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| Investigation of inhibitory substances found in milk report form |  |



It is recommended that this report is used after any inhibitory substance failure, it **must** be completed in line with the Red Tractor standard RT DP.6 where a member has had 2 or more fails. It should be completed in conjunction with the vet review of medicine use and recommendations to prevent the issue happening again (RT DP.4.b)

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| **Name and Address of Producer** |  | | **Name and Address of Veterinary Surgeon** |  |
| **Milk purchaser** |  | | **Purchaser/Processor ID** |  |
| **Number of cows** | **Milking** | **Dry** | **Calving pattern** |  |
| **Closed herd** | **Yes / No** | | **Tanker collection frequency** |  |

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| **Details of Failure 1** | | | |
| **Date of failure** |  | **Number of cows milked** |  |
| **Site of failure** | **PRECOLLECTION / BULK TANK / TANKER / OTHER Litres affected:**  **(if known)** | | |
| **Test failed** |  | | |
| **Follow up testing / substances identified** |  | | |
| **Suspected medicine causing failure** |  | | |
| **Suspected reason for failure** |  | | |

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| **Details of Failure 2** | | | | | |
| **Date of failure** |  | | **Number of cows milked** | |  |
| **Site of failure** | **PRECOLLECTION / BULK TANK / TANKER / OTHER Litres affected:**  **(if known)** | | | | |
| **Test failed** |  | | | | |
| **Follow up testing / substances identified** |  | | | | |
| **Suspected medicine causing failure** |  | | | | |
| **Suspected reason for failure** |  | | | | |
| **Milking Plant** | | | | | |
| **Type / size of parlour** | |  | | | |
| **How are cows identified as they enter the parlour?eg computer, manual** | | | |  | |
| **Method used to identify milk for discard eg computer, manual** | | | |  | |
| **Was separate dump line and/or equipment used? Please detail** | | | |  | |
| **Bulk tank volume on day of failure** | | | |  | |
| **Is the bulk tank secure?** (RT-MP.5) | | | |  | |
| **Milking routine** | | | | | |
| **Who did the milking(s)?** | | | |  | |
| **How are cows under treatment/withdrawal identified to milker?** (RTMP.27a)  **Were those cows clearly identified at the time of the failure?** (RT-MP.26a) | | | |  | |
| **Are cows under treatment/withdrawal milked last or separately?** (RT-MP.26a) | | | |  | |
| **Are prescribed withdrawal periods correct and complied with?** (RT-AM.10) | | | |  | |
| **What is the milk harvesting routine from newly calved cows?** | | | |  | |
| **Animal medicines** | | | | | |
| **Date medicine records checked?**  **Date of last medicine recorded** (RT-AM.6a) | | | |  | |
| **How are treated cows recorded?** (RT-MP.27b) | | | |  | |
| **Are dry or newly calved cows mixed in with any milking cow groups?** | | | |  | |
| **Did any cows have Milk Fever at time of failure?** | | | |  | |
| **Did any cows calve early around the time of the failure?** | | | |  | |
| **Were any cows purchased in the time period prior to the failure?** | | | |  | |
| **Were any cows treated during the milking routine?** (If yes, give details) | | | |  | |
| **Were any cows treated ‘off label’ at the time of the failure?** (If yes, give details) | | | |  | |
| **Are medicines stored appropriately?** (RT-AM.4)  **Date medicine storage last checked?** | | | |  | |
| **Are medicines only administered by demonstrably competent persons?** (RT-AM.3a) | | | |  | |
| **Date of medicine training course for responsible person?** (RT-AM.3.1) | | | |  | |
| **Have all treatments been recorded (including those given by vet)?** (RT AM.3a) | | | |  | |

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| **Animal treatments in the 10 days prior to the failure** | | | | | | |
| **Cow Id.** | **Treatment (product name)** | **Treatment type (systemic, intramammary, parasiticide etc)** | **Animal type (milking cow/dry cow/heifer)** | **Dose** | **Date** | **Date milk added to bulk tank** |
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| **New calved cows (including early calved/aborted) in the 10 days prior to the failure** | | | | | | | |
| **Cow number** | **Dry cow treatment date** | **Treatment (product name)** | **Dose** | **Method of treatment identification** | **Calving date** | **Milk fever or sick cow?** | **Date milk added to bulk tank** |
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| **Individual cow tests carried out for inhibitory substances on farm** | | | | | |
| **Cow Id.** | **Date** | **Test performed** | **Result** | **Container type used for collection of milk** | **Batch no and expiry date of test** |
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| **Medicine Review – recommendations to prevent further bulk tank failures** (Red Tractor DP.4)  This should be carried out using information from an up to date medicine collation, antibiotic collation, review of cascade use and medicine administration records Red  Tractor – RTAH1.1a). | | |
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| **SMART Actions and follow up** | | |
| **SMART (Specific Measurable Achievable Relevant and Time Bound) Action** | **Date Due** | **Person Responsible** |
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| **Active suspected of failure** | | | | | |
| **Name of active** | |  | | | |
| **Product name(s) containing active** | |  | | | |
| **Cow suspected of causing failure** | | **ID** | | | |
| **Daily yield** | **L** | **Date calved** |  | **Date milk in tank** |  |

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| **Report completed by** | |
| **Signed** | **Date** |
| **Print name** | |
| **Vet Practice** | |