



QDairy

FARM FOOD SAFETY MANUAL



Approved 2019

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1b. QDairy Food Safety Program Annual Review

A management review should be completed annually to consider performance, and ensure the food safety plan is current and effective.

Management Review Record

ITEM	REVIEWED	REVIEW ISSUES	REVIEW OUTCOMES
OWNERSHIP/ RESPONSIBILITIES			
MILK RECORDS			
CHEMICAL REGISTER/ USAGE			
VETERINARY TREATMENTS			
AGRICULTURAL CHEMICALS			
FARM MAP			
STOCK REGISTER			
FODDER			
AGISTMENT			
PEST CONTROL			
ENVIRONMENT & EFFLUENT			
STAFF TRAINING			
INCIDENT REPORTING			
MILK CHILLING			
CLEANING & MAINTENANCE			
WATER QUALITY			
RECORD KEEPING			
HERD HEALTH			
OPERATING PRACTICES			

REVIEW DATE		SIGNATURE	
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5a. Stockfeed Vendor Declaration

This form is used to ensure suppliers that the residue levels in feed purchased is below the maximum residue level.

1. STOCKFEED VENDOR:	
2. DATE OF SUPPLY:	
3. DESCRIPTION OF STOCKFEED:	
4. QUANTITY:	
INTENDED USE PURPOSE:	

The following declaration relates to the supply of, description of stockfeed and quantity outlined above.

I/We _____ (Name of Vendor Supplier)

Declare that:

I. The above described stockfeed has been grown and stored with agricultural chemicals applied in accordance with the registered label of those chemicals, at rates not exceeding the maximum rates set out on the label of those chemicals and the appropriate withhold periods have been observed, and is suitable for the intended purpose; and

II. The above-described stockfeed is free of unacceptable chemical residues

Signed _____

Date _____

5d. Agistment Supplier Declaration

This form is used to ensure suppliers that the agistment they use is residue free and its disease status is known.

1. AGISTMENT SUPPLIER:	
2. DATE OF SUPPLY:	
3. DESCRIPTION OF AGISTMENT:	
4. AREA:	
INTENDED USE PURPOSE:	

The following declaration relates to the supply of, description of agistment and quantity outlined above.

I/We _____ (Name of Agistment Supplier)

Declare that:

I. The above described agistment has been managed with agricultural chemicals applied in accordance with the registered label of those chemicals, at rates not exceeding the maximum rates set out on the label of those chemicals and the appropriate withhold periods have been observed, and is suitable for the intended purpose; and

II. The above-described agistment is free of unacceptable chemical residues

Signed _____

Date _____

8a. Dairy Premise Requirements

Milking Shed / Milking Room & Floors	<ul style="list-style-type: none"> All areas of the milking shed (including yards) are properly graded No water ponding All areas clean and tidy, no rubbish build up 	Pest Control	<ul style="list-style-type: none"> Milk room free of insects and rodents
Walls / Ceilings	<ul style="list-style-type: none"> All internal / external walls in good condition no holes no rotting timber All ceilings in good repair no holes 	Building Hygiene	<ul style="list-style-type: none"> Dairy free of cobwebs and fly dirt Steelwork / Milking machine and silo clean Manure heap further than 45m from dairy Floors / holding yards / apron / walkways and drains clean, free of manure and algae Buildings and surrounds in clean and tidy condition, no long grass Hand washing facilities provided.
Fascia / Eaves / Gables / Flashings	<ul style="list-style-type: none"> All Fascia / Eaves / Gables and Flashing in good condition 		
Brickwork	<ul style="list-style-type: none"> All internal brickwork in good condition and sealed 		
Paintwork	<ul style="list-style-type: none"> All internal and external surfaces painted and in good condition, no peeling paint 		
Roof / Guttering	<ul style="list-style-type: none"> Roof / guttering and drain pipes all present and in good condition 	Water	<ul style="list-style-type: none"> Adequate washing and hot water facilities provided, no associated milk quality issues Adequate supply of water provided for cleaning equipment, dairy and rinsing bulk milk tank
Doors / Windows	<ul style="list-style-type: none"> All doors and windows present and in good condition 	Drains	<ul style="list-style-type: none"> All waste drains to a suitable disposal point
Lighting	<ul style="list-style-type: none"> Adequate lighting provided in milk room and milking area and easily accessed by operators and drivers 	Animals	<ul style="list-style-type: none"> All non-milking animals kept away from dairy
Collection Area	<ul style="list-style-type: none"> Adequate loading apron present and in good condition 	Stock	<ul style="list-style-type: none"> All stock kept at least 9m from milk room door and tanker apron
Fly / Vermin Proofing	<ul style="list-style-type: none"> Fly and vermin proofing in place and in good condition 		

8b. Three Monthly Dairy Equipment Hygiene and Maintenance Checklist

This document is provided to assist in the monitoring and upkeep of dairy equipment hygiene, equipment maintenance requirements and rubberware conditions.

DATE:		
EQUIPMENT	ACCEPTABLE ✓ OR ✗	NOTES
MILKING MACHINE		
Milk Pump		
Receiver		
Milk-line		
Milk-line End Section		
Long Milk Tube		
Claws		
Liner Mouthpieces		
Guards Fitted		
Pulsator Air Filters		
Moisture Trap/Vacuum Tank		
Receiver/Releaser Airline		
Delivery Line incl. rubberware		
Plate Cooler (as required)	Temp in:	Temp out:
BULK MILK TANK/SILO		
Leak Test (Cooling on and NO milk passing through unit)	No water leaking from disconnected milk outlet <input type="checkbox"/>	
	No cooling water leaking from rubbers <input type="checkbox"/>	
Lid		
Inlet/Outlet Valves/Fittings		
Milk Cooling Times		
Interior Wall Surfaces		
Agitator		
Silo Door Seal		
OTHER SPECIFIC AREAS TO CHECK		
Hot Water Temperature (Into and exiting dairy plant)	Temp in:	Temp out:
Tanker Access and Road		
Dairy Premise and Surrounds		
Dairy Effluent System		
Vat Room (free of chemicals)		
CHECK COMPLETED BY:		

11a. Corrective Action Report

To be completed by the supplier or delegate for any issue on farm which requires corrective action eg. any milk outside of quality target or temperature range allowance, actions undertaken to address thermometer calibration issues, etc.

Date of Report:		
Corrective Action Report (CAR) Number:		
Details of incident/non-conformance (what happened?):		
Incident or non-conformance review (what was the cause?):		
Corrective Action (what corrective actions were completed to resolve the incident/non-conformance?):		
Action:	Date completed:	
	Completed by:	
Action:	Date completed:	
	Completed by:	
Preventative Action (what preventative actions were completed to prevent reoccurrence?):		
Action:	Date completed:	
	Completed by:	
Action:	Date completed:	
	Completed by:	



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