COVID FARM EXPOSURE FORM

MILK DEPARTMENT

Please complete if your farm is impacted by COVID Tier classification of persons living or working on the farm. Email to: felicity.doolan@milkdepartment.com.au		
Farm Manager/ Owner to complete the following:		
Date:		
Farm Business Name:		
Farm Address:		
Contact Name:		
Contact Number:		
Exposure Classification Some farms may have different levels for different sites or persons	Tier level	No persons
Summarise: **Exposure details, impact on your farm and action plan:**		

Milk Department to complete the following:						
Date received						
Farm ID						
Advised Milk Collection Co.	name				date	
Advised Coles	name				date	
Further Action Required:						
Milk Department Case Coordinator	Name				Position	
Distribution Milk Department	DK	FK	SR	CA	GC	Other