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| F-fd-46.docx (02/21) | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Food and Recreational Safety  PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4682 Fax: (608) 224-4710  Email: [datcpdfsplanreview@wisconsin.gov](mailto:datcpdfsplanreview@wisconsin.gov) | Wis. Admin. Code § ATCP 65.30 |
| REQUEST FOR INSTALLATION/MODIFICATION OF A C-I-P SYSTEM | | |

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| GENERAL INFORMATION: | | | | | | |
| DAIRY PLANT | | | LICENSE NUMBER & DAIRY PLANT NUMBER        -D1 55- | | | |
| BUSINESS LOCATION STREET | CITY | | | | STATE | ZIP |
| DATE OF INSTALLATION | COUNTY | | | | | |
| INSTALLER / MANUFACTURER | | INSTALLER CONTACT NAME | | | | |
| CONTACT EMAIL ADDRESS | | | | BUSINESS PHONE:  (     )     - | | |

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| EQUIPMENT SPECIFICATIONS – Provide the appropriate information indicated below to include the following: |
| [*ATCP 65.30, Wis. Admin. Code*](http://docs.legis.wisconsin.gov/document/administrativecode/ATCP%2065.30) requires that “Before installing a C-I-P system or adding equipment to any existing C-I-P system, the dairy plant operator shall submit to the division a plan for the installation or addition”.  Please use this application to assist in the submission of plans for your C-I-P system to include the manufacturer's specifications for operating, maintaining, cleaning, and sanitizing the system.  Within 20 business days, the division shall return its comments or objections, if any, in writing.  Please use the following resources to ensure the C-I-P is designed and installed to meet the sanitary construction required by [*ATCP 65.28(1)(a) Wis. Adm. Code*](http://docs.legis.wisconsin.gov/document/administrativecode/ATCP%2065.28(1)(a))*.*  3-A Accepted Practice for   * Permanently Installed Product and Solution Pipelines and Cleaning Systems Used in Milk and Milk Product Processing Plants, Number 605-XX, current edition. * Supplying Air Under Pressure for Contact with Product or Product Contact Surfaces, Number 604-XX, current edition. * Method of Producing Steam of Culinary Quality, Number 609-03 or current edition.   3-A Sanitary Standard for   * Centrifugal and Positive Rotary Pumps, Number 02-XX, current edition. * Flow Meters, Number 28-XX, current addition * Air Eliminators, Number 29-XX, current addition * Metal Tubing, Number 33-XX, current addition * Compression Type Valves, Number 53-XX, current addition * Sanitary Fittings, Number 63-XX, current addition * Spray Cleaning Devices Intended to Remain in Place, Number 78-XX, current addition * Double-Seat Mixproof Valves, Number 85-XX, current addition   3-A Sanitary Standards and Accepted Practices <https://www.techstreet.com/3a/pages/home>  Manufacture database by 3-A Sanitary Standard listing <http://www.3-a.org/3-A-Symbol/Search-Database-of-Current-Certificates> |

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| CIP SYSTEM SPECIFICATIONS – Provide the appropriate information as required below: | | | | | | | | | | | | | | | | | | | | | | | | | |
| CIP  SYSTEM | MANUFACTURER: | | | | | | | MODEL: | | | | | | | | | | SINGLE TANK SYSTEM  MULTI-TANK SYSTEM | | | | | | | 3-A 605-XX Compliant |
| C-I-P PROCESS DIAGRAM or P&ID PROVIDED | | | | | | | | | | | NOTE: PLANS RECEIVED WITHOUT PROCESS DIAGRAM OR P&ID WILL BE RETURNED. | | | | | | | | | | | | | | |
| SPRAY DEVICE INSTALLED | | MAKE: | | | | | | | MODEL: | | | | | | | | | LOCATION  Identified on drawing | | | | | 3-A 78-XX Certification  YES - Provide documentation  NO - See Note Below | | |
| PLUMBING SYSTEM DESIGN | | | | | | | | | | | | | | | | | | | | | | | | | |
| WATER LINES PROTECTED BY: | | | | | | | AIR GAP | | | | | | | | | | | | CONFORMS TO ASME A112.1.2 | | | | | | |
| CROSS CONNECTION CONTROL DEVICE | | | | | | | | | | | | ASSE       DEVICE | | | | | | |
| TEMPERATURE MONITORING | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMPERATURE RECORDER | | | MAKE: | | | | | | | | | | MODEL: | | | | | | | | MODEL: | | | | |
| ELECTRONIC RECORDKEEPING | | | | YES  NO | | | MAKE: | | | | | | | | | | | | | | SUPPLEMENTAL  DOCUMENTATION PROVIDED | | | | |
| CIP SOLUTION/PRODUCT ISOLATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHYSICAL DISCONNECTION | | | | | YES  NO | | | | | LOCATION Identified on drawing | | | | | | | | | | | | | | | |
| TWO (2) VALVES with BLEED | | | | YES  NO | MAKE: | | | | | | | | | | | MODEL: | | | | | | | | 3-A 53-XX Certification  YES - Provide documentation  NO - See Note Below | |
| VALVE BODY SIZE | | | | | | | | VENT SIZE | | | | | | | | POSITION DETECTABLE:  YES  NO | | | | | |
| SINGLE BODY DOUBLE SEAT MIXPROOF VALVE | | | | YES  NO | MAKE: | | | | | | | | | | | MODEL: | | | | | | | | 3-A 85-XX Certification  YES - Provide documentation  NO - See Note Below | |
| VALVE BODY SIZE | | | | | | | | VENT SIZE | | | | | | | | POSITION DETECTABLE:  YES  NO | | | | | |
|  | | | | VENT CLEANED with MILK PRODUCTS PRESENT  YES  NO | | | | | | | | | | | | | | | | | | | | | |
| **VALVE INSTALLATION CRITERIA** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VALVE TESTING PROTOCOL PROVIDED**  YES  NO | | | | | | | | | | | | | | **MANUAL OVERIDES**  YES  NO | | | | | | | | | | | |
| EXAMPLE LADDER LOGIC PROVIDED  YES  NO | | | | | | | | | | | | | | **SECURED AGAINST UNAUTHOUIZED CHANGES**  YES  NO | | | | | | | | | | | |
| **OPERATIONAL CRITERIA** | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLOW VELOCITY | | | | | | | | | | | | | | | MINIMUM: | | | | | | | FLOW VELOCITY | | | |
| SOLUTION TEMPERATUREs | | | | | | CAUSTIC | | | | | | | | | MINIMUM: | | | | | | | FLOW VELOCITY | | | |
| ACID | | | | | | | | | MINIMUM: | | | | | | | FLOW VELOCITY | | | |
| OTHER | | | | | | | | | MINIMUM: | | | | | | | FLOW VELOCITY | | | |
| SANITIZER | | | | | | | | | MINIMUM: | | | | | | | FLOW VELOCITY | | | |
| SANITIZING METHOD | | | | | | CHEMICAL | | | | | | | | | TYPE: | | | | | | | CONC RANGE       PPM | | | |
| INJECTION LOCATION Identified on drawing | | | | | | | | | | |
| HOT WATER | | | | | | | | | TEMPERATURE | | | | | | | CONTACT       MINUTES | | | |
| WATER HEATING | | | | | | SHELL-in-TUBE | | | | | | | | | | | PLATE HEAT EXCHANGER | | | | | | | | |
| DIRECT STEAM INJECTION | | | | | | | | | | | 3-A 609-XX Compliant  YES  NO See Note Below | | | | | | | | |
| Note: for Non 3-A CERTIFIED COMPLIANT EQUIPMENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENTATION of COMPARABLE COMPLIANCE PROVIDED  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide additional documentation or resources that show how the equipment or application applies sanitary design principles to ensure the CIP system does not adversely impact food safety or equipment function. | | | | | | | | | | | | | | | | | | | | | | | | | |

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| \*Submit completed applications and supporting documentation to <mailto:datcpdfsplanreview@wisconsin.gov> or to your [assigned dairy technical specialists](mailto:https://datcp.wi.gov/Documents/DairyTechnicalSpecialists.pdf) at least 30 days prior to installation/ modification. |

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| The undersigned hereby certifies that the information provided on this form and all additional supporting documents required are true, complete and accurate to facilitate review for determination of compliance to Wis. Admin. Code § ATCP 65.30. | | |
| SIGNATURE | TITLE | DATE |

This institution is an equal opportunity employer.