

RETAIL LIVE FISH HOLDING TANKS

Retail Name: _____

Date Inspected: _____

Owner/Supervisor: _____

Phone Number: _____

Address of Retail: _____

	Yes	No	Comments	
Record Keeping Compliance				
Maintenance Logs (i.e. cleaning, temperature checks, UV bulb)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Product Invoices (1 year)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Shellfish Tags (fresh, 1 year)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Shellfish Tags (frozen, 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Holding Tank Components				
Display Tank	• kept clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• kept in good repair	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• free of cracks/crevices	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• clean water supply in correct order (bivalves→crustaceans→finfish)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pumping System	• free of foreign objects (claws/legs/etc)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• impeller is primed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature Control System (Refrigeration)	• liquid refrigerator is clear w/o bubbles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical Filter	• free of clogging (backwashing done)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Biofilter	• free of clogging (backwashing done)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• filter is appropriately submerged in water	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tank Floor Drain	• free of dirt and debris	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bivalve UV Light Unit	• kept clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• UV bulb functioning	<input type="checkbox"/>	<input type="checkbox"/>	_____

Holding Tank Water Parameters					
Parameters	Expected Values for Warm Water Holding System		Expected Values for Cold Water Holding Systems	Observed Values	Comments
	Fresh Water (Tilapia)	Salt Water (White Legged Shrimp)			
Water Type					
Specific Gravity	1.00	1.003-1.005	1.024-1.029		_____
Temperature	25-30°C (77-86°F)		<10°C (50°F)		_____
pH	7.0-8.5		7.0-8.5		_____
Ammonia	<10ppm		<10ppm		_____
Algae Growth	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Cloudy Water	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Foam	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		_____

Off-site (Laboratory) Testing Parameters					
Nitrite	_____	Nitrate	_____	Coliform Count	_____
Turbidity	_____	Dissolved Oxygen	_____		

NOTE: Keep sampled bottles out of direct sunlight and heat

Additional Comments / Corrective Actions

