**Regional Shellfish Seed Biosecurity Program**

**HATCHERY APPLICATION** (Rev. February 2025)

**rssbp.org**

Send completed applications as an attachment to info@rssbp.org.

**Please provide a copy of all standard operating procedure documents in use at your facility.**

Contact info@rssbp.org with any questions on the application or Program.

*Note: Product biosecurity audits will be handled separately from the facility audit.*

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| **DATE OF APPLICATION**  |  |
| **CONTACT INFORMATION** |
| Facility Name:  |  |
| Physical Address: |  |
| Point of Contact:  |  |
| Cell number: |  | Email:  |  |
| **FACILITY INFORMATION** |
| Number of years in operation:  |  |
| Facility Type: | \_\_\_Private/Commercial \_\_\_ University-based/Research \_\_ Other (please explain) |
| Briefly describe seed/larvae distribution (local, out of state, etc.) |   |
| Facility diagram:  | *attach a diagram showing the general facility layout (does not have to be to scale). Include room or area labels (algae, larvae, broodstock, water treatment, etc) and what level of water treatment is accessible in each and indicate entry/exit points.*  |
| **RSSBP PARTICIPATION INTEREST / NEED** |
| Are you a current RSSBP participant?  | \_\_\_ yes \_\_\_ no. If yes, number of years in RSSBP \_\_\_\_\_ |
| Briefly describe your interest in the program (improve and validate biosecurity, assist with product transfers, etc)  |  |
| **FACILITY SOURCE WATER** (list specific body of water) |
| Hatchery Source Water:  |  |
| Do you operate a seed nursery? (minimally/untreated water) | \_\_ YES – at a location(s) using same source water as hatchery\_\_ YES - at a location(s) using different source water as hatchery\_\_ No |
| **HATCHERY PRODUCTS**  |
| **SPECIES PRODUCED AND LIFESTAGES MARKETED** Please list all species produced in your facility.  |
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| **Genus Species** | **Lifestage/size marketed currently** | **Interest in/Need for RSSBP Biosecure status?** (yes, no, maybe) | **Have health evaluations been conducted on this product?**(yes, no, maybe) |
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| **HEALTH HISTORY STATUS** Describe the current frequency of health evaluations of products in the facility. |  |
| **PATHOLOGIST** List the name(s) of the pathologist or business used for health evaluations |  |
| **DESCRIPTION OF PROCEDURES COMPLIANT WITH PROGRAM BEST MANAGEMENT PRACTICES;** a*ttach copies of standard operating procedures that minimize disease risk at the facility, as available.*  |
| BMP #1. Water treatment to prevent pathogen exposure (1um or other means required for early life stages)***Briefly describe pre/post treatment of water for broodstock, algae, larvae, & post-set systems. Include filtration level, UV dosage, etc. as applicable*** |  |
| BMP #2. Adequate separation is required between untreated and treated water #2-a. Physical separation of areas.***Describe your system for handing local, and non-local broodstock. Include details on where spawning occurs and biosecurity practices such as disposal of materials, etc. Include any other physical separation of areas relevant to your facility.*** |  |
| BMP #2. Adequate separation is required between untreated and treated water. #2-b. Water drainage – Prevent untreated water drainage from contact with clean equipment and being tracked throughout. ***Describe water drainage in the facility with respect to biosecurity.*** |  |
| BMP #2. Adequate separation is required between untreated and treated water.# 2-c. Equipment – Equipment should be assigned to specific operational areas or effectively sanitized between uses when shared.***Describe equipment as it relates to biosecurity - how it is kept separate (color-coding, labels, etc) and/or disinfected. If disinfected - Include type of disinfectant, dosage and protocol for use.***  |  |
| BMP #2. Adequate separation is required between untreated and treated water. #2-d. Workflow ***Describe biosecurity practices to prevent workers from cross contaminating when moving between areas in the hatchery and from the field (employee training, signage, hand washing, foot baths, etc)*** |  |
| BMP #2. Adequate separation is required between untreated and treated water . #2-e. Cleaning – Cleaning of water filters or other water treatment apparatus should be conducted in an area separate from any areas containing treated water to avoid cross contamination. ***Describe where and how equipment is cleaned to prevent cross contamination.*** |  |
| BMP #3. Records should be kept . #3-a. Broodstock records must be maintained and document source location (source water), genetic background, and collection date. If applicable, quarantine practices must be documented for all non-local species of broodstock.  ***Describe how broodstock is tracked in your facility, where the information is kept and the specific info recorded. Include whether your facility has quarantine procedures in place and include a copy of the protocol.*** |  |
| BMP #3. Records should be kept .  #3 – b. Spawning records must be maintained that document the specific broodstock used, spawn code/name, and date spawned to accommodate any trace back from health certification results. ***Describe how spawns are tracked, where the information is kept and specific information included****.*  |  |
| BMP #3. Records should be kept . #3-c. System maintenance records should be kept for systems used to eliminate pathogens of concern (POCs) from source water (e.g., filter change regimes, uv bulb changes, etc). ***Describe how proper system function is ensured for each, where the information is kept and the specific information included. Attach protocols if you have them.*** |  |
| BMP #4. Health examinations should be conducted on animals experiencing unexplained, atypical mortality and records kept. This maintains the Program’s ability to stay alert to possible emerging pathogens as well as POCs. ***Describe your relationship with the shellfish pathology community and approach to evaluating unexplained mortality. Include how often product health testing is conducted.*** |  |
| BMP #5. The facility must be compliant with any/all Federal, State and Local requirements. ***Is your facility required to have any Federal, State, or Local permits? If yes, Explain.***  |  |
| **ACKNOWLEDGEMENTS**  |
| I certify the biosecurity procedures and practices described are true and complete. **Initial**  |  |
| I hereby give permission for the RSSBP administrators to access all shellfish product health history records for this facility.**Initial** |  |
| I hereby give permission for the RSSBP administrators to include the product health history records on the Shellfish Disease Database in a way that protects facility confidentiality.  **Initial** |  |
| **Signature** |  |
| **Date** |  |