

"Recommended Model for"

**PERMISSION FOR PUBLICATION OF
INTERSTATE MILK SHIPPER HACCP LISTING**

Shipper name: _____

Address: _____

You are hereby advised that on (date) _____ a State HACCP Listing Audit was completed with the following results:

Producer Supply (BTU): _____ Receiving Station: _____

Pasteurization Plant: _____ Enforcement Rating (farms only): _____

Condensed or Dry Milk Plant: _____

The results will be transmitted to the U.S. Food and Drug Administration. They will publish the information in the semi-annual "IMS List Sanitation Compliance and Enforcement Ratings of Interstate Milk Shippers". The official HACCP Listing is valid for a period not to exceed two years, subject to the rules of the National Conference on Interstate Milk Shipments.

Publication Permission Section

Permission is hereby granted to release and publish the above-stated HACCP listing for use by state and territorial milk control authorities and prospective purchasers.

It is understood and agreed by the undersigned that the official HACCP listing agency may review this supply at any time during the two-year period referred to above. It is further understood that we will notify the HACCP listing agency if any significant change should occur which affects our raw milk supply, receiving station or pasteurization plant status including product list.

It is understood and agreed that the failure to maintain the milk plant HACCP System at a level, which is acceptable for listing, may result in immediate removal of this listing.

It is further agreed that plants receiving milk or milk products which are from a non-listed source or are from a source having a raw milk sanitation compliance rating of less than 90% shall be immediately withdrawn from the Interstate Milk Shippers List.

SIGN AND RETURN TO _____ NAME OF AGENCY _____ WITHIN FIVE (5) DAYS OF RECEIPT.

Name of Shipper

Signature of Representative

Title

Date