

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> FOOD AND DRUG ADMINISTRATION	<b>INTERSTATE MILK SHIPPER'S REPORT</b> <i>(Submit an original and two (2) copies to the FDA Regional Office)</i>	<b>3-A. COUNTRY</b>
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1. NAME OF SHIPPER	2. CITY	3. STATE
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4. STREET	5. PLANT or BTU #	6. PRODUCT CODE #s

**7. SURVEY DATA**

	DAIRY FARMS TYPE OF RATING <input type="checkbox"/> AREA <input type="checkbox"/> INDIVIDUAL	RECEIVING OR TRANSFER STATION	MILK PLANT <sup>1</sup>	ENFORCEMENT
RATING (%)				
DATE OF RATING				
TOTAL NUMBER				APPENDIX N  IS THE SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N?  <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER INSPECTED				
VOLUME RECEIVED DAILY (Cwt)				
RATING AGENCY <input type="checkbox"/> SHD <input type="checkbox"/> SDL <input type="checkbox"/> SDA <input type="checkbox"/> TPC <input type="checkbox"/> OTHER _____	CERTIFIED RATING OFFICER	OFFICER'S CERTIFICATION EXPIRATION DATE		EARLIEST RATING DATE
				MONTH      DAY      YEAR
AGENCY PROVIDING CONTINUOUS SUPERVISION OF SUPPLY				EXPIRATION RATING DATE <sup>2</sup>
				MONTH      DAY      YEAR

**8. LABORATORY CONTROL**

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 (2) SPLIT SAMPLES		APPROVED WATER LABORATORY AND DATE				WATER TESTS APPROVED			
A. _____	A. _____								
B. _____	B. _____								

**9. PUBLICATION** *(Written permission from a shipper shall be filed at a Regional Office of FDA prior to the publication of rating/listing.)*

LETTER OF PERMISSION TO PUBLISH IS TRANSMITTED WITH THIS REPORT?     YES                       NO

**10. SUBMISSION OF REPORT BY RATING AGENCY**

DATE OF REPORT	SUBMITTED BY <i>(Signature and Title)</i>

**FOR FDA REGIONAL OFFICE USE ONLY**

Written permission from shipper dated \_\_\_\_\_ on file and publication of rating/listing recommended.

DATE	SIGNATURE <i>(FDA Milk Specialist)</i>

<sup>1</sup> Submit separate Form for each milk plant.      <sup>2</sup> Expiration rating date is two (2) years after the earliest rating date, i.e., earliest rating date is 10/1/2011 with a corresponding expiration rating date of 9/30/2013, except if the Enforcement Rating is <90, then the expiration rating date is six (6) months after the earliest rating date, i.e., earliest rating date is 10/1/2011 with a corresponding expiration rating date of 3/31/2012.

