

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	INTERSTATE MILK SHIPPER'S CHECK RATING REPORT
TO	NAME AND ADDRESS OF SHIPPER

The *Procedures Governing the Cooperative State - Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments* specifies that the PHS/FDA shall conduct check ratings or HACCP audits, if applicable, of the sanitation compliance status of listed interstate milk shippers to assure the validity of published listings. A check rating or HACCP audit, if applicable, of the above identified shipper has disclosed the following information.

TOTAL NUMBER	LISTED RATING/AUDIT	CHECK RATING/AUDIT	PRODUCT	LISTED RATING/AUDIT	CHECK RATING/AUDIT
DATE			TYPE OF PRODUCER RATING	☐ AREA ☐ INDIVIDUAL	☐ AREA ☐ INDIVIDUAL
PRODUCERS			PRODUCERS		
RECEIVING STATION			RECEIVING STATION		
TRANSFER STATION			TRANSFER STATION		
PLANT			PLANT		
NO. INSPECTED	LISTED RATING/AUDIT	CHECK RATING/AUDIT	ENFORCEMENT RATING		
PRODUCERS					
RECEIVING STATION					
TRANSFER STATION					
PLANT			APPENDIX N IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N? ☐ YES ☐ NO	FOOD SAFETY PLAN/PREVENTIVE CONTROLS WHEN APPLICABLE, IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX T? ☐ YES ☐ NO	

NUMBER OF DEBITS – ITEMS OF SANITATION

PRODUCERS – NUMBER VIOLATING

1	1 SCC	2a	2b	2c	2d	2e	3	4	5A	5B	5C	5D	5E	6	7	8-2	8-5	9	10	11	12	13	14	15abc	15de	16	17	18ab	18c	19ab	19cd	19ef	19gh	BACTI/ DRUGS

MILK PLANT, RECEIVING STATION OR TRANSFER STATION – NUMBER VIOLATING (Including Partial Debits)

1	2	3	4a	4b	5	6	7	8	9	10	11	12ab	12cde	13	14	15Aabc	15Babc	15Cab	16AB1	16AB2	16AB3	16C	16D	17	18/19	20	21	22	BACTI	COLI				

CONDENSED AND/OR DRY MILK PLANT – NUMBER VIOLATING (Including Partial Debits)

1	2	3	4a	4b	5	6	7	8	9	10	11	12ab	12cde	13	14	15Aabc	15Bcde	15Cab	16AB1	16AB2	16AB3	16C	16D	17	18/19	20	21	22	BACTI	COLI				

1. A receiving station shall comply with Items 1p-15p(A)&(B), and 17p, 20p, and 22p, except that the partitioning requirements of Item 5p shall not apply.
2. A transfer station shall comply with Items 1p, 4p, 6p-15p(A)&(B), 20p, 22p and as climatic and operating conditions require, the applicable provisions of Items 2p and 3p; provided in every case, overhead protection shall be provided.

The results of this check rating or HACCP audit, if applicable, conducted by PHS/FDA indicate that the following action is necessary to comply with the NCIMS Agreements. ***Failure to submit a new rating or reinspection data to the FDA Regional Office within five (5) working days of the due date will result in the automatic withdrawal of certification from the IMS List.***

- ☐ No Action Necessary
 ☐ New Rating by (date) _____
 ☐ Reinspection by (date) _____
 ☐ Immediate Withdrawal of Certification

RECEIVED BY (Signature of Rating Agency Official)	TITLE OF RATING AGENCY OFFICIAL	DATE
FDA MILK SPECIALIST		