

**REQUEST to RELAY FARMED BIVALVE MOLLUSCS**

from a

**CLOSED APPROVED HARVESTING AREA TO AN OPEN APPROVED HARVESTING AREA**

'Pursuant to regulation 8(1)(c) of the *Primary Produce (Food Safety Schemes)(Seafood) Regulations 2006*'

**Name:** ..... **Fax No. :** .....

**Accreditation No. :** ..... **Species:** .....

I wish to apply for permission to move farmed bivalve molluscs from the closed area of:

.....to the open area of: .....

on (date):.....or continuously from (date) .....until the 'closed area' is opened.

From Lease (Number).....to Lease (Number).....

The approximate volume of shellfish that will be moved is .....Kg / day/week (circle one)

- The shellfish are spat or juvenile oysters and will not be sold for human consumption for a minimum period of 60 days
- The oysters will be sold within a lesser period but I have processes in place to identify the site as a relay site, the shellfish including all batches moved will be identifiable and separate from other shellfish
- My Food Safety Management Plan has a process to control all documents and records associated with relayed shellstock that applies to the conditions of the relay authorisation. This includes procedures and documentation to ensure that relayed product is not sold prior to the agreed time and is identifiable on site at all times
- I agree to abide by the conditions set out under the relay authorisation as they apply to the subsequent sale and identification of the relayed shellfish.
- I acknowledge that the movement of shellfish outside these arrangements can occur a penalty of \$20,000.

Signed: ..... Date: .....

**(this form may be faxed back to SASQAP on 08 8683 2560)**

FOR SASQAP USE ONLY

Permission to relay Bivalve Molluscs is approved / not approved

If approved all relocated shellfish must:

- Be clearly identified at all times.
- Be located in an area separated from other shellfish.
- Not be sold for human consumption for a period of ..... days
- Not be sold for human consumption if the Harvesting Area is closed at the time of harvest.

This notice will take effect from .....on the..... (month) 20.....

Please contact the SASQAP office on (08) 8683 2533 or 0428 105 649 for further information as required.

**Clinton Wilkinson**

**Program Leader (Delegate of the MINISTER)**

**Date...../...../.....**



**Government of South Australia**  
Primary Industries and Resources SA