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TANKER MILK DISPOSAL REPORT

Wis. Stat. §§ 97.20 & 97.22

Disposition of all tanker loads of milk that test positive for drug residues must be thoroughly documented. Complete this form and maintain on file at the plant.

I. BULK LOAD IDENTIFICATION

RECEIVING DAIRY PLANT:			PLANT NUMBER:
PLANT ADDRESS/LOCATION:		CITY:	STATE:
TANKER LICENSE NUMBER:	WEIGHT OF LOAD:	LOAD NUMBER:	NAME OF HAULER THAT DELIVERED LOAD :
☐ YES ☐ NO PLANT TO PLANT TRANSFER LOAD REJECTED & RETURNED TO SELLER (If YES, fill out seller information)			
NAME OF SELLER CONTACT PERSON:			
PLANT ADDRESS/LOCATION:		CITY:	DESTINATION STATE:

II. TRANSPORTATION OF MILK FOR DISPOSAL

DATE OF TRANSPORTATION:	TIME OF TRANSPORTATION:
NAME OF HAULER (Please Print):	
SIGNATURE:	

III. DISPOSAL OF MILK

NAME OF DISPOSAL SITE:		
DISPOSAL ADDRESS/LOCATION:	CITY:	STATE:
DISPOSAL METHOD ☐ VEAL OPERATION ☐ MUNICIPAL SEWER ☐ FIELD SPREAD ☐ MANURE PIT ☐ OTHER (Please Explain):		
DATE RECEIVED:	TIME RECEIVED:	
NAME OF PERSON RECEIVING MILK (Please Print):		
SIGNATURE:		

Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. §. 15.04(1)(m).