DRY-GUD-002	Program: Dairy
Revision: 1.0	Document Name: Industry AMI Verification
Approved: 09Apr2021	Wisc. Stat. and/or Wis. Admin. Code: ATCP 65.14(5)(c)

SUBJECT: Guidance for use of *F-fd-45, Verification Testing for Automatic Milking Installation Commissioning*

Scope

The purpose of this document is to provide guidance to the dairy industry, specifically Automatic Milking Installation (AMI) installers and/or manufacturers working to complete the DATCP form *F-fd-45, Verification Testing for Automatic Milking Installation Commissioning* following the installation and verification testing of an AMI unit(s).

Definitions

- DATCP – Wisconsin Department of Agriculture, Trade and Consumer Protection
- AMI – Automatic Milking Installation
- DBA – Doing Business As
- DTS – Dairy Technical Specialist
- Lead technician – An employee of the installation company who oversees the equipment design, facility construction/layout and installation of the AMI unit(s).
- Verifying individual – An employee of the installation company who physically conducts the onsite verification testing.

Guidance

1. Complete the Producer Contact Information portion of the form. This shall include providing all of the following:
    a. The producer's first and last name.
    b. The DBA or Legal name of the producer's farm/business.
    c. The physical address of the farm/business location where the AMI unit is installed.
        - This includes the city, state and zip code.
    d. The current or intended permit or license status of the milk producer – Grade A or Grade B.
    e. The producer's email address.
    f. The producer's phone number.

2. Complete the Installer's Contact Information portion of the form. This shall include providing all of the following:
    a. The legal name of the company installing the AMI unit(s).
    b. The installer's mailing address.
        • This includes city, state and zip code.
    c. The lead technician's first and last name who is overseeing the AMI installation.
        • Include lead technician's position title (ex. Lead Supervisor, Foreman, Lead Engineer).
    d. The lead technician's email address.
    e. The lead technician's phone number.

3. Complete the remaining portion of the form which details information specific to the AMI unit(s) and the verification activities. This shall include providing all of the following:
    a. The first and last name of the individual conducting the verification testing activity.
    b. The date(s) the verification testing was completed.
    c. Identifying the type of work completed, new installation or a modification to a unit(s) currently in service. For a retrofit of a used AMI unit(s) please indicate new installation.
    d. The name of the AMI unit(s) manufacturer.
    e. The number of AMI unit(s) being installed at this farm.
    f. Within the remaining checklist (10 items) you will find a statement with a correlating checkbox.
        • If a box is checked, this indicates that the correlating statement is true. Example 1 – If the testing of the fail-safe valve system (block-bleed-block valves) provides separation between cleaning/sanitizing solution and milk according to the manufacturer's procedures, the correlating box shall be checked.
        • Example 2 – If the box is not checked, this indicates the correlating statement is not true or that it was not completed. This results in the assigned DTS marking the "Accepted Results" box as ☒ NO and the producer would not be allowed to begin or continue production.

4. Once all of the necessary information has been provided in the sections described above, the form is signed and dated by the individual taking responsibility for the accuracy of the verification testing in conformance with the manufacturer's testing procedures. An electronic signature is sufficient.

5. Email the completed form to DATCPDFSPlanReview@wisconsin.gov.

Contacts

• Dairy Technical Specialist Team
    o DATCPTechnicalSpecialists@wisconsin.gov

- DATCP Dairy Services Office – Eau Claire, WI
  - DATCPecdairy@wisconsin.gov

References

- ATCP 65.14(6)a-c– Review of Plans – language specific to the necessity for farm plan reviews and the responsibility of the department to respond.
- ATCP 65.14(5)(c)1-6 – Milking Equipment – language specific to the installation of AMI units.

Document History

The most recent changes to this controlled document are listed at the top of the table:

Revision	Author	Change Description	Approval Date
1.0	Dairy Program Staff	New Document.	09Apr2021

Approval

4/8/2021 12:51 PM	Task Completed	☐ Stoner, Steve K	Task assigned to Stoner, Steve K was approved by Stoner, Steve K. Comments:	Approved by Stoner, Steve K
4/8/2021 12:51 PM	Task Created	☐ Koss, Rebekah R	Task created for Anderson, Timothy P. Due by: 4/9/2021 12:00:00 AM	
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4/9/2021 10:52 AM	Task Completed	☐ Sprecker, Troy S	Task assigned to Sprecker, Troy S was approved by Sprecker, Troy S. Comments: please just use DATCP vs. WDATCP.	Approved by Sprecker, Troy S