

## 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)

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	
Details of Failure 1				
Date of failure			Number of cows milked	
Site of failure	PRECOLLECTION	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)

		Troatment type	Animal type			
Cow ld.	Treatment (product name)	Treatment type (systemic, intramammary, parasiticide etc)	Animal type (milking cow/dry cow/heifer)	Dose	Date	Date milk added to bulk tank

New calved cows (including early calved/aborted) in the 10 days prior to the failure							
Cow numb er	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

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	

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).						
SMART Actions and	l follow up					
SMART (Specific Me	easurable Achi	evable Relevant and Ti	ime Bound) Action	Date Due	Person Responsible	
Active suspected of	f failure					
Name of active	_					
Product name(s) cont	aining active					
Cow suspected of causing failure ID						
Daily yield	L	Date calved		Date milk in to	ank	
Report completed by						
Signed			Date			
Print name						
Vet Practice						