



Dairy Diary

First Issued: February 2019 Current Version: October 2022 Copyright © Ref: Coles Tech Doc 03.03.04.01 EXTERNAL

| | Table of Conter | nts |
|--------|--|---------------------|
| No. | Section Name | Page / Sheet Number |
| 1.3. | Farm Information | 3 |
| 2.a. | Pre-Audit Checklist | 4 |
| 2.b. | Non-Compliance Register | 12 |
| 3.1. | Staff Illnesses | 13 |
| 3.2. | Staff Training Register | 14 |
| 4 | Agricultural Chemicals Register | 15 |
| 4.1.a. | Animal Treatment Register | 16 |
| 4.1.b. | Veterinary Drugs Register | 17 |
| 4.1.c. | Off-Label Veterinary Drug Use | 18 |
| 4.2.a. | Pest Control | 19 |
| 4.2.b. | Pest Control Map | 20 |
| 5 | Repairs and Maintenance | 22 |
| 5.1.a. | Verification Program | 23 |
| 5.1.b. | Dairy Hygiene Check | 24 |
| 5.1.c. | Cleaning Chemical Register | 25 |
| 5.2. | Calibration Checks | 26 |
| 6.1.a. | External Stockfeed Register | 27 |
| 6.1.b. | Rations Mixed on Farm | 28 |
| 6.2. | Agricultural Paddock Treatment | 29 |
| 7.a. | Water Sources | 30 |
| 7.b. | Water Treatment | 31 |
| 7.c. | Water Management Plan | 32 |
| 7.d. | Water Usage Records | 33 |
| 7.1. | Effluent (Waste) Management | 34 |
| 8.2. | Milk Cooling Checks | 35 |
| 8.3. | Milk Quality Issues | 36 |
| 9.1.a. | Livestock Purchases, Sales & Movements | 37 |
| 9.1.b. | Animal Breeding Register | 38 |
| 9.1.c. | Calving Record | 39 |

Farm Information

| Year | 2021-2022 | | |
|--------------------------|------------------|---------------------------|-----------------------------------|
| Farm Name | | | |
| Farm Address | | | |
| Dairy Licence No. | | Expiry Date | |
| Business Entity Name | | • | |
| PIC No. | | | |
| ABN | | | |
| Dairy Type | | | |
| Size Peak Milking Herd | | | |
| Total no. Acres | | Acres for Fodder | |
| Acres for Feed Crops | | Acres for Calve Rearing | |
| Key Contact Details | • | • | |
| | Name | | |
| | Mobile | | |
| | Email | | |
| Farm Manager | | | |
| | Name | | |
| | | | |
| | Mobile | | |
| | Email | | |
| Emergency Contact Person | | | |
| Plant Breakdown | Company | | |
| | Key Contact Name | | |
| | Email | | |
| | AH phone number | | |
| | Mobile Phone | | |
| Refrigeration | Name | | |
| | Mobile | | |
| | Email | | |
| | Role | | |
| Milk Department | KOIE | | |
| 24 hours | Name | Simone Ross | |
| 21110010 | Mobile | 0417506084 | |
| | Email | simone.ross@milkdepartme | nt.com.au |
| | Role | Manager Farm Business Dev | |
| | Name | Chris Aucote | • |
| | Mobile | 0417597689 | |
| | Email | chris.aucote@milkdepartme | ent.com.au |
| | Role | Manager Operations | |
| Food Safety Plan | | | |
| Name of the plan | | | |
| Scheduled Audit | F | Regulator | Milk Department (Coles) |
| Auditor Name | | ~ | |
| Mobile | | | |
| Email | | | |
| Date Visit | | | |
| Dated Audit Passed | | | |
| Other | | | |
| Coles Induction Handbook | Handbook | https://www.milkdepartme | nt.com.au/induction-for-suppliers |

Pre-Audit Checklist

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments |
|---|--------|---|--|--|-------|----------|
| Licencing, Food Safety Program Implementation and | 1 | Dairy Licence | Must be available in dairy premises | Provide a copy | | |
| Review | | Annual Review and/or Pre- Audit checklist | Provide a date and list of annual review | Documented evidence | | |
| Audits | 2 | Non-Conformanges Actions must be taken to prevent or correct non- conformances | Records must be kept of any non- conformances including: · date the non-conformance was identified · action taken to control/prevent the non-conformance · proposed date non-conformance will be cleared · date of completion · person responsible | Documented evidence if applicable or list name of person responsible for each area of dairy | | |
| | | Audit Documentation | Previous audit report | Documented evidence | | |
| | 3.1. | Staff Illnesses | Staff illness register and/or Doctors reports | Documented evidence | | |
| Staff Competency and Training | 3.2. | Employees and Relief Staff | Training and competency records of all staff must be recorded and maintained: • hygienic milking practices (including personal hygiene) • administration of agricultural chemicals • administration of veterinary drugs • if appropriate rosters for staff | Documented evidence | | |

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments |
|-----------|--------|--|--|---------------------|-------|----------|
| | | Chemical Storage Area | When not is use, farm agricultural chemicals must be contained and stored in a manner whereby the chemicals do not pose a risk to the food safety of the milk or accessible to the herd | Photo evidence | | |
| | | Storage Facility | When not is use, farm veterinary drugs must be contained and stored in a manner whereby the drugs do not pose a risk to the food safety of the milk. | Photo Evidence | | |
| | | | These records must be permanent, notes on a whiteboard or scrap paper that can easily be removed or lost are not considered sufficient evidence | | | |
| Chemicals | 4 | Agricultural Chemical Register | date of use who applied or administered the chemical chemical used rate of application or administration what was treated (paddock number, silo number, site) withholding period and clearance date farm staff competency in chemical handling weather conditions if sprayed (including wind speed and direction) | Documented evidence | | |
| | | If using spray contractor (including pilot) | A report containing: · copy of instructions · weather conditions (including wind speed and direction) · treatment · dosage rates · paddock details · applicator name & chemical handlers certificate number | Documented evidence | | |

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments |
|-----------------------------------|--------|--|--|--|-------|----------|
| | | | Recorded evidence including: | | | |
| | | | · date of use | | | |
| | | | · drug used | | | |
| | | | reason for treatment | | | |
| | | | · rate and dosage of application or | | | |
| | | Animal Treatment Register | administration | Documented evidence | | |
| | | | \cdot who applied or administered the | | | |
| | | | drug | | | |
| | | | identification of cow/s treated | | | |
| | | | • withholding period and clearance | | | |
| | | | date · farm staff competency in | | | |
| | | | administration of veterinary drugs | | | |
| | | Diseased Animals and | | | | |
| | 4.1. | Animals Treated with | A system for segregation of animals if | Documented or photo | | |
| Veterinary Medicines/Chemicals | | Veterinary Drugs | required | evidence | | |
| | | Cow Identification Veterinary Drug Register | Identification methods for treated animals must be documented and on display for all staff. This should include details of: • how a cow is marked after treatment • how a cow is milked during treatment • how the milk is kept separate • who is trained in treating animals List of veterinary drugs held on premises including: • drug name • batch number | Photo evidence | | |
| | | Off-Label Veterinary Drug Usage | expiry date Any off-label use of veterinary medicines must be documented, and have written advice from a registered Veterinarian including instructions for usage and dosage rates stored | Documented evidence | | |
| | | Review of Health Status | A record of stock sales/disposal and animal health records should be reviewed | List person responsible for animal welfare and reporting | | |

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments |
|-----------------------|--------|---|---|------------------------|-------|----------|
| | | | Records must be kept of treatment including: | | | |
| | | Animal Treatments | · date treated | Documented evidence | | |
| | | (any fly repellent) | · cow/s treated | | | |
| | | | • treatment used | | | |
| | | | If pesticides are used in the dairy premises a detailed map/plan must be developed including: | | | |
| Pest Control | 4.2. | | area being treated/controlled | | | |
| | | | • position of treatment/s | Photo evidence of | | |
| | | Pest Control Map | · date of treatment/s | map/plan or documented | | |
| | | | • type of activity being addressed | evidence | | |
| | | | · pesticide used | | | |
| | | | rate of application | | | |
| | | | follow up inspection dates | | | |
| | | | person responsible | | | |
| | | | walls and ceiling must be kept | | | |
| | | The Dairy premises must be | clean | | | |
| | | kept clean and free from undesirable animals | | Photo evidence | | |
| | | | be well drained | | | |
| | | | vat openings must ensure protection of the milk | | | |
| | | | A record of all testing and shed | | | |
| Premises & Equiptment | 5 | | maintenance must be available | | | |
| | Ŭ | Dairy Shed Maintenance | including: | Documented evidence | | |
| | | | annual machine testing | | | |
| | | | rubber ware replacement log | T | | |
| | | | Records of repairs, replacements, | | | |
| | | Repairs, Servicing & | servicing and maintenance of the | Documented evidence | | |
| | | Maintenance | milking plant, milk cooling system and | | | |
| | | | storage equipment must be kept | | | |

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments | | | | | | |
|-----------------------|--------|--|--|---|---------------------|----------|------|-----------------------------------|--|--|--|--|
| | | Cleaning and Sanitising Program | A cleaning and sanitising program must be documented and on display for all staff. | Photo evidence | | | | | | | | |
| Cleaning & Sanisation | | Cleaning Chemicals Labelling | All cleaning chemicals must be registered and have an appropriate APVMA or NRA approval number | Documented evidence and/or photo evidence | | | | | | | | |
| | 5.1. | Verification Program | An ongoing verification program must be implemented to prevent the risk of contamination of milk. Provide evidence including: • date of temperature check and results • chemical dosage verification date and results • date of thermometer calibration and results | Documented evidence | | | | | | | | |
| | | | and/or a report from refrigeration mechanic doing annual service Every three months the condition and | | | | | | | | | |
| | | | Dairy Hygiene Check | hygiene of the plant must be monitored to assess efficiency of the cleaning program and the outcome recorded | Documented evidence | | | | | | | |
| | | Quality Results Review | List the person or persons responsible for reviewing quality results and for correcting any results out of specification | List responsible person and note who results are checked | | | | | | | | |
| Calibration | 5.2. | 5.2. | 5.2. | 5.2. | 5.2. | 5.2. | 5.2. | Annual Thermometer Calibration | Records of calibration performed and/or report from service technician who performed calibration · date performed · results · date of purchase of new thermometer documented | Photo evidence of thermometer used is self- calibrating and/or documented report from technician | | |
| | | Annual Vat Temperature Calibration/Verification | Calibrate vat temperature against another calibrated thermometer, tanker thermometer or auditor's thermometer | Documented evidence | | | | | | | | |

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments |
|-------------------------------|--------|---------------------|--|--------------------------|---------------------|----------|
| Purchased Feed/Supplements | 6.1. | Vendor Declarations | Stockfeed includes fodder, additives and feed supplements Declarations should include: | Documented evidence | Documented evidence | |
| | | Rations | The details (recipe) of any feed ration mixed on farm must be documented, and any additives/supplements used, with records maintained | Documented evidence | | |
| Pasture | 6.2. | Treated Paddocks | Treated paddocks should be identified on the gate or on the map to assist in observance of withholding periods and must be recorded | Documented evidence | | |

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments | | | | |
|--------------------------------|--------|--|--|---|-------|---------------|--|---------------------|--|--|
| | | | | | | Water Sources | All water sources and their uses must be documented | Documented evidence | | |
| Water | 7 | Water Treatment (if applicable) | If water used in the dairy needs to be treated before use provide evidence · date treated · treatment administered · volume of water treated | Documented evidence or report from water treatment professional | | | | | | |
| | | Reclaimed and Treated Water Management Plan | | Documented evidence | | | | | | |
| | | collected after use in the | Re-use water, if used, must be used in accordance with EPA guidelines and the plan recorded | Documented evidence | | | | | | |
| | | Water Testing | If water has been tested for quality or if water sources have had to be changed and testing was required | Provide report | | | | | | |
| | | Effluent Treatment | Effluent treatments on paddocks for crops and grazing must be recorded | Documented evidence | | | | | | |
| | | | Details including: | | | | | | | |
| Effluent (Waste) Management | 7.1. | Effluent Management | · date effluent was used | Photo evidence of effluent pond or system and | | | | | | |
| | | Program | · area covered | documented evidence of usage | | | | | | |
| | | | withholding period | | | | | | | |

| Section | Number | Requirement | Details Required | Evidence Required | Check | Comments |
|------------------------|--------|---|---|---|-------|----------|
| Milk Cooling & Storage | 8.2. | Milk Cooling Checks Cooling checks must be done a minimum of twice per year, once mid- summer and once during peak milking capacity. | A record of the calibration and/verification of the cooling ability of the plant (twice yearly at a minimum): • peak milk volume cooling report • peak summer cooling report temperature report The report must outline: • time taken to milk • temperature of the milk after 3.5 hours from start of milking • time taken to reach 5 degrees Celsius or less • an alternatively validated time/temperature equivalent for those cooling systems must be identified and approved by the relevant State Regulatory Body | Documented evidence | | |
| Milk Quality Issues | 8.3. | Milk Quality Issues (as per the Milk Purchase Agreement) | Records include cause of quality issue(s) corrective actions | Documented evidence | | |
| | | Milking Stock including heifers | All milking stock must be permanently identified | Photo evidence | | |
| | | Treated animals | A system must be in place to identify the ID of treated animals | documented evidence including dairy software and printed report of last 30 days Evidence of Written | | |
| | | Milk not supplied to a licenced entity | If milk is supplied, sold or delivered to anyone other than a milk company | evidence of written approval by licenced | | |
| Traceability | 9.1. | Livestock purchases | Details of livestock purchases and sales must be recorded · vendor's name · property identification code (PIC) · any vendor declarations of purchased milking stock · ID records of all animals in the milking herd • Records of agistment must be kept including any records relating to stock treatment. | Documented evidence | | |

| | | | 2.b. Non-C | Compliance Regi | ster | | |
|-----------|---------|----------|----------------------------|-----------------|--------------|---------------------------|-----------|
| Date | Auditor | Туре | Corrective Action Required | Expiry Date | Action Taken | Responsible Person | Completed |
| 1/01/2021 | S Ross | Minor | Replace Hot Water Valve | 1/01/2024 | Yes | J Smith | 2/01/2022 |
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| | | | | | 3.1. Staff II | Inesses | | | | |
|-------------------|-----------------|---------|---------------------------|------------------------|----------------------------------|----------------------------------|-----------------------|------------------------------|------------------------|----------|
| | | | The details of th | e illness and dat | es of the person | 's exclusion fro | om milking must | be recorded | | |
| Date of Record | Name | Illness | Symptoms | Exclusion Start | Date of Milking Exclusion End | Doctor Clearance Required? | Clearance Granted? | Date Clearance Granted | Certificate/ Record | Comments |
| 0/02/2021 | Joanne Smith | Gastro | Vomitting and diarrhea | | 8/02/2021 | Yes | Yes | 7/02/2022 | Yes | N/A |
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| | | | 3.2. Staff Train | ning Register | | | | |
|-----------|-----------------|-------------------------|------------------|---------------|----------------|-------------|---------------|-------------|
| Manager | T Wells | | | Qualificat | | B. Agr. Sci | | |
| Date | Name | Course Name | Туре | Duration | Expiry Date | Finished | Trainer | Certificate |
| 1/01/2021 | Joanne Smith | First Aid | Level 1 St Johns | 2 days | 1/01/2024 | No | St Johns Amb. | Yes |
| 2/01/2021 | Darren Smith | Hygiene Dairy Protocols | Induction | Half day | | Yes | T Well | No |
| | | | | | | | | |
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| Chemicals include pesticides, herbicides, rodenticides, insecticides Date Chemical APVMA Storage | | | 4. Ag | ricultu | ral Chen | nical Re | egister | | |
|--|----------|--------------|--------------|------------|----------------|--------------|------------------|----------|---------------|
| Date Chemical APVMA Storage Delivered Name Type Volume /NRMA no. Batch no. Expiry Date Location Admin | | Che | micals inclu | de pestici | des, herbicide | es, rodentic | ides, insecticio | des | |
| Delivered Name Type Volume /NRMA no. Batch no. Expiry Date Location Admin | Date | Chemical | 1 | | APVMA | | | Storage | |
| | | | Type | Volume | | Batch no. | Expiry Date | Location | Administrator |
| I/U//2021 Graphosette Herbic/de I/U/L Gala I/U/L Gala J/U/L Gala J/U/L Gala J/U/L Gala J/U/L | | | | | | 1 | | | |
| Image: sector of the sector | /01/2021 | Glyphosate | Herbicide | 1000L | 65081/0/10 | T | 30/6/22 | shed I | J Smith |
| Image: sector of the sector | | | | | | | | | |
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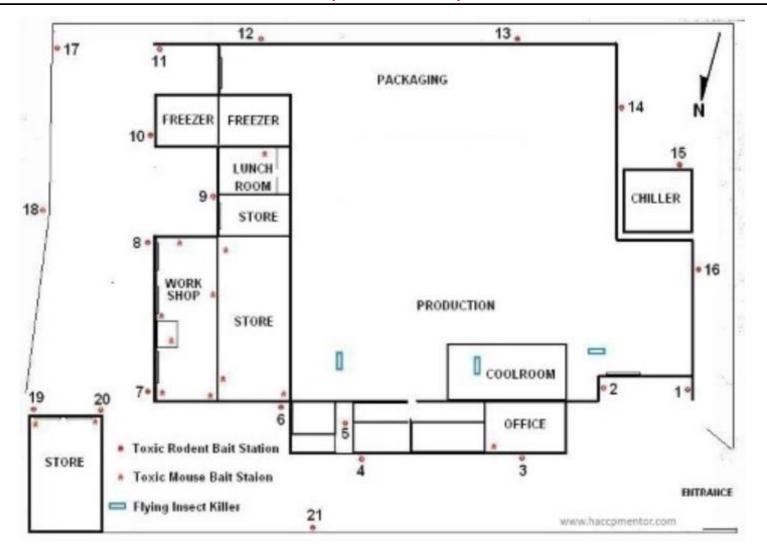
| | | | | 4.1. | a. Anim | al Treatme | nt Register | | | | |
|-----------|--------|-----------------------------|----------|-----------|----------|---------------|------------------------------------|--|---------|-----------|---------------|
| | | | | | | | anently recorded | | | | |
| Date | Cow ID | Method of identification | lssue | Treatment | Drug | Rate and Dose | Milking Withholding Period & | Meat Withholding Period & Clearance Date | Outcome | Vet visit | Administrator |
| 1/12/2021 | 2649 | Paint | Cut Teat | Antibotic | Alamycin | 30 ML/3 days | 4 days = 5/12/21 | 35 days = 4/1/22 | Cured | No | FK |
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| | | 4.1.b. Veteriı | nary Drug Reg ugs, teat creams and s | ister | |
|------------------|----------|----------------|---|--------------|--------------|
| | | | | | |
| Date of Purchase | | Volume | APVMA Number | Batch Number | Expiry Date |
| /01/2021 | Alamycin | 250MI | 51973/120230 | 0435-91A | October 2024 |
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| | | | | 4 .1.c. O | ff-Label ' | Veterinary | Drug Use | | | | |
|-----------|-------------------|-----------------------------|---------------|------------------|------------|-----------------------------------|----------------------------------|-------------------|--------------|---------------------------------------|----------------|
| Any off | -label use c | of veterinary me | edicines must | be documented | | en advice from (dosage rates) | a registered Ve | eterinarian mu | ust be store | d (including in | structions for |
| Date | Treated Cow(s) | Method of identification | Issue | Treatment | Drug | Dosage | Milking Withholding Period | Clearance Date | Outcome | | Administrator |
| 1/12/2021 | 2649 | Paint | Cut Teat | Antibotic | Alamycin | 35 ML/5 days | 7 days | 8/12/2021 | Cured | Dr. Smith 31/11/21 Email Folder | FK |
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| Entrance of the Bait for Inside bait | | | | 2.a. Pest C | | | | |
|--|------------|-----------|-----------|-------------|---------|---------------|-------------------------|----------|
| Date Treatement Applied Area Treated/Controlled Pesticide Name Rate of Type of Activity Rate of Application Follow Up Inspection Position of Date Position of Per Entrance of the Bait for Inside bait Inside bait Inside bait Inside bait | | Chemicals | | | | s, insecticid | es | |
| | Treatement | Area | Pesticide | | Rate of | Position of | Follow Up Inspection | Person |
| Image: state of the state of | 1/01/2021 | | Raticide | | 60g | | 2/01/2021 | J. Smith |
| Image: sector of the sector | | | | | | | | |
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| Image: sector of the sector | | | | | | | | |
| Image: sector of the sector | | | | | | | | |
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| Image: series of the series | | | | | | | | |
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| Image: state in the state in | | | | | | | | |
| Image: series of the series | | | | | | | | |
| Image: series of the series | | | | | | | | |
| Image: state of the state of | | | | | | | | |
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Reference: HACCP Mentor (https://haccpmentor.com/food-safety-haccp-challenge-week-1/)

| | | | | Your Farm - Pest Control Map |
|--------|------------|-----------|----------|------------------------------|
| | Key/ | Reference | | Farm Map |
| Number | Symbol | Туре | Location | |
| 1 | Red Square | Raticide | Office | |
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| | | 5. F | Repairs and | Maintena | nce | | |
|-----|-----------|------------------|-------------|----------|-------------|-----------|-----------------------|
| No. | Date | Item | Area | Comments | Status | Cost | Responsible Person |
| 1 | 1/01/2021 | Hot Water System | Dairy Shed | Valve | In Progress | \$ 150.00 | T Wells |
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| | | 5.1.a. Ve | erification Pr | ogram | | | | | | | | |
|----------|--|--------------------|----------------|--------|-----------|------------------|--------------------|--|--|--|--|--|
| An or | An ongoing verification program must be implemented to prevent the risk of contamination of milk. Records must be kept of such programs and include temperature checks and correct concentrations | | | | | | | | | | | |
| Date | ltem | Indicator | Range | Result | Pass/Fail | Actions Taken | Responsible Person | | | | | |
| /01/2021 | Chemical Test - Milking Machine | Chlorine levels | 100ppm | 105ppm | Pass | N/A | J. Smith | | | | | |
| | Chemical Test - Milking Machine | Acid wash pH level | 2.5-3.5 | 2.7 | Pass | N/A | J. Smith | | | | | |
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| | | 5. | 1.b. Dairy | Hygiene C | Check | | |
|-----------|----------------|---------------|----------------|-------------------------------------|--------------|--------------------------|------------|
| Every | three months i | the condition | and hygiene of | the plant should and the outcome | be monitored | to assess efficien | ncy of the |
| | System/ | Method of | Outcome | Outcome | | | |
| Date | Equipment | Inspection | Clean or Dirty | | Condition | Comments | Actions |
| | | | | | No | 1st metre of each end | |
| 1/12/2021 | Milk Line | Visual | Clean | No | comment | inspected | None |
| 1/12/2021 | | VISUUI | Clean | NO | comment | mspected | None |
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| | 5 | 5.1.c. Cle | eanina Chem | ical Reai | ster | |
|-------------------|---------------|------------|-------------|-----------------|-------------|------------------------|
| Date Purchased | Chemical Name | Volume | eaning Chem | Batch Number | Expire Date | Date of Manufacture |
| | | | | | Expiry Date | |
| /01/2021 | Auto-Kleen | 200L | 52224/0702 | V0618003 | 18/6/22 | 18/6/20 |
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| | Calibra | tion checks must | be conducted at i | required interval | s to ensure peak per | formance of all equ | vipment for cleanin | g and sanitisation | |
| Date | Time | System | ltem | Result | Calibrated Referer Result | nce Difference | Acceptable Difference | Outcome | Person |
| 10/12/2021 | 2:50pm | Hot Water | Thermometer | 93 degrees | 93 degress | 0 degrees | Yes | No further action | J. Smith |
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| 6.1.a. External Stockfeed Register | | | | | | | |
|--|------------------|------------------------|--------------------|--------------------------------------|--|--|--|
| Includes hay, grain, brewers grain, fruits, additives or supplements from external suppliers | | | | | | | |
| Date of Supply | Supplier details | Description of Product | Volume Supplied | Statutory Declaration Provided | | | |
| 10/01/2021 | | Lucerne Hay | 34T | Yes | | | |
| 10/01/2021 | Laniver | Locemendy | 541 | 105 | | | |
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| | 6.1.b. Rations Mixed on Farm | | | | | | | | |
|------------|---|----------------|-------------------------------|----------------------|------------------------------------|---------------|-------------------------------|--|--|
| Т | The details (recipe) of any feed ration mixed on farm must be documented, and any additives/supplements used, with records maintained | | | | | | | | |
| Date | Ration Reference | Feed Source(s) | Feed Source(s) Amount (kg) | Additive/Supplements | Additive/Supplement Amount (kg) | Mix Method | Prepared By & Intended Use | | |
| | | Linseed Meal | 120kg | | | | J. Smith | | |
| 10/01/2021 | Ration A | Crushed Wheat | 80kg | None | N/A | Chopper Wagon | Increase protein levels | | |
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| | 6.2. Agricultural Paddock Treatment | | | | | | | |
|------------|-------------------------------------|--|-------|--------|-------------|--------------------|--|--|
| Date | Wind Speed | Applicator Name & Chemical Handlers | | | | | | |
| Applied | Area Treated | Name | Rate | Period | & Direction | Certificate Number | | |
| 10/01/2021 | P34, 15 | Glyphosate 450 | 2L/HA | 24 Hrs | NW 5kms/HR | A Smith #001234 | | |
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| 7.a. Water Sources | | | | | | |
|--------------------|---------------------|-------------------|-------------------------|-------------------------------------|--------------------------------------|----------|
| | A | ny sources of | f water used in | the dairy must b Water Class (if | e recorded | |
| Source of Water | Date (start use) | Date (end use) | Used Hot and/or Cold | Water Class (if applicable) | Water Useage | Comments |
| Rain water | 10/01/2021 | 11/01/2021 | Hot | Class A | Used for the wash and final rinse | N/A |
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| | 7.b. Water Treatment Any treatments to water used in the dairy must be recorded | | | | | | | | | |
|----------------------|--|-----------|-----------------------|---------------------------|--|---|--------------------|----------------|---------------------|---|
| Date of Treatment | Source of Water | Treatment | Volume Treated (L) | Total Dosage (g or ml) | o water used in th Doasge Meets Manufacturer's Instructions | e dairy must b Date(s) of Water Use | Volume Used (L) | Water Usage | Location of Use | Additional Comments |
| 10/01/2021 | Rain water | AM Alkali | 200 | 400 | Yes | 11/01/2021 | 200L | Washing | Dairy Equiptment | 20ml/10L - as per label instructions |
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| | 7.c. Water Management Plan | | | | | | | |
|----------------------------|--|-------------------------|--------------------------------|---------------------------------|--------------------------------------|----------|--|--|
| Re | Reclaimed water (non-dairy effluent grey water) and treated water must have a documented management plan implemented | | | | | | | |
| Source of Water | Water Type | Used Hot and/or Cold | Water Class (if applicable) | Management Plan | Witholding Period (if applicable) | Comments | | |
| Sewage System (Treated) | Reclaimed Water | Cold | Class B | Used for livestock grazing only | 4 hours | N/A | | |
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| | 7.d. Re-Used Water Records | | | | | | | | | |
|------------|---|---|----------------------|--------------|--|----------|----------|--|--|--|
| | Re-use water, if used, must be used in accordance with EPA guidelines and the plan recorded | | | | | | | | | |
| Date | Water Useage | Planned Use | Time water stored | Storage Tank | Re-use Water Sent to Effluent (Y/N) | End Date | Name | | | |
| 10/01/2021 | Vat Rinse | Water used to rinse the vat is captured in tanks and used as a wash down for the yards | < 1 hour | Yes | Yes | Ongoing | J. Smith | | | |
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| 7.1. Effluent (Waste) Management | | | | | | | | |
|----------------------------------|--|----------------|-----------------------------|-----------------------|----------------|--|--|--|
| Effluent tr | Effluent treatments on paddocks for crops and grazing must be recorded. This includes solids and liquids regardless of the strength of the effluent applied. | | | | | | | |
| Paddock ID | Date | Fodder/Grazing | Product | Withholding period | Clearance Date | | | |
| | | | Liquid shandied from turkey | | | | | |
| 21,24,32 | 1/11/2021 | Pasture | nest dam | 21 days | 22/11/2021 | | | |
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| 8.2. Milk Cooling Check | | | | | | | |
|---------------------------|---|--|--|--|--|--|--|
| Milk Cooling Checks r | Milk Cooling Checks must be conducted at a minimum of twice annually during peak summer and peak volume | | | | | | |
| DATE: | | | | | | | |
| Please circle AM / PM | | | | | | | |
| Milking Start Time | | | | | | | |
| Vat Volume | | | | | | | |
| Vat Temperature | | | | | | | |
| Milking End Time | | | | | | | |
| Vat Volume | | | | | | | |
| Vat Temperature | | | | | | | |
| Vat temperature 3.5 Hrs p | ost Milking Start Time: | | | | | | |
| Time at Vat temperature | 4 degrees or below: | | | | | | |

| DATE: | | | | | |
|--|--|--|--|--|--|
| Please circle AM / PM | | | | | |
| Milking Start Time | | | | | |
| Vat Volume | | | | | |
| Vat Temperature | | | | | |
| Milking End Time | | | | | |
| Vat Volume | | | | | |
| Vat Temperature | | | | | |
| Vat temperature 3.5 Hrs post Milking Start Time: | | | | | |
| Time at Vat temperature 4 degrees or below: | | | | | |

| DATE: | | | | | |
|--|--|--|--|--|--|
| Please circle AM / PM | | | | | |
| Milking Start Time | | | | | |
| Vat Volume | | | | | |
| Vat Temperature | | | | | |
| Milking End Time | | | | | |
| Vat Volume | | | | | |
| Vat Temperature | | | | | |
| Vat temperature 3.5 Hrs post Milking Start Time: | | | | | |
| Time at Vat temperature 4 degrees or below: | | | | | |

| DATE: | | | | | |
|--|--|--|--|--|--|
| Please circle AM / PM | | | | | |
| Milking Start Time | | | | | |
| Vat Volume | | | | | |
| Vat Temperature | | | | | |
| Milking End Time | | | | | |
| Vat Volume | | | | | |
| Vat Temperature | | | | | |
| Vat temperature 3.5 Hrs post Milking Start Time: | | | | | |
| Time at Vat temperature 4 degrees or below: | | | | | |

| | 8.3. Milk Quality Issues | | | | | | | |
|--|--------------------------|-----------------------------|----------------------------------|------------------------------|---------------|--|--|--|
| Please refer to the Coles Quality Standards as per the Milk Purchase Agreement | | | | | | | | |
| Date | Туре | Details | Cause | Corrective Action | Date Resolved | | | |
| 1/01/2021 | High Bacto | 131, 126, 145, 102 | Cracked tube chemicals dispenser | Replaced tubing | | | | |
| 2/01/2021 | Ab+ | Ab+ cow milked with herd | Dairy protocols new staff | Staff Training and Tail Tags | | | | |
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| 9.1.a. Livestock Purchases, Sales & Movements | | | | | | | |
|---|--------------------|------------|---------------|--------------------|-----------------|----------------------------------|----------------------------|
| Date | Purchased/ Sold | | Vendor PIC | ID of Livestock | Total Number | Vendor Declarations Stored | Stock treatment details |
| 11/01/2021 | Purchased | John Smith | 3ABCD123 | A001-A010 | 10/01/1900 | Yes | N/A |
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| 9.1.b. Animal Breeding Register Date Cow ID Mating Type Bull ID/Name Comments | | | | | | | |
|---|---------|-------------|--------------|------------|--|--|--|
| Date | Cow ID | Mating Type | Bull ID/Name | Comments | | | |
| 11/01/2021 | 2311.00 | AI | Goldwyn | 2nd mating | | | |
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| 9.1.c. Calving Record | | | | | | | |
|-----------------------|--------|--------|---------|--------------------|-----------------|--------|--|
| Date | Cow ID | Sex | Outcome | What happens to it | Farm Identifier | Tagged | |
| 23/9/21 | 2785 | Heifer | Live | Kept | 23 | Yes | |
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