

Dairy Hygiene Farm Status sheet

Date: <u>August</u>	Date of superseded farm status sheet: _____
Sheet completed by:	Name: <u>Gabriel Hakim Mark Humphris</u> Company (if applicable): <u>Dairy Australia Countdown MQ</u> Mobile: _____ Email: _____

Farm details

Primary Contact Person: Role/Position:	Mobile: Email:
Secondary Contact Person: Role/Position:	Mobile: Email:
Farm address:	GPS coordinates:
Dairy factory:	Supplier No:
Field officer:	Mobile: Email:
Milking machine technician / company:	Mobile: Email:
Dairy chemical representative / company:	Mobile: Email:

Equipment details

Dairy	
Type of dairy	<input type="radio"/> Rotary <input type="radio"/> Swingover <input checked="" type="radio"/> Double-up <input type="radio"/> AMS/AMR <input type="radio"/> Walkthrough
No. units:	28 units
Milk line size (mm):	
Air injector:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bulk milk tank capacity (Litres):	Tank 1: Tank 2:

Cleaning method			
	Auto CIP	Manual CIP	Manual
Milking machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bulk milk tank 1	<input type="checkbox"/>		<input type="checkbox"/>
Bulk milk tank 2	<input type="checkbox"/>		<input type="checkbox"/>

Hot water services capacities		
	Volume (Litres)	Temp (°C)
Milking machine HWS1:	1000 Litres	80 degrees
Milking machine HWS2:		
Bulk milk tank 1: From heat exchangers		64 degrees
Bulk milk tank 2:		

Water details

Water source(s)	
For hot water:	For cold water:
Comments:	
Water quality results	
Date of test:	Water sample taken from:
pH:	<i>E. coli</i> count (cfu/ml):
Iron (ppm):	Total plate count (cfu/ml):
Total hardness (CaCO ₃) (ppm):	

Milking machine wash program

Wash program reference number:

Cycle	Cycle description	Volume (litres)	Temp (°C)	Cleanser/Sanitiser	Dose (g or ml)	Comment
Milking machine – AM Wash <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		
Milking machine – PM Wash <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		
Milking machine – 3rd Wash <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		

Bulk milk tank wash programs

Wash program reference number: bulk milk tank 1: bulk milk tank 2:

Bulk Milk Tank 1							
Cycle	Cycle description	Volume (litres)	Temp (°C)		Cleanser/Sanitiser	Dose (g or ml)	Comment
1			Start				
2			Start	Dump			
3			Start	Dump			
4			Start	Dump			
5							

Bulk Milk Tank 2							
Cycle	Cycle description	Volume (litres)	Temp (°C)		Cleanser/Sanitiser	Dose (g or ml)	Comment
1			Start				
2			Start	Dump			
3			Start	Dump			
4			Start	Dump			
5							

Dairy Hygiene Investigation sheet

Ensure personal protection equipment is worn by every person present during the investigation.

Date: _____	Date of superseded investigation sheet: _____
Sheet completed by:	Name: _____ Company (if applicable): _____ Mobile: _____ Email: _____

Farm details

- Farm contact details are unchanged from the Dairy Hygiene Farm Status Sheet (attach Farm Status Sheet)
- Farm contact details have changed or have not been recorded (record details below)

Primary Contact Person: Role/Position:	Mobile: Email:
Secondary Contact Person: Role/Position:	Mobile: Email:
Farm address:	GPS coordinates:
Dairy factory:	Supplier No:
Field officer:	Mobile: Email:
Milking machine technician / company:	Mobile: Email:
Dairy chemical representative / company:	Mobile: Email:

Description of presenting problem

<input type="checkbox"/> Bactoscan/TPC <input type="checkbox"/> Thermoturics <input type="checkbox"/> Other (<i>please specify</i>):			
Latest Bactoscan/TPC:		Current no. cows being milked:	
Latest Thermoturic:		Current daily total milk production (l/day):	
		Current frequency of milk pick-up:	
Bulk milk temp(°C):	Time when temp is noted:	Time elapsed since end of milking:	hrs mins
Comments:			

Has anything changed? (Refer to Farm Status Sheet)

Area	Details
Milking equipment	
Cooling equipment	
Cleaning and water heating equipment	
Wash program	
Wash routine	
Staff	
Other	

Water details

Water source(s)	
For hot water:	For cold water:
Comments:	
Water quality results	
Date of test:	Water sample taken from:
pH:	<i>E. coli</i> count (cfu/ml):
Iron (ppm):	Total plate count (cfu/ml):
Total hardness (CaCO ₃) (ppm):	

Equipment inspection

Inspect plant after a wash has completed and equipment has had time to dry

	Clean or Dirty	Deposit Found	Condition	Comments & actions required	Pass
	✓ or ✗	✓ or ✗			✓ or ✗
Claw bowl	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Claw	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Liner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Milk tube	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Receiver	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Milk line	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
In-line components	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Sanitary trap	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Main receiver air line	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Pulsator air line	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Main air line	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Interceptor	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Milk pump(s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Milk pump drain valve(s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Milk purge connection	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Filter(s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Filter drain valve(s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Plate cooler(s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Milk delivery line	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Bulk milk tank outlet (1)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Bulk milk tank outlet (2)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Bulk milk tank 1	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Bulk milk tank 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Jetter assemblies	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Jetter line	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Test bucket(s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

Milking machine wash program assessment

Wash program reference number:

Wash session being assessed: AM PM Other:

Cycle	Cycle description	Volume (litres)	Temp (°C)		Cleanser/Sanitiser	Measured dose (g or ml)	Comment	Pass ✓ or ✗
1			Start					<input type="checkbox"/> <input type="checkbox"/>
2			Start	Dump				<input type="checkbox"/> <input type="checkbox"/>
3			Start	Dump				<input type="checkbox"/> <input type="checkbox"/>
4			Start	Dump				<input type="checkbox"/> <input type="checkbox"/>

CIP assessment

Air leaks at liner mouthpiece – jetter interface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which units?	
Cleaning solutions flow through every cluster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, which units?	

Vacuum levels & effective reserve

The working vacuum level is appropriate for this installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vacuum level noted during the wash program (kPa)	
The amount of effective reserve is appropriate for this installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Slug assessment

Slug flow	
Air injector working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slugs per <u>wash</u> cycle: Aim 12-15 per wash	
Estimated slug speed (m/s): Target 7-10m/sec	
Volume of receiver just prior to slug entrance:	
less than 1/3 full	<input type="checkbox"/>
1/3 full	<input type="checkbox"/>
1/2 full	<input type="checkbox"/>
2/3 full	<input type="checkbox"/>
greater than 2/3 full	<input type="checkbox"/>

Slug enters the receiver:	
well after air injector turns off	<input type="checkbox"/>
the instant after the air injector turns off	<input type="checkbox"/>
well before the air injector turns off	<input type="checkbox"/>
Slug action in receiver:	
little or no swirling action. No wash solution entering the sanitary trap	<input type="checkbox"/>
good strong swirling action with a little amount of wash solution entering the sanitary trap	<input type="checkbox"/>
little swirling action, receiver flooded with a large volume of wash solution entering the sanitary trap	<input type="checkbox"/>
other:	<input type="checkbox"/>

Milking machine cleaning solutions

Assessment should be conducted on cleaning solutions that have been made up but not used.

Alkali wash pH level	
Alkali wash active alkalinity (AA) (ppm)	
Chlorine level (ppm)	
Acid wash pH level	
Acid sanitiser pH level	

Estimated cleaning solution flow rate through clusters

Cycle assessed: Pre-rinse Wash Final rinse

Unit no.	Position in relation to where the wash suction line joins the jetter line	Volume collected (litres)	Time elapsed (mins)	Flow rate (litres/min)	Pass ✓ or ✗
	Nearest				<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
	Mid-way				<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
	Farthest				<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
				Average flow rate	
				Allowance +/- 50%	

Bulk milk tank wash program assessment

Wash program reference number: bulk milk tank 1 bulk milk tank 2

Cycle	Cycle description	Volume (litres)	Temp (°C)	Cleanser/Sanitiser	Dose (g or ml)	Comment	Pass ✓ or ✘
Bulk Milk Tank 1							
1			Start				<input type="checkbox"/> <input type="checkbox"/>
2			Start	Dump			<input type="checkbox"/> <input type="checkbox"/>
3			Start	Dump			<input type="checkbox"/> <input type="checkbox"/>
4			Start	Dump			<input type="checkbox"/> <input type="checkbox"/>
5							<input type="checkbox"/> <input type="checkbox"/>
Bulk Milk Tank 2							
1			Start				<input type="checkbox"/> <input type="checkbox"/>
2			Start	Dump			<input type="checkbox"/> <input type="checkbox"/>
3			Start	Dump			<input type="checkbox"/> <input type="checkbox"/>
4			Start	Dump			<input type="checkbox"/> <input type="checkbox"/>
5							<input type="checkbox"/> <input type="checkbox"/>

Bulk milk tank cleaning solutions

The test should be conducted on cleaning solutions that have been made up but not used.

Alkali wash pH level	
Alkali wash active alkalinity (AA) (ppm)	
Chlorine level (ppm)	
Acid wash pH level	
Acid sanitiser pH level	

Other tests, observations and findings

Comments:

Dairy Hygiene Recommendations & Actions sheet

Date: _____	Date of superseded recommendations & actions sheet: _____
Sheet completed by	Name: _____ Company (if applicable): _____ Mobile: _____ Email: _____

Farm details

Farm contact details are unchanged from the Dairy Hygiene Investigation Sheet (attach Investigation Sheet)

Farm contact details have changed or have not been recorded (record details below)

Primary Contact Person: Role/Position:	Mobile: Email:
Secondary Contact Person: Role/Position:	Mobile: Email:
Farm address:	GPS coordinates:
Dairy factory:	Supplier No:

Recommendations & actions

Priority	Task	Who is responsible?	By when will it be done?	Date completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Recommended milking machine wash program

Retain existing wash program? Yes No.

If no, the recommended wash program is:

Wash program reference number:

Cycle	Cycle description	Volume (litres)	Temp (°C)	Cleanser/Sanitiser	Dose (g or ml)	Comment
Milking machine – AM Wash <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		
Milking machine – PM Wash <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		
Milking machine – 3rd Wash <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		

Recommended bulk milk tank wash program

Retain existing wash program? Yes No.

If no, the recommended wash program is: **bulk milk tank 1** **bulk milk tank 2**

Cycle	Cycle description	Volume (litres)	Temp (°C)	Cleanser/Sanitiser	Dose (g or ml)	Comment
Bulk Milk Tank 1						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		
5						
Bulk Milk Tank 2						
1			Start			
2			Start	Dump		
3			Start	Dump		
4			Start	Dump		
5						

Next review date: _____

I _____ (primary contact person) grant permission to share copies of this Dairy Hygiene Investigation Kit with the following parties:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Dairy factory / factory field officer |
| <input type="checkbox"/> | <input type="checkbox"/> | Milking machine company / technician |
| <input type="checkbox"/> | <input type="checkbox"/> | Dairy chemical company / representative |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ (please specify) |

Signature: _____ Date: _____

Review

Date: _____

Has the issue been resolved? Yes No Partially

List actions yet to be undertaken:

1. _____
2. _____
3. _____
4. _____

The Farm Status Sheet has been updated Yes No