

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 59a.17. 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.**

**\*\* A copy of the Producer records for the past 24 months to include inspections, bacteriological test results, any Regulatory action required and a passing water test must be mailed, emailed or hand delivered to the appropriate Sanitarian within 24 hours of the INITIAL NOTIFICATION of intent to terminate a milk marketing agreement due to a market change.**

**\*\*\* NEW-MUST BE COMPLETED**

Assigned Approved Inspector \_\_\_\_\_  
**Approved Inspector Phone Number** \_\_\_\_\_  
**Approved Inspector email** \_\_\_\_\_

Permit Holder \_\_\_\_\_ FIPS 42 - \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_