Record 16: Corrective Action Plans (FS42)(Emergency Plans)

| **Area of Concern** | **Specific Incidence** | **Corrective Action To Be Taken** | **Contact Person** | | |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Cell Phone** |
| **Medicines and Chemicals Used on Livestock** | Improper administration of livestock medicines or chemicals |  |  |  |  |
| **Milking Treated Animals** | Milk from treated animals enters the bulk tank. |  |  |  |  |
| **Shipping Animals** | Animal is shipped with a chemical residue (e.g. antimicrobials) or broken needle in it and the next buyer is not informed. |  |  |  |  |

Record 16: Corrective Action Plans (FS42)(Emergency Plans)

| **Area of Concern** | **Specific Incidence** | **Corrective Action To Be Taken** | **Contact Person** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Cell Phone** | |
| **Cooling and Storage of Milk** | Milk is not cooled to between 1°C to 4°C within the acceptable cooling period |  |  |  |  | |
| **Equipment Sanitation** | 1. Visible milk residue build-up on milk contact surfaces |  |  |  | |  |
| 2. Improper water temperature |  |  |  | |  |
| **Use of Water for Cleaning of Milk Contact Surfaces** | Water test result reveals a form of contamination (e.g. high bacteria) |  |  |  |  | |

Record 16: Corrective Action Plans (FS42)(Emergency Plans)

| **Area of Concern** | **Specific Incidence** | **Corrective Action To Be Taken** | **Contact Person** | | |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Cell Phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Record 16: Corrective Action Plans (FS42)(Emergency Plans)

| **Area of Concern** | **Specific Incidence** | **Corrective Action To Be Taken** | **Contact Person** | | |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Cell Phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Record 16: Corrective Action Plans (FS42)(Emergency Plans)

| **Area of Concern** | **Specific Incidence** | **Corrective Action To Be Taken** | **Contact Person** | | |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Cell Phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |