



**WILTON SIMPSON  
COMMISSIONER**

Florida Department of Agriculture and Consumer Services  
Division of Aquaculture

**SHELLFISH PROCESSING FACILITY INSPECTION  
FORM ADDENDUM**

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

Type of Inspection:	Insp. Number:	Date:
Time Begin:	Time End:	
Dealer Name:	Certificate Number:	
Mailing Address:	Plant Location: (Street Address)	
City/State/Zip Code:	City/State/Zip Code:	
Plant Representative Name:	Title:	Phone:
Inspector Name	Expiration Date of Standardization:	Phone:

Failure to comply with time limits for corrections of deficiencies as 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 Sanitation Program Guide for the Control of Molluscan Shellfish.

Item Number	Remarks	Correction Date
Date:	<b>Inspector's Signature:</b>	

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:	<b>Inspection received by:</b>	