



Rural Payments and Inspections Division

**2016 – 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)

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

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

**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
	S4.A22

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

Yes	No
S4.A22	

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

Yes	No
	S4.A22

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

Yes	No

6 If **No to 5**, has milk from non-reactor animals been marketed for direct human consumption without being pasteurised?

Yes	No
S4.A23	

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

Yes	No
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
	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 <sup>st</sup> offence/ 2 <sup>nd</sup> offence/ 3 <sup>rd</sup> 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 -** .....  
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**B. Applicant / representative's comments**

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**Applicant's signature -** ..... **Date -** \_\_\_\_\_  
**Name -** .....  
 (BLOCK CAPITALS)