Bureau of Food Safety, Milk Program
Shared Equipment Agreement

A shared equipment agreement covers equipment primarily owned and/or stored by one facility or business, but which is made available to another facility on an as-needed basis.

Facility using the shared equipment:

FACILITY (Business) NAME: ________________________________________________________________

OWNER(S) NAME: ______________________ PHONE NO: ________________________________

Submit completed agreement along with other applications as necessary:

Type of Equipment Available to use under this agreement:

- Antibiotic Testing Equipment
  Name/model of testing equipment available: __________________________________________

- Pasteurization Testing Equipment
  Type of Equipment available (circle each that apply):
    ▪ Water Bath
    ▪ Calibratable Thermometer
    ▪ Pressure board
    ▪ Salt Testing Equipment, Model: ____________________________
    ▪ Salt canister

To Be Completed by Equipment Owner:

The facility listed above may use the above-indicated equipment, as needed, for compliance with state and federal regulations.

FACILITY NAME: ________________________________________________________________

FACILITY OWNER/MANAGER: __________________________________________________________

FACILITY ADDRESS: ________________________________________________________________

CITY/STATE: ________________________________ ZIP: __________________

PHONE NUMBER: __________________________ FAX NUMBER: __________________________

EMAIL ADDRESS: _________________________________________________________________

SIGNATURE: ___________________________ TITLE: __________________ DATE: __________