	
	(e)	Other Critical Limits						OK	OK	
5.	Approved Source Control Failure							OK	OK	
6.	Time/Temperature Control Failure							OK	OK	
7.	Other Critical Control Failure							OK	OK	
Sanitation Items					Citation 5L-1, F.A.C.					
8.	Safety of water for processing and ice production							NA	OK	
9.	Condition and cleanliness of food contact surfaces							NA	OK	
10.	Prevention of cross-contamination							NA	OK	
11.	Maintenance of hand-washing, hand sanitizing, and toilet facilities							NA	OK	
12.	Protection from adulterants							NA	OK	
13.	Proper labeling, storage, and use of toxic compounds							NA	OK	
14.	Control of employees with adverse health condition							NA	OK	
15.	Exclusion of pests							NA	OK	
16.	Sanitation Monitoring and Records							OK	OK	
Additional Model Ordinance Requirements					Citation 5L-1, F.A.C.					
17.	Plants and Grounds							NA	OK	
18.	Plumbing and related facilities							NA	OK	
19.	Utilities							NA	OK	
20.	Disposal of other waste							NA	OK	
21.	Equipment condition and cleaning, maintenance, and construction of non-food contact surfaces							NA	OK	
22.	Shellfish storage and handling							NA	OK	
23.	Heat shock							NA	OK	
24.	Supervision							NA	OK	
25.	Transportation (To include only the person shipping)							OK	OK	
26.	Labeling and Tagging (Other than receiving)							OK	OK	
27.	Shipping							OK	OK	

[Code: Critical = C; Key = K; Swing = S; Other = O; Not Applicable = N/A; No Action Required = NAR;
 In compliance = OK; Not in compliance = X]

Inspector's Signature		Inspection Received By	
			
Inspector's Name	Date	Received By	Date
Tim Deatrick	08/01/2018	Kathy Leedy	08/01/2018



Florida Department of Agriculture and Consumer Services
 Division of Aquaculture
SHELLFISH PROCESSING FACILITY INSPECTION
FORM ADDENDUM
 Rule 5L-1.005, F.A.C.

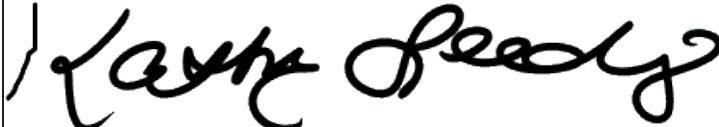
ADAM H. PUTNAM
COMMISSIONER

Type of Inspection:	Limited	Insp Number	TDEK-B38KC6	Date:	08/01/2018
Time Begin:	10:25 AM	Time End:	10:48 AM		
Dealer Name: SOUTHEASTERN SEAPRODUCTS INC.			Certification Number: 1284-SP		
Mailing Address: 1500 MAPLE AVENUE City/State/Zip Code: MELBOURNE , FL 32935			Plant Location : 1500 MAPLE AVENUE City/State/Zip Code: MELBOURNE , FL 32935		
Plant Representative's Name: MARK MAYNARD			Title: President	Phone: 321 259-1914	
Inspector Name: Tim Deatrick	Expiration Date of Standardization: 03/20/2018			Phone:	

Failure to comply with time limits for corrections of deficiencies specified in this report or through subsequent notification may result in cessation of your operation and withdrawal of certification as described in the National Shellfish Program Guide for the Control of Molluscan Shellfish.

Date 08/01/2018	Inspector's Signature 
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I have been given the opportunity to provide input into the development of this corrective action plan. I have read and agree with the above corrective action plan.

Date 08/01/2018	Inspection Received By 
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