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| F-fd-45.docx (Rev. 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) 224-4720 Fax (608) 224-4710 | [ATCP 65.14(5)(c)](http://docs.legis.wisconsin.gov/code/admin_code/atcp/055/65) |
| Verification Testing for Automatic Milking Installation Commissioning | | |

Please type or print.E-mail completed submission form to:

The assigned Dairy Technical Specialist OR E-mail to [DATCPDFSPlanReview@wisconsin.gov](mailto:DATCPDFSPlanReview@wisconsin.gov)

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| PRODUCER NAME: | | | | | | | | |
| DBA/FARM NAME: | | | | GRADE A  GRADE B | | | | |
| PRODUCER PHYSICAL LOCATION: | CITY: | | | | | STATE: | ZIP CODE: | |
| PRODUCER EMAIL: | | | | | TELEPHONE:  (   )     - | | | |
| LEGAL NAME OF INSTALLATION COMPANY: | | | | | | | | |
| INSTALLER MAILING ADDRESS: | | | CITY: | | | STATE: | ZIP CODE: | |
| LEAD TECHNICIAN NAME and TITLE: | | EMAIL: | | | TELEPHONE:  (   )     - | | | |
| NAME OF VERIFYING INDIVIDUAL: | | DATE OF VERIFICATION TESTING: | | | NEW INSTALLATION  MODIFICATION | | | |
| AMI MANUFACTURER: | | NUMBER OF UNITS: | | | | | | |
| **Submission Requirements:** Pursuant to [*Wis. Admin. Code § ATCP 65.14(5)c,*](http://docs.legis.wisconsin.gov/code/admin_code/atcp/055/65)and the 2019 PMO, Appendix H, this form documents verification of the computerized programming controls as performed by the installer or the AMI Manufacturer. | | | | | | | | Checklist |
| The fail-safe valve system(s) provides separation between cleaning/sanitizing solutions and milk intended for sale, and thus functions as specified by the manufacturer’s test procedure. | | | | | | | |  |
| The fail-safe valve system(s) provides separation between milk with abnormalities and milk intended for sale, and milk quality sampling devices are properly separated as specified in the manufacturer’s test procedure. | | | | | | | |  |
| The fail-safe valve system(s) properly detects and diverts abnormal milk and cleans and sanitizes milk contact surfaces as specified in the manufacturer’s test procedures. | | | | | | | |  |
| The teat prep process is applied in accordance with the FDA approved teat prep protocol. | | | | | | | |  |
| Copies of the following documents are present on the farm for regulatory review: | | | | | | | |  |
| * Fail-safe valve system valve testing protocol | | | | | | | |  |
| * Teat Prep Protocol | | | | | | | |  |
| * Abnormal Milk Detection Verification Procedures | | | | | | | |  |
| * Copies of the most recent verification testing with installer technician signature (a copy of this signed document). | | | | | | | |  |
| * Written procedure for verifying the effectiveness of the computer software and hardware. | | | | | | | |  |
| Disclosure: With this submission, I certify completion of the verification procedures listed above. I certify that the information is accurate and fully represents the verification testing outcome of this AMI installation. | | | | | | | | |

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| SIGNATURE: | DATE: |

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| This section is for WDATCP use only. | | |  |
| INTIALS OF DAIRY TECHNICAL SPECIALIST: | DATE: | TYPE OF REVIEW COMPLETED:  DESK REVIEW  ONSITE REVIEW | ACCEPTED RESULTS:  YES  NO |

This institution is an equal opportunity employer.