

Rural Payments and Inspections Division

2015 – Dairy Hygiene (SMR 4)

General details

Main Location Code

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Business Reference No.

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A. List all location codes **visited** for this report (including MLC if visited)

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Origin of inspection (tick appropriate box)

Risk	<input type="checkbox"/>	
Random	<input type="checkbox"/>	
Target	<input type="checkbox"/>	Question No(s):

B. Notice of inspection
(1= unannounced, 0-3 hrs; 2= 3-24 hrs; 3= 24-48 hrs; 4= >48 hrs)

If 2, 3 or 4 please give
reason for notice

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C. Date of Inspection

		/			/		
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D. Person(s) present at or involved in this inspection

RPID	FARMER / AGENT

The reference to milk includes colostrum if it's sold for human consumption

1 Are dairy animals (cows, sheep or goats) in a good general state of health and not suffering from any disease that might result in the contamination of milk?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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Diseases include the infection of the genital tract with discharge, enteritis with diarrhoea and fever, or inflammation or wounds to the udder

2 If **No to 1**, does the farmer have appropriate arrangements to prevent milk from sick animals from entering the bulk tank?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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S4.A22

3 Has the farmer administered any unauthorised substances or products to milking animals?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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S4.A22

4 Has the farmer observed withdrawal periods for authorised products administered to milking animals?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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S4.A22

5 Does the dairy herd have a Tuberculosis and Brucellosis disease-free status?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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6 If **No to 5**, has milk from non-reactor animals been marketed for direct human consumption without being pasteurised?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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S4.A23

7 If **No to 5**, has milk from reactor animals been marketed for direct human consumption?

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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S4.A23

8 Does the farmer have suitable arrangements to isolate animals that are infected or suspected to be infected with a disease that might result in the contamination of milk?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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S4.A24

Diseases include Tuberculosis, Brucellosis, infection of the genital tract with discharge, enteritis with diarrhoea and fever, inflammation or wounds to the udder

9 Is the place where milk is stored, handled and cooled located and constructed to limit the risk of contamination?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S4.A25

10 Are the premises used for storing milk;

- **protected against vermin (including birds and birds' nests);**
- **adequately separated from where the animals are housed and;**
- **equipped with suitable refrigeration equipment?**

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S4.A26

11 Are the surfaces of equipment intended to come into contact with milk –

- Easy to clean, disinfect (where necessary) and made of non-toxic materials?
- Cleaned (disinfected where necessary) and maintained in a sound condition?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S4.A27 S4.A28

Utensils, clusters, containers, tanks etc.

12 Does the farmer milk hygienically and ensure teats, udders and adjacent parts are clean before attaching clusters?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S4.A29

13 Are animals under-going medical treatment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

14 If Yes to 13, are

- **animals adequately identified and;**
- **practices which prevent milk from these animals being used for human consumption, being followed?**

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S4.A29

15 Is milk immediately after milking;

- **held in a clean place designed and equipped to prevent contamination and;**
- **cooled to 8°c if collected daily or 6°c if not collected daily?**

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S4.A30

Summary of Breach Findings

Requirement breached & Question number (e.g. SMR 4 – Q10)	Intent Negligent/ Intentional	Extent On farm/ Off farm	Severity Very low/Low/ Medium/High	Permanence Rectifiable/ Permanent	Reoccurrence 1 st offence/ 2 nd offence/ 3 rd offence

If breach(es) discovered, please leave comment(s) in section E.

A. Inspector's comments

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Inspector's signature - _____ Date - _____
Name - _____
(BLOCK CAPITALS) _____

B. Applicant / representative's comments

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Applicant's signature - _____ Date - _____
Name - _____
(BLOCK CAPITALS) _____