## TRANSPLANT / RELAY FROM A CONDITIONAL AREA WHEN IN THE "CLOSED" STATUS IS NOT ALLOWED

Date							
Boat:							
Captain:							
Call or FAX DEP							
FROM: Harvest Area/Bed#: Classification:	R, CR, P						
If Conditional - Status:	Open Closed	Open Closed	Open	Open Closed	Open Closed	Open Closed	Open Closed
Start-End Time							
Species: (Circle)	Hard Clams, Mussels, Oysters, Scallops						
Quantity (Specify #bags, containers, or bulk)							
Vehicle for land transport, if authorized.							
TO: Transplant/ Relay Bed #:							
Time Start/ end	start end	start end	start end	start end	start end	start end	start end
Relay Time: Short Term: S Long Term: L	S or L	S or L	S or L	S or L	S or L	S or L	S or L
Water Temperature							
Grounds Buoyed							
Comments or date when Transplant Lic is voided							
Initial Daily							
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comments r date when ransplant ic is voided							
nitial Daily							
	ld type must have Note: Harvesting by			,	•	· ·	Р.
vveelily Review	Signature of	of HACCP Traine	ed Individual		Date		