

Appendix 4 Dairy OFFSP Record Forms (www.amp.ab.ca)

A. Standard Operating Procedure (SOP) for Milking Cattle With Abnormal or Treated Milk

In order to prevent shipping abnormal milk and milk containing livestock medicine or chemical residues, describe step-by-step the various actions that must be taken to prevent this milk from entering the food supply. See Chapter 5 in the CQM Reference Manual for a sample SOP.

Please note: If your procedures are different for abnormal and treated milk, you may need two separate SOPs.

Step 1 _____

Step 2 _____

Step 3 _____

Step 4 _____

Step 5 _____

Step 6 _____

Step 7 _____

Step 8 _____

Step 9 _____

Note: If you have a problem or improperly milk a treated animal, see G. Corrective Action Plans, Page xx.

B. Standard Operating Procedure (SOP) for Treating Cattle

In order to prevent livestock medicine or chemical residues in milk and meat, proper administration of livestock medicine is essential. Describe step-by-step the various actions that must be taken when an animal has to be treated. See Chapter 4 of the CQM Reference Manual for a sample SOP.

Step 1 _____

Step 2 _____

Step 3 _____

Step 4 _____

Step 5 _____

Step 6 _____

Step 7 _____

Step 8 _____

Step 9 _____

Step 10 _____

Note: If you have a problem or improperly treat an animal, see Corrective Action Plans, Record 13.

C. Sample Veterinary Prescription

Clinic: _____

Veterinarian: _____

Phone #: (____) _____ Fax: (____) _____

Address: _____

Patient ID: _____

Treatment: _____

DIN: _____

Instructions for use: _____

Prescription expiry date: _____

Withdrawal recommendations: _____

Milk: _____ Meat: _____

Withdrawal Date: _____ Withdrawal Date: _____

Veterinarian's signature: _____

Owner's or agent for owner's signature: _____

E. Livestock Treatment Record

Animal ID	Expiry Date (Valid ✓)	Treatment Administered (product, dosage, mode of treatment ^a)	Withdrawal Time (Hrs/days)		Date of Treatment (✓ am or pm)	Completed Withdrawal (✓ am or pm)		Residue Testing (+/-) ^b	Broken Needles ^c (✓ & Site ^d)	Person Treating (Signature)
			Milk	Meat		Milk	Meat			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			
					Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm	Date: <input type="checkbox"/> am <input type="checkbox"/> pm			

a: Mode of Treatment IM = Intramuscular (in the muscle) IMM = intramammary (in the udder) IU = intrauterine (in the uterus) IV = intravenous (in the vein) OR = oral (in the mouth) SC = subcutaneous (under the skin) TP = topical (on the skin)

b: Residue testing only required for new animals or a letter of guarantee from the previous owner.

c: Broken needles can also be recorded on Record 11.

d. Site R = Rump F = Flank N = Neck

G. Corrective Action Plans (Emergency Plans)

Area of Concern	Specific Incidence	Corrective Action To Be Taken	Contact Person		
			Name	Phone	Cell Phone
Cooling and Storage of Milk	Milk is not cooled to between 1°C to 4°C within the acceptable cooling period				
Equipment Sanitation	1. Visible milk residue build-up on milk contact surfaces				
	2. Improper water temperature				
Use of Water for Cleaning of Milk Contact Surfaces	Water test result reveals a form of contamination (e.g. high bacteria)				

Record: CORRECTIVE ACTION PLANS (Emergency Plans)

Area of Concern	Specific Incidence	Corrective Action To Be Taken	Contact Person		
			Name	Phone	Cell Phone