

Pennsylvania Department of
AGRICULTURE
Bureau of Food Safety and Laboratory Services
Division of Milk Sanitation

NOTICE OF MILK PRODUCER ACTION REPORT

Pennsylvania Department of Agriculture, Region _____

Milk Sanitarian: _____

Region Address: _____

In accordance with Chapter 59.31. Milk Sanitation and Standards, you are hereby advised of the following producer action:

Producer No. _____

Premise ID*** _____

Producer Name _____

Address: _____

Action Taken:

Initial Instatement* _____ Date ____/____/____

Previous Handler _____

Suspension* _____ Date ____/____/____

Reason _____

Reinstatement _____ Date ____/____/____

Total Pounds of Milk Discarded: _____

Handler Initiated Termination** _____ Date ____/____/____

Producer Initiated Termination** _____ Date ____/____/____

Reason _____

***Attach a copy of the Dairy Farm Sanitation Report.**

****Attach a copy of the Dairy Farm Sanitation Report and include a copy of the producer record. Mail or deliver to the appropriate Region Office within twenty-four (24) hours of this action.**

***** NEW**

Assigned Approved Inspector _____

Permit Holder _____ FIPS 42 - _____

Address _____

Signature _____ Date _____

Approved Inspector or Authorized Agent