



## C2: Farm Dairy RMP Operator Exception Report to RMP Verification Agency

To (Agency): \_\_\_\_\_

RMP ID: \_\_\_\_\_

From: \_\_\_\_\_

Report Date: \_\_\_\_\_

Event Date: \_\_\_\_\_

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

Nature of fault	How/Why fault occurred	Fate of any affected milk (where did it go)	Quality Milk Affected	Recipients advised (Y/N)

### Actions to correct and prevent recurrence

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

Signature: \_\_\_\_\_