

Florida Department of Agriculture and Consumer Services

Division of Aquaculture

SHELLFISH PROCESSING FACILITY INSPECTION FORM

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

Type of Inspection: Routine Insp Number KMAN-D2ULG9 Date: 02/27/2024										
Dealer Name: SOUTHEASTERN SEAPRODUCTS INC MELBOURNE							Certification Number: 12	84-SP-PHP-WS		
Dealer Address: 1500 MAPLE AVENUE , MELBOURNE, FL 32935										
ļ.,	Hazard Analysis Critical Control Point (HACCP)									
1.	1			Required for Certification						
2.	Plan F	Plan Elements			OK/X	Code			OK/X	Code
	Identified and Adequate			NA				NA		
		(a) Hazards			OK	ОК	(e) Critical Control Points		OK	ОК
	(b) Records			OK	OK	(f) Monitoring		OK	OK	
	(c) Critical Limits				OK	OK	(g) Verification Pro	cedures	OK	OK
	(d) Name, Address, Signed and Dated			d Dated	OK	ОК	(h) Corrective Action	on If identified	OK	OK
3.	HACCP Training				Co	ode OK				
	[x]Ye			s[_]No						
4.	4. Corrective Action Verification Pro-				•	•				
				Verifica	Verification Procedures (K) (Signature) Monitoring Procedures (K)					
				I						
				II	Records: Accurate/Maintained (K) Format/(O)				OK/X	Code
				II	d/Dated (O)	(0)				
	(0)	I Baratana		Firm's	Name on record	(0)			ОК	OK
	(a)	Received	toroso						OK	OK
	(b)	Shellstock Si Processing	lorage	+					OK	OK
	(d)		at Storage						OK	OK
	(d) Shucked Meat Storage (e) Other Critical Limits							OK	OK	
5.								OK	OK	
6.	The state of the s							OK	OK	
7.							OK	OK		
	Other	Ontical Control		anitation Item	s		Citation 5L-1, F.A.O	•		
8.							*	OK	ОК	
9.	Condition and cleanliness of food contact surface							OK	ОК	
10.									OK	OK
11.	Maintenance of hand-washing, hand sanitizing, and toilet fac				g, and toilet facili	ties			OK	OK
12.	3, 3,								OK	OK
13.									OK	OK
14.								OK	OK	
15.	Exclusion of pests								OK	OK
16.							OK	OK		
	Additional Model Ordinance Requirements Citation 5L-1, F.A.C.									
17.	Plants and Grounds					1		OK	OK	
18.	Plumbing and related facilities								OK	OK
19.	Utilities							OK	OK OK	
20.	Disposal of other waste Equipment condition and cleaning, maintenance, and construction					r.			OK	OK
21.				ning, maintenai	nce, and construc	tion			OK	OK
22.	of non-food contact surfaces Shellfish storage and handling								ОК	OK
	,								OK	OK
									OK	OK
25.							 		OK	OK
26.								OK		
	27. Shipping								OK	OK
	ICode: Critical = C: Key = K: Swing = S: Other = O: Not Applicable = N/A: No Action Required = NAR:									

[Code: Critical = C; Ney = K; Swing = S; Other = O; Not Applicable = N/A; No Action Required = NAK;

in compliance – Ort, Not in compliance – X]					
Inspector's Signature		Inspection Received By			
W.K.		Leedy)			
Inspector's Name	Date	Received By	Date		
Kenny Martin	02/27/2024	Kathey Leedy	02/27/2024		

FDACS-15009 Rev. 09/16



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SHELLFISH PROCESSING FACILITY INSPECTION FORM ADDENDUM

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

Type of Inspection:	Routine	Insp Number D2ULG9	KMAN-	Date: 02/27/2024
Time Begin:	09:40 AM	•	Time End:	11:10 AM
Dealer Name: SOUTHEASTERN SEAPRO	Certification I	Certification Number: 1284-SP-PHP-WS		
Mailing Address: 1500 MAPLE AVENUE	Plant Locatio	Plant Location : 1500 MAPLE AVENUE		
City/State/Zip Code: MELBOURNE , FL 3	2935	City/State/Zip Code: MELBOURNE , FL 32935		
Plant Representative's Name: MARK MAY	Title: Presid	Phone: 321 259-1914		
	1		CIIL	
Inspector Name: Kenny Martin	tandardization:		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 02/27/2024	Inspector's Signature		
	W.K. h		
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	Inspection Received By		
02/27/2024			
	peedy)		

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