

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>FOOD AND DRUG ADMINISTRATION</b>  <b>MILK TANK TRUCK INSPECTION REPORT</b>	TANKER SERIAL NO.  TANKER PERMIT NO.  STATE ISSUING PERMIT
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MILK TANK TRUCK OWNER	SAMPLER'S PERMIT NO.
ADDRESS OF OWNER	DRIVER DELIVERS TO
NAME OF OPERATOR / DRIVER	NAME AND ADDRESS OF INSPECTION LOCATION
ADDRESS OF DRIVER	

*An inspection of your milk tank truck showed violations existing in the Items checked below in the non-compliance column. You are further notified that this inspection report serves as notification of the intent to suspend this tanker's permit if the violations are not in compliance at the time of the next inspection. (Refer to Sections 3 and 5 of the Grade "A" Pasteurized Milk Ordinance.)*

	Compliance	Non-Compliance	N/A		Compliance	Non-Compliance	N/A	
<b>1. SAMPLES AND SAMPLING EQUIPMENT (PMO, Appendix N)</b>				<b>4. EXTERIOR CONDITION OF TANK (PMO, Appendix B)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Storage of Sample Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5. CLEANING/SANITIZING RECORD (PMO, Section 7, Item 12p)</b>				
b. Sample Box in Good Repair; Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Is Recording Chart Available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Sample Transfer Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Is Cleaning/Sanitizing Tag Available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Sampling Transfer Instrument Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Recording Chart Available for Cross-Reference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Sample Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Attached to Tanker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Sample Storage Compartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Date of Last Cleaning/Sanitizing (PMO, Appendix B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Samples 0°C -4.4°C (32°F - 40°F), Temperature Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Properly Completed (PMO, Appendix B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Approved Thermometer Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>6. LOCATION OF LAST CLEANING/SANITIZING</b>				
<b>2. PRODUCT TEMPERATURE 7°C (45°F) OR LESS (PMO, Section 7, Items 18r and 17p)</b>				<b>7. LABELING</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Temperature of Product in Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>8. VEHICLE AND MILK TANK TRUCK PROPERLY IDENTIFIED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Product in External Fluid Transfer Systems that Exceeds 7°C (45°F) is Discarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>9. PREVIOUS INSPECTION SHEET OR AFFIXED LABEL AVAILABLE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. EQUIPMENT CONSTRUCTION, CLEANING, SANITIZING AND REPAIR (PMO, Section 7, Items 10p 11p, and 12p)</b>				<b>10. SAMPLE CHAIN-OF-CUSTODY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Dome Lid Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REMARKS (If additional space is required, please place information on the back of this Form or on a separate page.)				
b. Gasket(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
c. Vent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
d. Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
e. Hose(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
f. Hose Connection(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
g. Hose(s) more than 8 Ft in Length Mechanically Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
h. Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
i. Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
j. Interior Condition of Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
k. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					SANITARIAN	DATE		
					AGENCY			