

LABORATORY SERVICES
Phone: (503) 872-6644
EXPORT SERVICE CENTER
Phone: (503) 872-6630
FAX: (503) 872-6615



OREGON DEPARTMENT OF AGRICULTURE
1207 NW NAITO PARKWAY, STE 204
PORTLAND, OREGON 97209-2835
Laws and Regulations: (503) 986-4720
Food Safety Division: (503) 986-4720

REPORT OF LABORATORY ANALYSIS - FDA PROGRAM

OREGON SHELLFISH BAY UNKNOWN
-
SALEM, OR 97308

Estab. No. : 21446
License Type: 77
Contact: -
Phone :

Date Sampled : 10/26/15
Time Sampled : 13:00

Date Received : 10/28/15
Time Received : 12:51

Sanitarian : John Paeth
Received by : Sarah N. Lampson

ANALYTICAL REPORT

Sample Laboratory Number	Laboratory Number	Product Description	Method Reference	Analysis Requested	Analytical Results	Analysts
JEP1	15-B1132	Dungeness Crab Viscera (16J01-D-N)	ODA 2800	Domoic Acid	1.6 ppm MRL=1.0 ppm	RLZ

Reviewed by: _____

Date: 10/30/15



FOOD PRODUCTS
SAMPLE COLLECTION AND LABORATORY ANALYSIS REQUEST FORM

(1) Establishment Name <i>Pacific Ocean</i>	(2) License No. AG-L <i>21446</i>	(3) License Type <i>79 BC</i>	(4) Sample Time (Minutes) <i>100</i>
(5) Address <i>Central, OR Coast.</i>			(6) Travel Time (Minutes) <i>100</i>
(7) Contact Person/Title <i>N/A</i>	(8) Phone <i>N/A</i>	(9) Sampled At (i.e. walk-in cooler, service case) <i>Ocean - see LATS</i>	
(10) Sampled By (Sanitarian, other) <i>ODFW</i>	(11) Date/Time Sampled <i>10/26/15 1:00p</i>	(12) Shipment Temp. Controls (a) Product °F (b) Samp. Loc. °F	(13) Date/Time Received in Laboratory (LAB USE ONLY) <i>10/28/15 1201 SML</i>
(14) Method of Sample Collection <input type="checkbox"/> Packaged sample collected <input type="checkbox"/> Bulk sample collected using aseptic techniques <input type="checkbox"/> Bulk sample collected not for microbio. analysis <input checked="" type="checkbox"/> Other <i>CRAB VISC</i>	(15) Product Label/Photo <input type="checkbox"/> Submitted with this form <input type="checkbox"/> Not available - bulk sample collected <input checked="" type="checkbox"/> NA	(16) Receipt for Samples <input type="checkbox"/> Provided at no charge <input type="checkbox"/> Purchased (copy of receipt submitted with this form) <i>N/A</i>	

(17) SAMPLE NUMBER	(18) LABORATORY NUMBER (LAB USE ONLY)	(19) FDA PRODUCT CODE	(20) PRODUCT/BRAND/PACKAGE TYPE	(21) LOT CODE/PULL DATE	(22) CONTAINER SIZE	(23) TESTS REQUESTED*
<i>JEP 1</i>	<i>15A1132</i>	<i>16J01DN</i>	<i>Dungeness CRAB Viscera</i>			<i>D/A</i>

(24) Firm's Signature: <i>N/A</i>	(25) Date: <i>N/A</i>
(26) Sanitarian/Recipient's Signature: <i>[Signature]</i>	(27) Date: <i>10/27/15</i>
(28) Lab's Signature:	(29) Date:
(30) FOR LAB USE ONLY (please circle or fill in the following) a. The shipment container was sealed. <input checked="" type="checkbox"/> N / NA (sample was hand delivered by the collector) b. Method of collection, including sample size, was appropriate for the lab analysis. <input checked="" type="checkbox"/> N c. The condition or integrity of the sample was maintained well when received. <input checked="" type="checkbox"/> N d. Temperature Control: <i>7.8 °C</i> / NA	(31) REMARKS: <i>No site known offshore - see LATS / King</i>

* See reverse side for listing of standard tests performed. Contact Laboratory for other test requests.

IRT-2 | .5°C | 7.3°C | 7.8°C

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REPORT OF LABORATORY ANALYSIS - FDA PROGRAM

ALSEA BAY
HWY 101
SITE #11C
LINCOLN CITY, OR 97367

Estab. No. : 19177
License Type: 77
Contact: ALSEA BAY
Phone : (503) 986-4720

Date Sampled : 10/26/15
Time Sampled : 13:00

Date Received : 10/28/15
Time Received : 12:51

Sanitarian : John Paeth
Received by : Sarah N. Lampson

ANALYTICAL REPORT

Sample Laboratory Number	Laboratory Number	Product Description	Method Reference	Analysis Requested	Analytical Results	Analysts
JEP1	15-B1133	Dungeness Crab Viscera (16J01-D-N)	ODA 2800	Domoic Acid	9.0 ppm MRL=1.0 ppm	RLZ

Reviewed by: _____

Date: 10/30/15



FOOD PRODUCTS
SAMPLE COLLECTION AND LABORATORY ANALYSIS REQUEST FORM

(1) Establishment Name <i>Alsea Bay</i>		(2) License No. AG-L <i>19177</i>		(3) License Type <i>TYPE</i>		(4) Sample Time (Minutes) <i>100</i>	
(5) Address <i>N/A</i>				(6) Travel Time (Minutes) <i>100</i>			
(7) Contact Person/Title <i>N/A</i>		(8) Phone <i>N/A</i>		(9) Sampled At (i.e. walk-in cooler, service case) <i>Bay (Alsea)</i>			
(10) Sampled By (Sanitarian, other) <i>ODFW</i>		(11) Date/Time Sampled <i>10/26/15 1:00p</i>		(12) Shipment Temp. Controls (a) Product °F (b) Samp. Loc. °F		(13) Date/Time Received in Laboratory (LAB USE ONLY) <i>10/28/15 1201 SN</i>	
(14) Method of Sample Collection <input type="checkbox"/> Packaged sample collected <input type="checkbox"/> Bulk sample collected using aseptic techniques <input type="checkbox"/> Bulk sample collected not for microbio. analysis <input checked="" type="checkbox"/> Other <i>CRAB VISC</i>		(15) Product Label/Photo <input type="checkbox"/> Submitted with this form <input type="checkbox"/> Not available - bulk sample collected <input checked="" type="checkbox"/> N/A		(16) Receipt for Samples <input type="checkbox"/> Provided at no charge <input type="checkbox"/> Purchased (copy of receipt submitted with this form) <i>N/A</i>			

(17) SAMPLE NUMBER	(18) LABORATORY NUMBER (LAB USE ONLY)	(19) FDA PRODUCT CODE	(20) PRODUCT/BRAND/PACKAGE TYPE	(21) LOT CODE/PULL DATE	(22) CONTAINER SIZE	(23) TESTS REQUESTED*
<i>JEP 1</i>	<i>B1133 15AH3115</i>	<i>16J 01 DN</i>	<i>cooked Dungeness CRAB VISCERA</i>			<i>D/A</i>

(24) Firm's Signature: <i>N/A</i>	(25) Date: <i>N/A</i>
(26) Sanitarian/Recipient's Signature: <i>[Signature]</i>	(27) Date: <i>10/27/15</i>
(28) Lab's Signature:	(29) Date:
(30) FOR LAB USE ONLY (please circle or fill in the following) a. The shipment container was sealed. <input checked="" type="checkbox"/> N / NA (sample was hand delivered by the collector) b. Method of collection, including sample size, was appropriate for the lab analysis <input checked="" type="checkbox"/> N c. The condition or integrity of the sample was maintained well when received. <input checked="" type="checkbox"/> N d. Temperature Control: <i>14.2</i> °C / NA	(31) REMARKS: <i>ODFW Pick-up by ODA</i>

* See reverse side for listing of standard tests performed. Contact Laboratory for other test requests.

*IRT-2/1A-.4/14.0/14.2°C
SNL 10/28/15*

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PORTLAND, OREGON 97209-2835
Laws: 97209-2835
Food Safety Division: (503) 986-4720

REPORT OF LABORATORY ANALYSIS - FDA PROGRAM

BASTENDORF BCH TO CAPE ARAGO
CAPE ARAGO HWY
SITE #18
CHARLESTON, OR 97420

Estab. No. : 17960
License Type: 77
Contact: BASTENDORF BCH TO CAPE ARAGO
Phone : (503) 378-3790

Date Sampled : 10/26/15
Time Sampled : 19:00

Date Received : 10/27/15
Time Received : 11:10

Sanitarian : NEIL JENSEN
Received by : Sarah N. Lampson

ANALYTICAL REPORT

Sample Number	Laboratory Number	Product Description	Method Reference	Analysis Requested	Analytical Results	Analysts
NJ6	15-B1130	Dungeness Crab Viscera (16J01-G-N) Code/Lot Number: 15 fathoms	ODA 2800	Domoic Acid	6.8 ppm MRL=1.0 ppm	RLZ

Reviewed by: _____

Date: 10/30/15

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OREGON DEPARTMENT OF AGRICULTURE
1207 NW NAITO PARKWAY, STE 204
PORTLAND, OREGON 97209-2835
Laws and Regulations: (503) 988-4120
Food Safety Division: (503) 988-4120

REPORT OF LABORATORY ANALYSIS - FDA PROGRAM

BASTENDORF BCH TO CAPE ARAGO
CAPE ARAGO HWY
SITE #18
CHARLESTON, OR 97420

Estab. No. : 17960
License Type: 77
Contact: BASTENDORF BCH TO CAPE ARAGO
Phone : (503) 378-3790

Date Sampled : 10/26/15
Time Sampled : 19:00

Date Received : 10/27/15
Time Received : 11:10

Sanitarian : NEIL JENSEN
Received by : Sarah N. Lampson

ANALYTICAL REPORT

Sample Laboratory Number	Number	Product Description	
NJ7	15-B1131	Dungeness Crab Viscera (16J01-G-N) Code/Lot Number: Estuary	
Method Reference	Analysis Requested	Analytical Results	Analysts
ODA 2800	Domoic Acid	5.8 ppm MRL=1.0 ppm	RLZ

Reviewed by: _____

Date: 10/30/15



FOOD PRODUCTS
SAMPLE COLLECTION AND LABORATORY ANALYSIS REQUEST FORM

(1) Establishment Name: *Ocean Dept. of Fish and Wildlife* (2) License No.: *AG-L 17960* (3) License Type: *79 RC* (4) Sample Time (Minutes): *10*
 (5) Address: *NA* (6) Travel Time (Minutes): *15*

(7) Contact Person/Title: *Scott Grath* (8) Phone: *(541) 888-3307* (9) Sampled At (I.e. walk-in cooler, service case): *Cook Bay (ocean and estuary)*

(10) Sampled By (Sanitarian, other): *Neil Jensen* (11) Date/Time Sampled: *10/26/2015 7:00pm* (12) Shipment Temp. Controls: (a) Product °F: *NA* (b) Samp. Loc. °F: *NA* (13) Date/Time Received in Laboratory (LAB USE ONLY): *10/27/15 11:10 AM*

(14) Method of Sample Collection:
 Packaged sample collected
 Bulk sample collected using aseptic techniques
 Bulk sample collected not for microbio. analysis
 Other: *Crustacean harvest*
 (15) Product Label/Photo:
 Submitted with this form
 Not available - bulk sample collected
 NA
 (16) Receipt for Samples:
 Provided at no charge
 Purchased (copy of receipt submitted with this form)
 NA

(17) SAMPLE NUMBER	(18) LABORATORY NUMBER (LAB USE ONLY)	(19) FDA PRODUCT CODE	(20) PRODUCT/BRAND/PACKAGE TYPE	(21) LOT CODE/ PULL DATE	(22) CONTAINER SIZE	(23) TESTS REQUESTED*
<i>N16</i>	<i>B-01715-30 15B1130</i>	<i>16J6N01</i>	<i>Dungeness crab viscera</i>	<i>15 Fathoms</i>	<i>4</i>	<i>DA</i>
<i>N17</i>	<i>15B1131</i>	<i>16J6N01</i>	<i>Dungeness crab viscera</i>	<i>Estuary</i>	<i>4</i>	<i>DA</i>

(24) Firm's Signature: *NA* (25) Date: *NA*
 (26) Sanitarian/Recipient's Signature: *[Signature]* (27) Date: *10/26/2015*
 (28) Lab's Signature: (29) Date:

(30) FOR LAB USE ONLY (please circle or fill in the following)
 a. The shipment container was sealed. Y/N/NA (sample was hand delivered by the collector)
 b. Method of collection, including sample size, was appropriate for the lab analysis. Y/N
 c. The condition or integrity of the sample was maintained well when received. Y/N
 d. Temperature Control: _____ °C/NA
 (31) REMARKS: *Crab harvest on 10/24/2015*

* See reverse side for listing of standard tests performed. Contact Laboratory for other test requests.

Temp = 1 RT-2 = 3.0 (N16) + 0.5°C = 3.5°C
3.0 (N17) = 3.5°C
LABORATORY

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LAW & POLICE: (503) 988-4720
Food Safety Division: (503) 988-4720
REGISTRATION: (503) 988-2835

REPORT OF LABORATORY ANALYSIS - FDA PROGRAM

GOLD BEACH - MYERS CREEK
HWY 101
SITE #22
GOLD BEACH, OR 97444

Estab. No. : 17963
License Type: 77
Contact: GOLD BEACH - MYERS CREEK
Phone : (503) 378-3790

Date Sampled : 10/26/15
Time Sampled : 19:00

Date Received : 10/27/15
Time Received : 11:10

Sanitarian : NEIL JENSEN
Received by : Sarah N. Lampson

ANALYTICAL REPORT

Sample Laboratory
Number Number

Product Description

NJ3 15-B1127

Dungeness Crab Viscera (16J01-G-N)
Code/Lot Number: 15 fathoms

Method Reference

Analysis Requested

Analytical Results

Analysts

ODA 2800

Domoic Acid

43 ppm MRL=1.0 ppm

RLZ

Reviewed by: _____

Date: 10/30/15

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OREGON DEPARTMENT OF AGRICULTURE
1207 NW NAITO PARKWAY, STE 204
PORTLAND, OREGON 97209-2835
Laws & Rules Division: (503) 986-4720
Food Safety Division: (503) 986-4720

REPORT OF LABORATORY ANALYSIS - FDA PROGRAM

GOLD BEACH - MYERS CREEK
HWY 101
SITE #22
GOLD BEACH, OR 97444

Estab. No. : 17963
License Type: 77
Contact: GOLD BEACH - MYERS CREEK
Phone : (503) 378-3790

Date Sampled : 10/26/15
Time Sampled : 19:00

Date Received : 10/27/15
Time Received : 11:10

Sanitarian : NEIL JENSEN
Received by : Sarah N. Lampson

ANALYTICAL REPORT

Sample Number	Laboratory Number	Product Description	Method Reference	Analysis Requested	Analytical Results	Analysts
NJ4	15-B1128	Dungeness Crab Viscera (16J01-G-N) Code/Lot Number: 30 fathoms	ODA 2800	Domoic Acid	13 ppm MRL=1.0 ppm	RLZ

Reviewed by: _____

Date: 10/30/15

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OREGON DEPARTMENT OF AGRICULTURE
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Laws and Regulations Division: (503) 966-4720
Food Safety Division: (503) 966-4720

REPORT OF LABORATORY ANALYSIS - FDA PROGRAM

GOLD BEACH - MYERS CREEK
HWY 101
SITE #22
GOLD BEACH, OR 97444

Estab. No. : 17963
License Type: 77
Contact: GOLD BEACH - MYERS CREEK
Phone : (503) 378-3790

Date Sampled : 10/26/15
Time Sampled : 19:00

Date Received : 10/27/15
Time Received : 11:10

Sanitarian : NEIL JENSEN
Received by : Sarah N. Lampson

ANALYTICAL REPORT

Sample Number	Laboratory Number	Product Description	
NJ5	15-B1129	Dungeness Crab Viscera (16J01-G-N) Code/Lot Number: 45 fathoms	
Method Reference	Analysis Requested	Analytical Results	Analysts
ODA 2800	Domoic Acid	40 ppm MRL=1.0 ppm	RLZ

Reviewed by: _____

Date: 10/30/15



**FOOD PRODUCTS
SAMPLE COLLECTION AND LABORATORY ANALYSIS REQUEST FORM**

(1) Establishment Name <i>Oregon Dept. of Fish Wildlife</i>	(2) License No. <i>AG-L 17963</i>	(3) License Type <i>FR</i>	(4) Sample Time (Minutes) <i>25</i>
(5) Address <i>NA</i>		(6) Travel Time (Minutes) <i>10</i>	

(7) Contact Person/Title <i>Scott Gath</i>	(8) Phone <i>(503) 888-3307</i>	(9) Sampled At (i.e. walk-in cooler, service case) <i>Brookings</i>
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(10) Sampled By (Sanitarian, other) <i>Neil Jensen</i>	(11) Date/Time Sampled <i>10/26/2015 7:00 pm</i>	(12) Shipment Temp. Controls (a) Product °F <i>NA</i>	(b) Samp. Lgc. °F <i>NA</i>	(13) Date/Time Received in Laboratory (LAB USE ONLY) <i>10/27/2015 11:10 a.m.</i>
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(14) Method of Sample Collection <input type="checkbox"/> Packaged sample collected <input type="checkbox"/> Bulk sample collected using aseptic techniques <input type="checkbox"/> Bulk sample collected not for microbp. analysis <input checked="" type="checkbox"/> Other <i>Crustacean harvest</i>	(15) Product Label/Photo <input type="checkbox"/> Submitted with this form <input type="checkbox"/> Not available - bulk sample collected <input checked="" type="checkbox"/> NA	(16) Receipt for Samples <input type="checkbox"/> Provided at no charge <input type="checkbox"/> Purchased (copy of receipt submitted with this form) <input checked="" type="checkbox"/> NA
---	--	--

(17) SAMPLE NUMBER	(18) LABORATORY NUMBER (LAB USE ONLY)	(19) FDA PRODUCT CODE	(20) PRODUCT/BRAND/PACKAGE TYPE	(21) LOT CODE/ PULL DATE	(22) CONTAINER SIZE	(23) TESTS REQUESTED*
<i>M3</i>	<i>15-B1127</i>	<i>16J6N01</i>	<i>Dungeness crab viscera</i>	<i>15 Fathoms</i>	<i>2</i>	<i>DA</i>
<i>M4</i>	<i>15-B1128</i>	<i>16J6N01</i>	<i>Dungeness crab viscera</i>	<i>30 Fathoms</i>	<i>1</i>	<i>DA</i>
<i>M5</i>	<i>15-B1129</i>	<i>16J6N01</i>	<i>Dungeness crab viscera</i>	<i>45 Fathoms</i>	<i>1</i>	<i>DA</i>

(24) Firm's Signature: <i>NA</i>	(25) Date: <i>NA</i>
(26) Sanitarian/Recipient's Signature: <i>[Signature]</i>	(27) Date: <i>10/26/2015</i>
(28) Lab's Signature:	(29) Date:

(30) FOR LAB USE ONLY (please circle or fill in the following) a. The shipment container was sealed. Y/N/NA (sample was hand delivered by the collector) b. Method of collection, including sample size, was appropriate for the lab analysis. Y/N c. The condition or integrity of the sample was maintained well when received. Y/N d. Temperature Control: _____ °C/NA	(31) REMARKS: <i>Crab landed on 10/24/2015.</i>
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* See reverse side for listing of standard tests performed. Contact Laboratory for other test requests.
 Temp w/ IRT = 4.6°C + 0.5°C correction = 5.1°C
LABORATORY