

Department of Health and Human Services FOOD AND DRUG ADMINISTRATION		<b>INTERSTATE MILK SHIPPERS REPORT</b> <i>(Submit an original and two copies to the FDA Regional Office)</i>				3-A. COUNTRY					
1. NAME OF SHIPPER			2. CITY			3. STATE					
4. STREET			5. PLANT or BTU #			6. PRODUCT CODE #s					
<b>7. SURVEY DATA</b>											
	DAIRY FARMS	RECEIVING OR TRANSFER STATION	PASTEURIZATION OR DRYING PLANT <sup>1</sup>			ENFORCEMENT					
	TYPE OF RATING <input type="checkbox"/> AREA <input type="checkbox"/> INDIVIDUAL										
RATING (%)											
DATE OF RATING											
TOTAL NUMBER						APPENDIX N					
NUMBER INSPECTED						IS THE SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N?					
VOLUME RECEIVED DAILY <i>(Cwt)</i>						<input type="checkbox"/> YES <input type="checkbox"/> NO					
RATING AGENCY <input type="checkbox"/> SHD <input type="checkbox"/> SDA <input type="checkbox"/> OTHER _____	CERTIFIED STATE RATING OFFICER		OFFICER'S CERTIFICATION EXPIRATION DATE			EARLIEST RATING DATE:					
						MONTH	DAY				
							YEAR				
AGENCY PROVIDING CONTINUOUS SUPERVISION OF SUPPLY											
<b>8. LABORATORY CONTROL</b>											
APPROVED LABORATORY NUMBER		EXPIRATION DATE		PROCESSED MILK TESTS APPROVED:			RAW MILK TESTS APPROVED				
A. _____		A. _____		SPC	COLI	PHOS	RBC	DRUG RESIDUE TESTS	VIABLE COUNTS	SOMATIC CELL COUNTS	DRUG RESIDUE TESTS
B. _____		B. _____		A. ____	A. ____	A. ____	A. ____	A. _____	A. ____	A. _____	A. _____
				B. ____	B. ____	B. ____	B. ____	B. _____	B. ____	B. _____	B. _____
DATE OF LAST TWO SPLIT SAMPLES				APPROVED WATER LABORATORY AND DATE				WATER TESTS APPROVED			
A. _____ A. _____		B. _____ B. _____									
<b>9. PUBLICATION</b> <i>(Written permission from shipper must be filed at Regional Office of FDA prior to publication of ratings)</i>											
LETTER OF PERMISSION TO PUBLISH IS TRANSMITTED WITH THIS REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO											
<b>10. SUBMISSION OF REPORT BY STATE AGENCY:</b>											
DATE OF REPORT				SUBMITTED BY <i>(Signature and Title)</i>							
<b>FOR FDA REGIONAL OFFICE USE ONLY</b>											
Written permission from shipper dated _____ on file and publication of rating recommended.											
DATE				SIGNATURE <i>(FDA Milk Specialist)</i>							

<sup>1</sup>Submit separate form for each pasteurization plant or drying plant.

