

Record 14B: Sample Annual Wash System Evaluation (FS32)

Note: Equipment dealers or industry professionals may use this form or their own wash system evaluation form. If they use their own form, they should include the items in this sample form. The Table in Section 8.1.1 of the Reference Manual provides guidance on acceptable parameters.

Purpose: the annual wash system evaluation is one step in a series of best management practices designed to help you minimize milk safety issues. The wash system evaluation is designed to help you identify problem areas so that you can prevent problems from occurring. The sample record is a guideline. Your industry professional may customize your wash system evaluation to best suit your equipment's needs. This record should be completed for **each** AMS or wash system (e.g. two robots washed by one wash sink).

Farm Name: _____ **AMS # or Name:** _____ **Date:** _____

EVALUATION PARAMETERS	PIPELINE / AMS	BULK TANK
1. Time: circulation / cycle time for: a. Cycle #1: _____ b. Cycle #2: _____ c. Cycle #3: _____ d. Cycle #4: _____ e. Cycle #5: _____ f. Cycle #6: _____ Comments / corrections: _____	_____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Temperature: Water temperature compares with the product manufacturer requirements or the Cleaning and Sanitizing Chart for: a. Cycle #1: _____ b. Cycle #2: _____ c. Cycle #3: _____ d. Cycle #4: _____ e. Cycle #5: _____ f. Cycle #6: _____ Comments / corrections: _____	Temperatures are in: <input type="checkbox"/> C or <input type="checkbox"/> F _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temperatures are in: <input type="checkbox"/> C or <input type="checkbox"/> F _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ° Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Slugging Action: Comments / corrections: _____	Adequate slugging action for water flow (e.g. air injector or air compressor function)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate water spray? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Manual Wash
4. Chemical Concentrations:		
a. Water Analysis: hardness: _____ grains pH: _____ iron: _____ ppm (mg/l)		
b. Chemical concentrations: correct amount and dispersal (i.e. are automatic dispensers working)? Comments / corrections: _____	Wash: <input type="checkbox"/> Yes <input type="checkbox"/> No Acid: <input type="checkbox"/> Yes <input type="checkbox"/> No Sanitize: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Manual Wash - Buckets	Wash: <input type="checkbox"/> Yes <input type="checkbox"/> No Acid: <input type="checkbox"/> Yes <input type="checkbox"/> No Sanitize: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Manual Wash

Signed by: _____
 (Equipment dealer / Industry professional)

Company: _____