

Section F — Supplemental Dairy On-Farm Record Keeping Forms

This section contains four record keeping forms:

Record 11: Animal Health Product Treatment Record for Dairy Operations

Record 12: Record of Worker Training for Dairy Operations

Record 13: Daily Freezer/Bulk Tank Temperature Record

Record 14: Raw Milk Transport Record

Dairy producers are asked to use Records 10 and 11 instead of Records 1 and 9 from Section C. In addition to the records in Section C, you will need to maintain these records to comply with the Canadian Sheep and Lamb On-Farm Food Safety Program requirements for dairy operations.

You are not required to use the record forms provided with this Program, if you already have a system for recording the same information. However, as the validator will be familiar with these forms, using them may decrease the length of your on-farm validation.

Record 11: Animal Health Product Treatment Record For Dairy Operations

Must Do

Treatment (Trt) Date(s)		Animal or Pen Identification	Condition Treated <i>*(For Mastitis Treatments Use the Codes Below)</i>	Product Name	Prescription (P) or Non-Prescription (NP)	Dose	Estimated Animal Weight or Number of Animals Treated	**Route (See Abbreviation Codes Below)	Withdrawal Date (Date Safe to Slaughter or Ship to the Auction)	Treated by (Initials)
First Trt	Final Trt									
	05/05/03	ID# 1400	Pneumonia	Product A	NP	2cc	170 lbs.	SQ	02/04/03	JD

* Mastitis Culture Codes: 1 = Staph. aureus. (coagulase neg.) 2 = Pasteurella spp. 3 = Coliforms 4 – Environmental Strep. 5 = Other.

**Route Codes: IW – In the water IF – In the Feed TT – Topical Treatment (pour-on) OR – Oral SQ – Subcutaneous IM – Intramuscular IV – Intravenous

Note: If a needle breaks in an animal during an injection, record the animal identification number, location of the needle and date it occurred in the comments section.

Comments: _____

Producer's Signature

Date

Producers are to review each record before signing.

Page ____ of ____.

Auditor's Initial: _____ Audit Date: _____

Record 12: Record of Worker Training for Dairy Operations Continued

Must Do

For fulltime, part-time, seasonal workers and family members. Training is only required if workers will be performing duties related to “**Must Do**” practices in any of the areas listed below.

Area	Date Applicable Section of Manual Reviewed	Date Shown How to do Task	Initials of Trainee	Date of Verification by Producer/ Trainer	Producer/ Trainer Initials
E.1 Legislation	03/03/2003	02/03/2003	JD	04/03/2003	KD
E2.1 Farmyard and Surroundings					
E 2.2 Animal Housing Area					
E2.3 Milking Parlour					
E2. 4 Milk House					
E2.5 Dairy Equipment					
E2.6 Chemical Use and Storage					
E3. Flock Health and Diseases of Concern to Dairy Producers					
E4.1 Milking Procedures					
E4.2 Milking Parlour and Milk House Sanitation					
E4.3 Equipment Sanitation					
E 4.4 Handling Milk from Medicated Ewes					
E5. Water Quality for Dairy Operations					
E6.1 Milk Packaging					
E6.2 Cooling, Freezing and Storing Milk					
E6.3 Transporting Milk					

Comments: _____

 Producer’s Signature

 Date

Producers are to review each record before signing.

Page ____ of ____.

Auditor’s Initial: ____ Audit Date: _____

Record 13: Daily Freezer/Bulk Tank Temperature Record

Must Do

Month: _____

Day	Freezer Temperature (°C)	Time	Reader's Initials	Day	Bulk Tank Temperature (°C) a.m.	Reader's Initials	Bulk Tank Temperature (°C) p.m.	Reader's Initials
1	-18	8:27 a.m.	JD	1	-1	JD	-1	JD
2				2				
3				3				
4				4				
5				5				
6				6				
7				7				
8				8				
9				9				
10				10				
11				11				
12				12				
13				13				
14				14				
15				15				
16				16				
17				17				
18				18				
19				19				
20				20				
21				21				
22				22				
23				23				
24				24				
25				25				
26				26				
27				27				
28				28				
29				29				
30				30				
31				31				

Temperature Calibration Date(s): _____ **Freezer/Cooler** (Circle One)

_____ **Freezer/Cooler** (Circle One)

 Producer's Signature

 Date

Producers are to review each record before signing.

Page ____ of ____.

Auditor's Initial: _____ Audit Date: _____

Record 14: Raw Milk Transport Record

Must Do

This form must be completed when transporting raw milk to the processor.

Receiver's Name (person/company) _____

Address: _____

Producer's Name _____

Address: _____

Fluid Milk:
 Temperature of Milk at Shipping: _____
 Temperature of Milk at Receiving: _____

Frozen Milk:
 Condition of Milk at Shipping (i.e. frozen): _____
 Condition of Milk at Receiving (i.e. frozen): _____

Milk Production Period (i.e. day, week month)	Container Size	Number of Containers	Milk Production Period (i.e. day, week month)	Container Size	Number of Containers
May 7-10, 2003	15 litres	4			

Total Amount of Milk: _____

I _____ the producer of the milk, declare to the best of my knowledge, that the milk is of good quality and safety; and was produced under a HACCP-based on-farm food safety program.

 Producer's Signature

 Date

 Receiver's Signature

 Date

Producers are to review each record before signing.

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Auditor's Initial: ____ Audit Date: _____