

Rural Payments and Inspections Division

2017 – 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		
Random		
Target		Question No(s):

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

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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"/> |

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 type="checkbox"/> |
- S4.A22

- 3 Has the farmer administered any unauthorised substances or products to milking animals?
- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
- S4.A22

- 4 Has the farmer observed withdrawal periods for authorised products administered to milking animals?
- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
- S4.A22

- 5 Does the dairy herd have a Tuberculosis and Brucellosis disease-free status?
- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- 6 If **No to 5**, has milk from non-reactor animals been marketed for direct human consumption without being pasteurised?
- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
- S4.A23

- 7 If **No to 5**, has milk from reactor animals been marketed for direct human consumption?
- | Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
- 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 type="checkbox"/> |
- S4.A24

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

<p>9 Is the place where milk is stored, handled and cooled located and constructed to limit the risk of contamination?</p>	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; height: 40px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center; border: 1px solid black; background-color: #cccccc;">S4.A25</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		S4.A25
Yes	No						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	S4.A25						
<p>10 Are the premises used for storing milk;</p> <ul style="list-style-type: none"> — <i>protected against vermin (including birds and birds' nests);</i> — <i>adequately separated from where the animals are housed and;</i> — <i>equipped with suitable refrigeration equipment?</i> 	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; height: 40px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center; border: 1px solid black; background-color: #cccccc;">S4.A26</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		S4.A26
Yes	No						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	S4.A26						
<p>11 Are the surfaces of equipment intended to come into contact with milk –</p> <ul style="list-style-type: none"> • Easy to clean, disinfect (where necessary) and made of non-toxic materials? • Cleaned (disinfected where necessary) and maintained in a sound condition? <p>Utensils, clusters, containers, tanks etc.</p>	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; height: 40px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center; border: 1px solid black; background-color: #cccccc;">S4.A27 S4.A28</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		S4.A27 S4.A28
Yes	No						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	S4.A27 S4.A28						
<p>12 Does the farmer milk hygienically and ensure teats, udders and adjacent parts are clean before attaching clusters?</p>	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; height: 40px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center; border: 1px solid black; background-color: #cccccc;">S4.A29</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		S4.A29
Yes	No						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	S4.A29						
<p>13 Are animals under-going medical treatment?</p>	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>		
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						
<p>14 If Yes to 13, are</p> <ul style="list-style-type: none"> — <i>animals adequately identified and;</i> — <i>practices which prevent milk from these animals being used for human consumption, being followed?</i> 	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; height: 40px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center; border: 1px solid black; background-color: #cccccc;">S4.A29</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		S4.A29
Yes	No						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	S4.A29						
<p>15 Is milk immediately after milking;</p> <ul style="list-style-type: none"> — <i>held in a clean place designed and equipped to prevent contamination and;</i> — <i>cooled to 8°C if collected daily or 6°C if not collected daily?</i> 	<table border="0"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center; width: 50px; height: 40px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; height: 40px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center; border: 1px solid black; background-color: #cccccc;">S4.A30</td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>		S4.A30
Yes	No						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	S4.A30						

Summary of Breach Findings

Requirement breached & Question number (e.g. GAEC 3 – Q3.3)		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
Breach Comment						
Breach Comment						
Breach Comment						
Breach Comment						

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

E. Inspector's comments (general)

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

Date - _____

F. Applicant / representative's comments

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

Date - _____