DMR BUYING STATION LOG

Supplemental

Date:
Certification No.

Company Name:	**Company Address:**
Permit Holders Name: **Permit Number:**	

Amount	Harvester Name	Harvester License #	Harvest Location	Initials

Total Wt. *(not required)*

HACCP Verification: *Signature:*	**Date:**

Record review by HACCP trained individual needed at least every 7 days.