

COOKING CRAB OR SHRIMP OPERATION

Date: _____

Name of Premise: _____

Premise Number: _____

Address of Premise: _____

License Number: _____

	Acceptable	Unacceptable	Comments
Cooking Crab / Shrimp			
Crabs from approved source and cooked live	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crabs cooked to a center temperature of 82°C (180°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sanitary extraction of meat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final product chilled ≤4°C (40°F) w/in 6 hours†	<input type="checkbox"/>	<input type="checkbox"/>	_____
Packaging occurs when crab temp ≤4°C (<40°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labeling requirements met	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean vehicles/containers used during shipping	<input type="checkbox"/>	<input type="checkbox"/>	_____

† Standard cooling rate: cool from 60°C (140°F) to 20°C (68°F) in 2 hrs, & from 20°C (68°F) to 4°C (40°F) in 4 hrs or less

Refrigerated Retail Display			
Temperature control unit ≤4°C (<40°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ice, fish should be immersed with ice on top too	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dividers between fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sneeze shields present to prevent contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Separation between cooked and raw food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish of good quality (free of bruises/eyes shiny)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooked Date/ Display Date/ Best Before Date on product	<input type="checkbox"/>	<input type="checkbox"/>	_____

Frozen Storage			Cold Storage		
Acceptable	Unacceptable		Acceptable	Unacceptable	
<input type="checkbox"/>	<input type="checkbox"/>	Temperature is <-18°C (<0°F)	<input type="checkbox"/>	<input type="checkbox"/>	Temperature is ≤4°C (≤40°F)
<input type="checkbox"/>	<input type="checkbox"/>	Temperature is <-26°C (<-15°F)	<input type="checkbox"/>	<input type="checkbox"/>	Temperature is ≤3.3°C (≤38°F)
<input type="checkbox"/>	<input type="checkbox"/>	Food is protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Food is stored in food grade containers	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Food is 6" off floor	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Monitoring (temperature logs/records)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Shelves easily cleanable, durable, non-porous	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Stock rotation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Well organized, clean	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient lighting	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Air Circulation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Documentation and Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____

	Acceptable	Unacceptable	Comments
Sanitation and Employee Hygiene			
Employees free from illness, cuts, lesions	<input type="checkbox"/>	<input type="checkbox"/>	_____
No smoking, chewing gum/tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
At least one worker with FOODSAFE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand-washing with liquid soap, sanitizer, paper towels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriately dressed (boots, hair nets, coats, aprons)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean food contact surfaces, equipment, premise	<input type="checkbox"/>	<input type="checkbox"/>	_____