



# Guidance Document

## Raw Milk for Sale to Consumers - Procedures and Record Templates

26 August 2016

## Title

Guidance Document: Guidance Document: Raw Milk for Sale to Consumers - Procedures and Record Templates

## About this document

This guidance document is issued by the Animal Products group, Regulation & Assurance Branch of the Ministry for Primary Industries.

## Related Requirements

- (1) This document should be read in conjunction with the:
- a) Animal Products Act 1999
  - b) Food Act 2014
  - c) Raw Milk for Sale to Consumers Regulations 2015
  - d) Animal Products Notice: Raw Milk for Sale to Consumers dated 1 March 2016
  - e) Australia New Zealand Food Standards Code

## Document history

| Previous Version Date | Current Version Date | Section Changed | Change(s) Description |
|-----------------------|----------------------|-----------------|-----------------------|
| N/A                   |                      |                 |                       |

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| <b>Contents</b>               | <b>Page</b> |
|-------------------------------|-------------|
| Purpose                       | 3           |
| Background                    | 3           |
| Plans, Procedures and Systems | 4           |
| Records                       | 22          |

## Purpose

This guidance document has been prepared by the Ministry for Primary Industries (MPI) to assist the following persons to meet the requirements of the Raw Milk for Sale to Consumers Regulations 2015 and the Animal Products Notice: Raw Milk for Sale to Consumers:

- a) Farm Dairy Operators;
- b) Depot Operators;
- c) Transport Operators.

The Regulations and the Notice together form a Regulated Control Scheme (RCS). In order for businesses to understand all the requirements of the RCS, it is essential to be familiar with both the Regulations and this Notice. Requirements of the scheme that are set out in Regulations are not generally repeated in the Notice.

The guidance provided in this document will assist the farm dairy operators and depot operators to undertake the process of registration and compliance with the requirements of the RCS.

## Background

Raw drinking milk is liquid milk from dairy animals that does not undergo a heat treatment step and does not have anything added or removed from it. Most milk sold at retail in New Zealand is pasteurised (heat treated to the equivalent of 72°C for 15 seconds) in order to kill pathogenic microorganisms. Consuming raw milk has long been a tradition for rural New Zealanders, dating back to the 1800s. Previously the sale of raw milk was limited to the farm gate with a 5 litre per person per day restriction on it by Section 11A of the Food Act 1981. The repeal of the Food Act 1981 as a result of the Food Act 2014 meant the removal of this restriction on sale, and provided the government with an opportunity to consider a new regulatory framework.

MPI has completed a review of the policy for raw drinking milk resulting in a new regulatory framework for production and sale. The regulatory framework came into effect on 01 March 2016 to coincide with the transitional provisions of the Food Act 2014. Raw milk producers will be registered under a Regulated Control Scheme to manage risks associated with production and processing of raw milk.

This document discusses how to implement, and comply with the requirements of the Regulated Control Scheme, and describes the process for registering under the Regulated Control Scheme.

## Additional resources

The following documents are additional resources that will help to design, construct, maintain and run an RCS raw milk operation that are available on the MPI website:

- a) Operational Code: NZCP1: Design and Operation of Farm Dairies;
- b) Additional Measures for Raw Milk Products Code of Practice;
- c) Operational Guideline: Design and Construction of Dairy Premises and Equipment;
- d) Register for Approved & Recognised Dairy Maintenance Compounds.

## Plans, Procedures and Systems

This section of the document provides template procedures, plans and systems that you are required to have under the RCS. Your plans, procedures and systems need to be:

- written up in a logical and legible way;
- displayed or made available to all people performing any functions under the RCS;
- made readily available to your verifier or farm dairy assessor when requested;
- reflective of what actually goes on within your farm dairy operation as these are what you will be assessed and audited against for routine verification and assessment.

The following pages contain templates for plans, procedures and systems that you must have in place for your farm dairy operation, including:

- animal identification;
- mastitis management;
- milking animal segregation;
- milking procedure;
- cleaning programme;
- packaging RCS milk;
- operation and maintenance of self-service dispensers;
- sell-by time procedure;
- pest management system;
- application of effluent;
- protection from feed taint.

Animal identification

|   |
|---|
| <p><b>Milking animal identification</b></p> <p>Describe the method used to uniquely identify each milking animal (e.g. ear tag) so that:</p> <ul style="list-style-type: none"><li>• all animals can be identified;</li><li>• no two animals in the main RCS milking herd carry the same identification in the same season.</li></ul> |
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| <p><b>Milking animals new to the property</b></p> <p>Describe the system used for managing and recording animal movements on your farm.</p>   |
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| <p><b>Other</b></p> <p>(Write down where records of the RCS milking herd are held and any other relevant details).</p>  |
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You need to record how you intend to manage mastitis in your RCS milking herd. At a minimum, your mastitis management plan must include the below information.

## Routine monitoring of mastitis

- routinely monitor for mastitis in the RCS milking herd;
- screen milk from individual animals to identify any infected glands, whether subclinical or clinical;
- record the monitoring results and where these are held.

Describe the thresholds (herd or individual animal) at which action is taken, and the nature of that action (e.g. seeking veterinary advice, administering treatment, whole herd screening).

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| <b>Managing mastitis at dry-off</b><br>Describe procedures to be followed at drying off (e.g. dry cow treatment, consultations with the veterinarian, procedures for administering dry cow treatment, and the application of teat sealant (which must remain only in the teat canal)). |
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| <b>Managing mastitis post-partum</b><br>Describe the procedure post-partum for confirming milking animals are free from elevated somatic cell counts prior to entering the RCS milking herd.   |
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## Milking animal segregation

You need to record how you intend to segregate any sick animals or treated animals from the RCS milking herd, including the method for identification of animals, isolation (when needed), treatment, and withholding the animal's milk for the appropriate period.

|   |                       |
|---|-----------------------|
| <b>Marking animals not to be milked for RCS supply</b>  |                       |
| Describe the marking method(s) used for each type of segregation.   |                       |
| <b>Purpose</b>  | <b>Marking Method</b> |
| Colostrum   |                       |
|   |                       |
| Clinical mastitis   |                       |
|   |                       |
|   |                       |
| Vet medicine treatment  |                       |
|   |                       |
|   |                       |
| Animal health issue   |                       |
|   |                       |
|   |                       |
|   |                       |
| <b>Recording segregated animals</b>   |                       |
| Describe the procedure used when recording each segregated animals details (e.g. reason for segregation, treatment records, milk back into supply), and where permanent records for segregation will be held. |                       |
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| <b>Separating/isolating segregated animals</b>  |                       |
| Describe the procedure used when isolating milking animals (e.g. when instructed by a vet), and measures used to ensure that animals remain isolated.   |                       |
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**Treating animals**

Describe the procedure for treating animals (e.g. removal from the herd; confirming animal ID, dose, instructions and milk withholdings; recording, marking, and administering treatment).

**Managing treated animals**

Describe the procedure to be followed when milking treated animals e.g.:

- lactational treatments – keeping treated animals in a separate herd, milking last after colostrum group, removing the delivery line from the bulk milk tank, hot wash before milking the RCS herd;
- dry cow therapy/teat sealant – separate herd, stripping of milk per label, full milking's, milking after colostrum herd.

**Disposal of withheld milk**

Describe the procedure used to dispose of withheld milk from segregated animals including colostrum, suspect mastitis milk, milk from unhealthy animals and milk from treated animals.

## Milking procedure

You need to record your milking procedures for your milking area in sufficient detail to show that RCS milk will be compliant and a relief milker can follow them.

Your milking procedures should take into account:

- pre-milking procedures;
- milking the main RCS milking herd;
- post milking activities;
- milk harvester hygiene.

Refer to 'milking animal segregation' procedures for additional instructions.

### Pre-milking

Describe the procedure used for pre-milking start up including:

- rinsing milking plant to remove sanitiser before connecting delivery line to bulk milk tank;
- checking filter, temperature of any milk in the vat;
- ensuring no segregated animals are in the main RCS herd;
- recording start of milking time on the daily log sheet (refer to form A1: Daily log).

### Milking the main RCS milking herd

Describe the procedure (what, when and how) used to check and prepare animals for milking, ensure animals are not over milked, and actions after milking each animal e.g.:

- checking animal health and observing behaviour for signs of udder discomfort;
- stripping and checking foremilk, cleaning and drying teats if soiled, sanitising and wiping dry pre-milking;
- sanitising teats or cups post milking, use of test devices, in-bail feeding, and removing delivery line at the end of milking.

**Milking segregated and non-RCS animals**

Describe the order for milking other animals and any special actions to be taken (over and above those recorded under Milking Segregated Animals) e.g.:

- milking the main RCS milking herd, changing over the delivery line;
- milking factory supply herd, colostrum mob, then treated animals and finally unhealthy animals not under treatment;
- noting the milk tanks used and the labelling on each of the tanks.

**Post milking activities**

Describe the procedure used for when milking is completed e.g.:

- recording end of milking time and milk temperature;
- checking the milk filter(s), treating segregated animals (separate procedure);
- cleaning of the yard, milking area and plant (detailed in cleaning programme);
- completing daily log (refer to A1: Daily log).

**Milk harvester hygiene**

Describe the procedures for ensuring good hygienic practice by milk harvesters (e.g. keeping hands and forearms clean, washing frequency, protective clothing, training records or qualifications for staff and contract or relief milkers', milk harvester health).

| <b>Periodic Checks</b><br>Write down when periodic checks will be undertaken (see forms C2, C3, C4, C5, C7, C8 and C10). |      |
|--|------|
| Task   | When |
| C1: Self assessments   |      |
| C2: Plant hygiene checks   |      |
| C3: Bulk milk tank hygiene check   |      |
| C4: Farm dairy hygiene checks  |      |
| C5: Cleaning regime  |      |
| C7: Hot water checks   |      |
| C8: Milk cooling performance checks  |      |
| C10: Annual checks   |      |
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You need to record your procedures for cleaning the dairy, equipment and all areas where milk is handled to ensure proper hygiene and sanitation. A record template (refer C5: Cleaning regime) has been provided to compliment your procedures.

At a minimum, your procedures are to include cleaning of:

- yards, milking and milk storage areas;
- milking equipment;
- bulk milk tank;
- packaging and retail areas;
- dispensing device;
- chilled compartments used to store packaged milk;
- adjacent rooms and storage areas (periodically).

Describe the routine and periodic cleaning and sanitising of the milking equipment and bulk milk tank, such as:

- morning/afternoon milking (periodic - e.g. twice weekly);
- the steps taken in order (e.g. disconnect delivery line, rinse, hot acid wash, rinse, sanitise, drain, rinse immediately before next milking);
- system for cleaning (e.g. manual, recirculating or single pass));
- temperature, strength and volume of cleaning solution used including dump temperature;
- names of all maintenance compounds used.

Alternatively identify location of the cleaning programme (e.g. as provided by your detergent company).

[illegible]

Describe the steps, equipment (and procedures for use), any consumable items used and the frequency for cleaning the milking, milk storage, packing and retail areas.

Describe the steps, equipment (and procedures for use), any consumable items used and the frequency for cleaning the milking, milk storage, packing and retail areas.

Describe the steps, equipment (and procedures for use), any consumable items used, and the frequency for cleaning your milk cooler, such as:

Describe the steps, equipment (and procedures for use), any consumable items used, and the frequency for cleaning your milk cooler, such as:

- type of wash and frequency (e.g. acid wash immediately after use, EDTA soak weekly);
- the steps taken in order (e.g. any disassembly of components, rinse, wash types and rinses);
- temperature, cleaning solution strength and volume;
- components to be cleaned manually;
- names of all maintenance compounds used.

Describe your procedures for packaging RCS milk in RCS containers, and for maintaining the packing equipment and area, including:

- how the packing area is protected from the external environment;
- storage of equipment when not in use (e.g. hanging up hoses and transfer lines);
- preparation prior to start-up (e.g. label set-up, sanitise and rinse milk handling equipment);
- method for packing;
- contingency measures in the event of breakdown or loss of power (if not gravity fed);
- regular maintenance to be undertaken;
- maintaining the storage areas for packaging materials and consumables;
- monitoring packed RCS container integrity and chilled compartment operation;
- completing records and daily log;
- agent(s) for servicing equipment and supplying consumables.

Refer to 'Cleaning Programme' for additional instructions on cleaning.

[illegible]





You need to record how you will determine and record the sell-by time of each lot of RCS milk (and how you can relay this on to transport operators and depot operators who handle your milk – if appropriate).

### Sell-by time procedure

- how you will ensure that RCS milk is removed from supply once past the sell-by time (either on farm or transport);
- how you will advise any depot operator or transport operator of the sell-by time (if applicable).

[illegible]

## Pest management system

Record how you will control pests and monitor for pest activity (including birds/nesting, vermin or insects) within the dairy premises to prevent or minimise contamination of RCS milk.

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| <b>Controls to prevent entry or pests</b><br>Describe the measures to prevent pest entry.  |
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| <b>Controls to prevent infestation of pests</b><br>Describe the procedures and equipment used to prevent pests from harbouring in areas of the dairy premises and feed stores, e.g. <ul style="list-style-type: none"> <li>• inspection frequency;</li> <li>• cleaning procedures;</li> <li>• maintenance schedule.</li> </ul>   |
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| <b>Use of bait stations and chemicals for pest management</b><br>Describe the equipment (and procedures for use), and consumable items used to eliminate pests including: <ul style="list-style-type: none"> <li>• the location of suitable bait stations;</li> <li>• the controlled use of pesticides (including fly spray);</li> <li>• when and how pesticides may be used and the frequency of checks when pesticides are used to remove pests and confirm no risk to milk or animals.</li> </ul> |
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## Application of effluent

If you intend to apply effluent to land then you need to describe how you plan to:

- manage effluent applications;
- protect your RCS milking animals.

Refer to "*A farmers guide to managing farm dairy effluent – A good practice guide for land application systems*", published by DairyNZ for further information on effluent applications.

Human waste, meat processing waste and industrial waste must not be applied to land.

### Storage of effluent

Describe the system used to store effluent, and the controls in place to ensure that effluent is contained and will not affect the dairy premises or RCS milking animals, such as:

- dewatered manure;
- effluent ponds;
- storage bunkers.

### Application of effluent

Describe the system used to apply effluent to land, including:

- frequency of application;
- controls to minimise ponding;
- the minimum time between application and grazing of pasture by milking animals;
- the minimum time between application and harvesting of feed.

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| <b>Effluent and other waste disposal</b><br>Describe any waste disposal sites on the farm, the type of wastes received and/or disposed of on the farm, and procedures to be followed when disposing of effluent. |
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If you feed your animals waste material, fodder crops or any other feed that may taint milk, record the measures taken to minimise the risk of tainting RCS milk, e.g. limit the proportion of waste or fodder crops in the total diet.

[illegible]

## Records

'Records' represents Section 3 of this document, and provides forms to assist you in maintaining your records. These records illustrate the level of detail typically required, though you may choose to use other methods to record these details. Records are to be kept for a minimum of 4 years (even if you cease to be registered or supply RCS milk).

The following forms are available:

- A1: Daily log;
- A2: Record of RCS milk sales;
- A3: Withheld milk & disposed milk;
- A4: Conformance testing schedule;
- A5: Conformance testing results;
- A6: RCS milk test demerit points;
- A7: Periodic report to responsible verifier;
- A8: Non-conformance report;
- B1: Segregated animals and treatments;
- B2: Veterinary medicines administered outside the lactation period;
- B3: Register of veterinary medicines held;
- B4: Veterinary visits;
- B5: Register of other chemicals held;
- B6: Chemical & agricultural compound use on farm;
- B7: Animal feeds and feed additives;
- B8: Animal movement records;
- B9: RCS herd record;
- B10: Parturition register (optional);
- C1: Self assessments;
- C2: Plant hygiene checks;
- C3: Bulk milk tank hygiene checks;
- C4: Farm dairy hygiene checks;
- C5: Cleaning regime;
- C6: Rubberware replacement schedule;
- C7: Hot water checks;
- C8: Milk cooling performance checks;
- C9: Thermometer calibration record;
- C10: Annual reviews;
- D1: Contacts;
- D2: Service provider log;
- D3: Milk harvester health;
- D4: Milk harvester competency records.

[illegible]



## A2: Record of RCS Milk Sales

| Date | Time | Quantity purchased | Consumer name | Phone number | Address | Lot ID | Purchase method* |
|------|------|--------------------|---------------|--------------|---------|--------|------------------|
|      |      |                    |               |              |         |        |                  |
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|      |      |                    |               |              |         |        |                  |
|      |      |                    |               |              |         |        |                  |

\*How the raw milk was provided to the customer (e.g. in person, packaged milk, vending machine, delivered to consumer's residential address)

[illegible]

## A4: Conformance Testing Schedule

| Test                         | Date Sampling Scheduled |             |      |             |      |             |      |             |      |             |      |             |
|------------------------------|-------------------------|-------------|------|-------------|------|-------------|------|-------------|------|-------------|------|-------------|
|                              | Date                    | Lot ID Sent | Date | Lot ID Sent | Date | Lot ID Sent | Date | Lot ID Sent | Date | Lot ID Sent | Date | Lot ID Sent |
| <b>Testing every 10 days</b> |                         |             |      |             |      |             |      |             |      |             |      |             |
| <i>Salmonella</i>            |                         |             |      |             |      |             |      |             |      |             |      |             |
| <i>L. monocytogenes</i>      |                         |             |      |             |      |             |      |             |      |             |      |             |
| <i>Campylobacter</i>         |                         |             |      |             |      |             |      |             |      |             |      |             |
| <i>Staph. aureus</i>         |                         |             |      |             |      |             |      |             |      |             |      |             |
| <i>E. coli</i>               |                         |             |      |             |      |             |      |             |      |             |      |             |
| APC/Bactoscan                |                         |             |      |             |      |             |      |             |      |             |      |             |
| SCC                          |                         |             |      |             |      |             |      |             |      |             |      |             |
| Inhibitory Substances        |                         |             |      |             |      |             |      |             |      |             |      |             |
|                              |                         |             |      |             |      |             |      |             |      |             |      |             |
| <b>Testing every 15 days</b> |                         |             |      |             |      |             |      |             |      |             |      |             |
| Total Coliforms              |                         |             |      |             |      |             |      |             |      |             |      |             |
| Aflatoxin M <sub>1</sub> *   |                         |             |      |             |      |             |      |             |      |             |      |             |
|                              |                         |             |      |             |      |             |      |             |      |             |      |             |
| <b>Testing on request**</b>  |                         |             |      |             |      |             |      |             |      |             |      |             |
| IgG <sub>1</sub>             |                         |             |      |             |      |             |      |             |      |             |      |             |
| <i>B. cereus</i>             |                         |             |      |             |      |             |      |             |      |             |      |             |
|                              |                         |             |      |             |      |             |      |             |      |             |      |             |

\* Testing is only required if feeding copra, cotton meal and/or nut waste

\*\* Testing is only required if requested by your responsible verifier

## A5: Conformance Testing Results

| Lot ID                       |        |          |        |          |        |          |        |          |        |          |        |          |
|------------------------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|
|                              | Result | Demerits | Result | Demerits | Result | Demerits | Result | Demerits | Result | Demerits | Result | Demerits |
| <b>Testing every 10 days</b> |        |          |        |          |        |          |        |          |        |          |        |          |
| <i>Salmonella</i>            |        |          |        |          |        |          |        |          |        |          |        |          |
| <i>L. monocytogenes</i>      |        |          |        |          |        |          |        |          |        |          |        |          |
| <i>Campylobacter</i>         |        |          |        |          |        |          |        |          |        |          |        |          |
| <i>Staph. aureus</i>         |        |          |        |          |        |          |        |          |        |          |        |          |
| <i>E. coli</i>               |        |          |        |          |        |          |        |          |        |          |        |          |
| APC/Bactoscan                |        |          |        |          |        |          |        |          |        |          |        |          |
| SCC                          |        |          |        |          |        |          |        |          |        |          |        |          |
| Inhibitory Substances        |        |          |        |          |        |          |        |          |        |          |        |          |
|                              |        |          |        |          |        |          |        |          |        |          |        |          |
| <b>Testing every 15 days</b> |        |          |        |          |        |          |        |          |        |          |        |          |
| Total Coliforms              |        |          |        |          |        |          |        |          |        |          |        |          |
| Aflatoxin M <sub>1</sub> *   |        |          |        |          |        |          |        |          |        |          |        |          |
|                              |        |          |        |          |        |          |        |          |        |          |        |          |
| <b>Testing on request**</b>  |        |          |        |          |        |          |        |          |        |          |        |          |
| IgG <sub>1</sub>             |        |          |        |          |        |          |        |          |        |          |        |          |
| <i>B. cereus</i>             |        |          |        |          |        |          |        |          |        |          |        |          |
|                              |        |          |        |          |        |          |        |          |        |          |        |          |

\* Testing is only required if feeding copra, cotton meal and/or nut waste

\*\* Testing is only required if requested by your responsible verifier

[illegible]

Ministry for Primary Industries

## A7: Periodic Report to Responsible Verifier

To (Verifier):

Farm RCS ID:

From:

Date:

Signature

Report Period

Last Farm Dairy  
Assessment DateCopy of Vet  
StatementDairy Species  
MilkedMax animals.  
in Herd<sup>1</sup>Method of RCS  
milk Supply<sup>2</sup>Method(s) of  
RCS milk Sale<sup>3</sup>

### Summary of Reports of Conformance Testing Failures in the Period

| Date | Lot ID | Test failed | Result | Non-conformance type | Quantity sold | Verifier notified |
|------|--------|-------------|--------|----------------------|---------------|-------------------|
|      |        |             |        |                      |               |                   |
|      |        |             |        |                      |               |                   |
|      |        |             |        |                      |               |                   |
|      |        |             |        |                      |               |                   |
|      |        |             |        |                      |               |                   |
|      |        |             |        |                      |               |                   |

### Summary of Reports Received of Consumer Illness in the Period

| Date | Lot ID | Consumer | Complaint details | Verifier notified |
|------|--------|----------|-------------------|-------------------|
|      |        |          |                   |                   |
|      |        |          |                   |                   |
|      |        |          |                   |                   |

1 Maximum number of animals in herd for each species

2 Was the RCS milk sold in packaged RCS containers (that you pack), or from a dispensing machine

3 Was the RCS milk picked up from the farm, delivered to a home address or both

## A8: Non-Conformance Report

Use of this form will satisfy clause 7.8 of the Notice for reporting critical and major non-conformances to your responsible verifier. A written report is to be provided within 3 days of the verifier being first advised.

To (Verifier):

Farm RCS ID:

From:

Event date:

Affected RCS  
milk Lot ID(s)

Sign

### Details of Non-compliance and/or milk non-conformance

| Nature of fault | Extent of contamination | Location of affected milk | Quantity milk affected | Recipients advised (Y/N) |
|-----------------|-------------------------|---------------------------|------------------------|--------------------------|
|                 |                         |                           |                        |                          |
|                 |                         |                           |                        |                          |
|                 |                         |                           |                        |                          |
|                 |                         |                           |                        |                          |
|                 |                         |                           |                        |                          |

### Cause and extent of non-conformance

### Corrective actions and evidence that situation has been resolved (once available)

### Details of recipients of non-conforming milk and notification provided

## B1: Segregated Animals and Treatments

| Animal ID | Date | Disease / Condition | Marked<br>✓              | Vet medicine | Dose & application | Last treated |      | Milk WHP | Administered by | To be withheld until |   |
|-----------|------|---------------------|--------------------------|--------------|--------------------|--------------|------|----------|-----------------|----------------------|---|
|           |      |                     |                          |              |                    | Date         | Time |          |                 | Date                 | am / pm   |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |
|           |      |                     | <input type="checkbox"/> |              |                    |              |      |          |                 |                      | <input type="checkbox"/> am <input type="checkbox"/> pm |

Note: For animal treatments administered during the dry period, please use form B2



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[illegible]

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**B4: Veterinary Visits**

| Date | Vet | Nature of visit | Sign |
|------|-----|-----------------|------|
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[illegible]

## B6: Chemical/Ag Compound Use on Farm

(Including herbicides, pesticides, agricultural compounds, effluent, fertiliser and lime)<sup>1</sup>

| Date applied | Product | Use <sup>2</sup><br>Where (Area) | Preparation rate<br>(If applicable) | Application rate | Applied by | Minimum days<br>before grazing <sup>3</sup> | Sign |
|--------------|---------|----------------------------------|-------------------------------------|------------------|------------|---|------|
|              |         |                                  |                                     |                  |            |   |      |
|              |         |                                  |                                     |                  |            |   |      |
|              |         |                                  |                                     |                  |            |   |      |
|              |         |                                  |                                     |                  |            |   |      |
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|              |         |                                  |                                     |                  |            |   |      |
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|              |         |                                  |                                     |                  |            |   |      |
|              |         |                                  |                                     |                  |            |   |      |

1 excludes detergents and sanitisers used under the cleaning programme

2 all chemical applications must be in accordance with label instructions (applications must ensure that the farm dairy, milking plant, milk and milking animals are not affected)

3 applies to pasture applications

[illegible]

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**B8: Animal Movement Records** (Purchased/Sold/Lost)

| Movement type | New animal ID | Old animal ID | Species | Reason | Date of movement | Animal Status Declaration (ASD) |                          | Milk to be withheld until |   | Previous herd Tb status (from ASD) |
|---------------|---------------|---------------|---------|--------|------------------|---------------------------------|--------------------------|---------------------------|---|------------------------------------|
|               |               |               |         |        |                  | Received / given (✓)            | Milk WHP required?       | Date                      | am / pm   |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |
|               |               |               |         |        |                  | <input type="checkbox"/>        | <input type="checkbox"/> |                           | <input type="checkbox"/> am <input type="checkbox"/> pm |                                    |



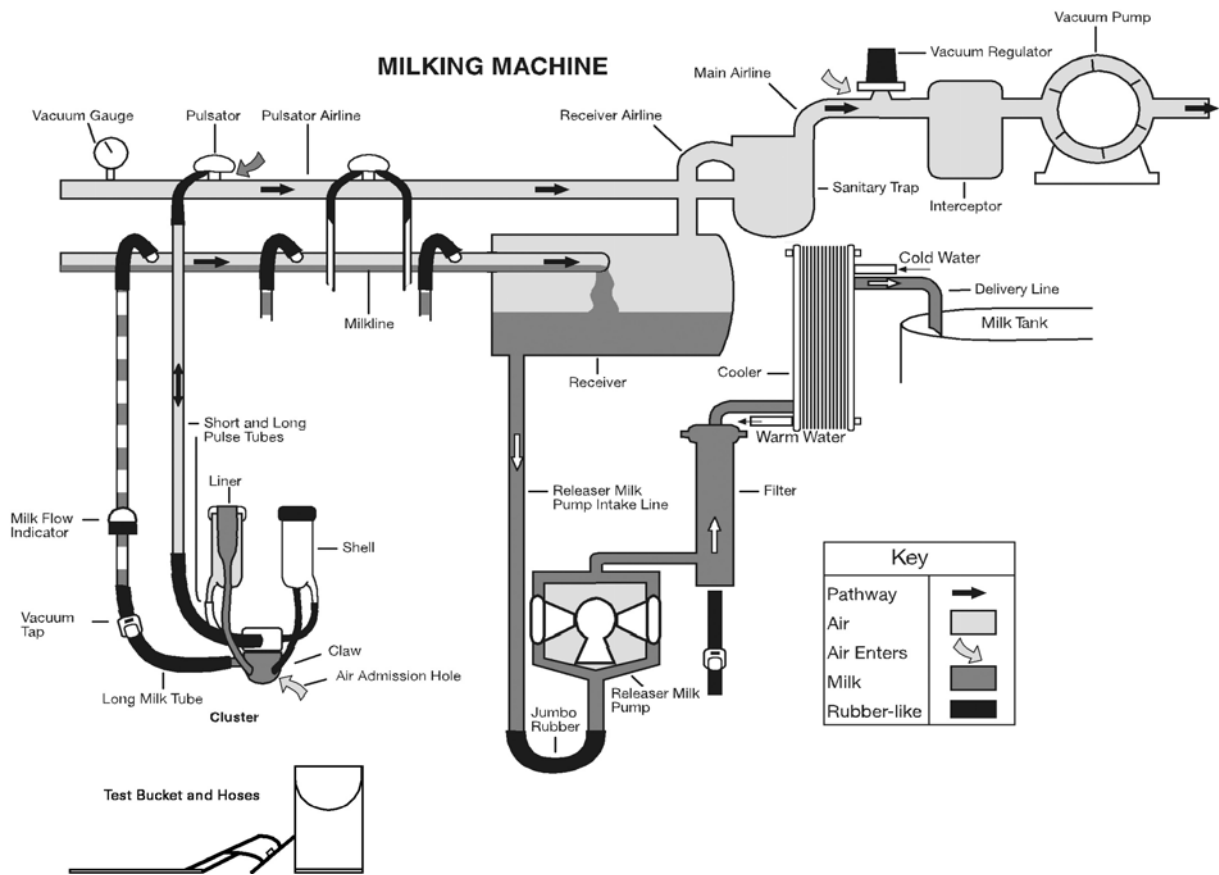




## C1: Self Assessments

| Activity  | Minimum frequency | Next scheduled | Sign | Next scheduled | Sign | Next scheduled | Sign |
|---|-------------------|----------------|------|----------------|------|----------------|------|
| Building and structure check  | Monthly           |                |      |                |      |                |      |
| Effluent management system check  | Monthly           |                |      |                |      |                |      |
| Maintenance compounds (containers labelled)   | Monthly           |                |      |                |      |                |      |
| Veterinary medicines (expired medicines, storage temperature, authorised RVMs current)                      | Monthly           |                |      |                |      |                |      |
| Vehicles and chilled compartments check   | Monthly           |                |      |                |      |                |      |
| Cleaning regime, milking plant, bulk milk tank and dairy hygiene checks completed (forms C2, C3, C4 and C5) | Monthly           |                |      |                |      |                |      |
| Testing up to date and results recorded   | Monthly           |                |      |                |      |                |      |
| Records up to date  | Monthly           |                |      |                |      |                |      |
| Returns to verifier up to date  | Monthly           |                |      |                |      |                |      |
| Rubberware replacement schedule reviewed  | Monthly           |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
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C2: Plant Hygiene Checks



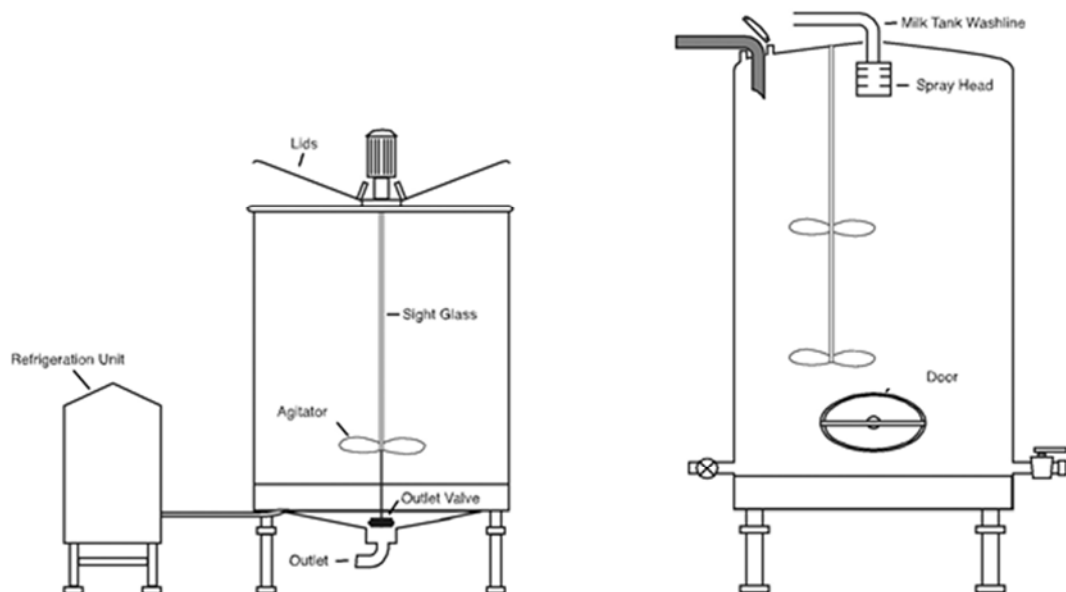
| Fault found  | Observations and actions taken | Date remedied |
|--|--------------------------------|---------------|
| <input type="checkbox"/> Liner lips                  |                                |               |
| <input type="checkbox"/> Claws                       |                                |               |
| <input type="checkbox"/> Milkline                    |                                |               |
| <input type="checkbox"/> Receiver & receiver airline |                                |               |
| <input type="checkbox"/> Pulsator airline            |                                |               |
| <input type="checkbox"/> Filter (top/bottom)         |                                |               |
| <input type="checkbox"/> Cooler/cooler inlet         |                                |               |
| <input type="checkbox"/> Test bucket/rubberware      |                                |               |
| <input type="checkbox"/> Milk delivery lines         |                                |               |
| <input type="checkbox"/> Vacuum level                |                                |               |
| <input type="checkbox"/> CIP                         |                                |               |
|  |                                |               |

Person: \_\_\_\_\_

Sign: \_\_\_\_\_

Date & Time: \_\_\_\_\_

### C3: Bulk Milk Tank Hygiene Checks



#### MILKING MACHINE TERMINOLOGY

| Fault found                                     | Observations and actions taken | Date remedied |
|---|--------------------------------|---------------|
| <input type="checkbox"/> Inlet and valve        |                                |               |
| <input type="checkbox"/> Outlet                 |                                |               |
| <input type="checkbox"/> Interior               |                                |               |
| <input type="checkbox"/> Agitator and cover     |                                |               |
| <input type="checkbox"/> Outlet seals & rubbers |                                |               |
| <input type="checkbox"/> Door seal/below door   |                                |               |
| <input type="checkbox"/> Silo sprayball         |                                |               |
|   |                                |               |
|   |                                |               |
|   |                                |               |
|   |                                |               |
|   |                                |               |
|   |                                |               |
|   |                                |               |

Person: \_\_\_\_\_ Sign: \_\_\_\_\_ Date & Time: \_\_\_\_\_

## C4: Farm Dairy Hygiene Checks

| Fault found  | Observations and actions taken | Date remedied |
|--|--------------------------------|---------------|
| <b>Packaged RCS milk storage/chilled compartments</b>      |                                |               |
| <input type="checkbox"/> Interior sanitation               |                                |               |
| <input type="checkbox"/> Compartments Fully sealed         |                                |               |
| <b>Packaging equipment</b>                                 |                                |               |
| <input type="checkbox"/> Milk lines                        |                                |               |
| <input type="checkbox"/> Equipment and valves              |                                |               |
| <input type="checkbox"/> Rubberware                        |                                |               |
| <input type="checkbox"/> CIP                               |                                |               |
| <b>Dispenser</b>   |                                |               |
| <input type="checkbox"/> Storage tank                      |                                |               |
| <input type="checkbox"/> Milk lines, tubing and rubberware |                                |               |
| <input type="checkbox"/> Automated cleaning cycles         |                                |               |
| <b>Premises and environment</b>                            |                                |               |
| <input type="checkbox"/> Milking area                      |                                |               |
| <input type="checkbox"/> Packing area                      |                                |               |
| <input type="checkbox"/> Retail area                       |                                |               |
| <input type="checkbox"/> Milk storage area                 |                                |               |
| <input type="checkbox"/> Storage areas                     |                                |               |
| <input type="checkbox"/> Yards & races                     |                                |               |
| <input type="checkbox"/> Drains                            |                                |               |
| <input type="checkbox"/> Surrounding environment           |                                |               |
| <input type="checkbox"/> Packaged milk storage area        |                                |               |
| <input type="checkbox"/> Toilet facilities                 |                                |               |
| <input type="checkbox"/> Handwashing facilities            |                                |               |
|  |                                |               |
|  |                                |               |
|  |                                |               |
|  |                                |               |
|  |                                |               |
|  |                                |               |
|  |                                |               |

Person: \_\_\_\_\_ Sign: \_\_\_\_\_ Date & Time: \_\_\_\_\_

## C5: Cleaning Regime

Equipment item:

|                          |                   | Location of cleaning procedure (if not below) |                          |                     | Location of cleaning procedure (if not below) |
|--------------------------|-------------------|---|--------------------------|---------------------|---|
| <input type="checkbox"/> | Milking plant     |   | <input type="checkbox"/> | Dispenser           |   |
| <input type="checkbox"/> | Bulk milk tank    |   | <input type="checkbox"/> | Chilled compartment |   |
| <input type="checkbox"/> | Packing equipment |   |                          |                     |   |

| When (e.g. am, pm, Monday/Thurs, weekly etc) | Cleaning product | Dose rate | Cleaning solution volume | Rinse volume | Hot/cold |
|--|------------------|-----------|--------------------------|--------------|----------|
|  |                  |           |                          |              |          |
|  |                  |           |                          |              |          |
|  |                  |           |                          |              |          |
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|  |                  |           |                          |              |          |

Hot wash – temperature ex cylinder: \_\_\_\_\_ °C

Dump temperature: \_\_\_\_\_ °C

Components requiring manual cleaning:

|  |
|--|
|  |
|  |
|  |

C6: Rubberware Replacement

Liner Type: \_\_\_\_\_

| Item | Brand | Recommended replacement frequency | Date changed | Next scheduled change | Sign | Date changed | Next scheduled change | Sign |
|------|-------|-----------------------------------|--------------|-----------------------|------|--------------|-----------------------|------|
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
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|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |
|      |       |                                   |              |                       |      |              |                       |      |

[illegible]

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(to be performed twice per year in February and at peak milk production)

[illegible]

[illegible]

**C10: Annual Reviews**

| Procedures and activities to review                     | Minimum frequency | Next scheduled | Sign | Next scheduled | Sign | Next scheduled | Sign |
|---|-------------------|----------------|------|----------------|------|----------------|------|
| Cleaning procedure (including CIP & dispensing machine) | Annual            |                |      |                |      |                |      |
| Milk cooling performance                                | Annual            |                |      |                |      |                |      |
| Animal identification system                            | Annual            |                |      |                |      |                |      |
| Sell-by time procedure                                  | Annual            |                |      |                |      |                |      |
| Mastitis management plan                                | Annual            |                |      |                |      |                |      |
| Effluent systems (including application & disposal)     | Annual            |                |      |                |      |                |      |
| Taint minimisation procedure (for fodder crops)         | Annual            |                |      |                |      |                |      |
| Segregated animal system                                | Annual            |                |      |                |      |                |      |
| Milking procedure                                       | Annual            |                |      |                |      |                |      |
| Toilet drainage system                                  | Annual            |                |      |                |      |                |      |
| Pest management system                                  | Annual            |                |      |                |      |                |      |
| Conformance testing schedule                            | Annual            |                |      |                |      |                |      |
| Water testing schedule                                  | Annual            |                |      |                |      |                |      |
| Staff records (training, health)                        | Annual            |                |      |                |      |                |      |
| Filing of records                                       | Annual            |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |
|   |                   |                |      |                |      |                |      |

[illegible]

## D2: Service Provider Log

| Name of provider | Type of service | What they did | Time on site | Location of record |
|------------------|-----------------|---------------|--------------|--------------------|
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[illegible]

## D4: Milk Harvester Competency Records

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>Name:</b>  |  |  |  |  |  |
| <b>Date updated:</b>                                    |  |  |  |  |  |
| Qualification / Relevant Experience                     |  |  |  |  |  |
| Milking Machine / Procedures                            |  |  |  |  |  |
| Segregating Animals                                     |  |  |  |  |  |
| Withholding Milk  |  |  |  |  |  |
| Cleaning Procedures                                     |  |  |  |  |  |
| Milk Cooling  |  |  |  |  |  |
| Plant Maintenance & Hygiene                             |  |  |  |  |  |
| Control, Storage & Administering Vet Medicines          |  |  |  |  |  |
| Handling, Use & Control of Other Chemicals              |  |  |  |  |  |
| Milk Harvester Supervision / Training                   |  |  |  |  |  |
| Food Safety of Raw Milk                                 |  |  |  |  |  |
| Non-Conformance Reporting                               |  |  |  |  |  |
| RCS Water Checklist                                     |  |  |  |  |  |
| Mastitis Management Plan                                |  |  |  |  |  |
| Records   |  |  |  |  |  |
|   |  |  |  |  |  |
| Sign (both Individual and person making the assessment) |  |  |  |  |  |
|   |  |  |  |  |  |