

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		DAIRY FARM SANITATION REPORT	FORM APPROVED; OMB No. 0910-0212 Expiration Date: December 31, 2008 See Reverse for OMB Statement	
FARM NUMBER	OWNER	MILK GRADE		
DATE	ADDRESS	NUMBER OF GALLONS DAILY		
TIME	PERSON INTERVIEWED	DELIVERED TO		
FACILITIES REQUIRED (Indicate non-compliance by marking X in the appropriate boxes.)				
<input type="checkbox"/> 1. HEALTH OF COWS Tuberculin tested _____ Accredited _____ Brucellosis tested, if required _____ Veterinary Examination, if required _____		<input type="checkbox"/> 2. MILKING AREA Housing and Milking Barn? _____ Milking Barn or Parlor _____ <input type="checkbox"/> 3. MILK HOUSE OR ROOM <input type="checkbox"/> 4. UTENSILS AND EQUIPMENT <input type="checkbox"/> 5. COOLING FACILITIES Method Used _____ <input type="checkbox"/> 6. WATER SUPPLY <input type="checkbox"/> 7. TOILET AND SEWAGE DISPOSAL		
SANITARY METHODS (Indicate unsanitary conditions by marking X in the appropriate boxes. Add descriptive comments as necessary. See other side for grade & score instructions.)				
8. MILKING PROCEDURE Was Milking inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No Method used (Check One) <input type="checkbox"/> hand <input type="checkbox"/> pipeline <input type="checkbox"/> machine Was Mastitis test used? <input type="checkbox"/> Yes <input type="checkbox"/> No Kind of test _____ <input type="checkbox"/> Cows clean <input type="checkbox"/> Udders Washed <input type="checkbox"/> Health of dairyman <input type="checkbox"/> Flanks, udders, and tails <input type="checkbox"/> Appearance of dairyman <input type="checkbox"/> Milkers hands clean <input type="checkbox"/> Milk moved immediately to milkroom <input type="checkbox"/> Clothes clean <input type="checkbox"/> Abnormal milk not sold				Perfect Score _____ Grade _____ Score _____
9. MILKING AREA <input type="checkbox"/> Walls and ceiling clean <input type="checkbox"/> Manure removed daily <input type="checkbox"/> Floors and gutter clean <input type="checkbox"/> Manure inaccessible to cows <input type="checkbox"/> Free from flies <input type="checkbox"/> Barnyard clean <input type="checkbox"/> Free from other animals <input type="checkbox"/> Barnyard well drained				_____ 15 _____
10. MILK HOUSE OR ROOM <input type="checkbox"/> Clean <input type="checkbox"/> Free from flies <input type="checkbox"/> Used for milk handling only				_____ 10 _____
11. UTENSILS AND EQUIPMENT <input type="checkbox"/> Clean <input type="checkbox"/> Properly stored <input type="checkbox"/> Approved procedure used for sanitizing utensils and milking machines.				_____ 25 _____
12. COOLING MILK <input type="checkbox"/> Temperature of cooling medium _____°F. and/or milk _____°F. <input type="checkbox"/> Milk delivered to plant at 50°F. or less or <input type="checkbox"/> Delivered to plant within 2 hours after milking if approved <input type="checkbox"/> Cooling medium sanitary				_____ 15 _____
13. TOILET AND SEWAGE DISPOSAL <input type="checkbox"/> Clean <input type="checkbox"/> Free from flies <input type="checkbox"/> Used for milk handling only				_____ 10 _____
14. GENERAL PREMISES <input type="checkbox"/> Neat and clean				_____ 5 _____
TOTAL SCORE				100
FARM RATING				0
SUPPLEMENTAL INFORMATION (Based on last four records)				
BACTERIAL COUNTS Raw (Method _____) _____ Thermoturic _____ TEMPERATURES _____ SANITATION SCORES _____				If necessary, PUT ADDITIONAL REMARKS ON REVERSE.
Dairyman _____			Sanitarian _____	