

## **Use of “Interstate Milk Shipper Report” (2359i) During the HACCP Pilot**

### **Interstate Milk Shipper Report (2359I)**

During the pilot the current 2359i may be used to list firms participating in the pilot once they have met the criteria for listing under the pilot. All parts of this form will be completed in the traditional manner except that:

In boxes provided for the milk plant and enforcement rating scores, please indicate that this is an “acceptable HACCP Listing” or an “Unacceptable HACCP Listing”. Except that if the milk plant is listed with attached farms, the enforcement rating for the farms will be placed in the enforcement rating box followed by the words, “farms only” (see attached examples).

(NOTE: It might be good to ask the HACCP Committee to consider whether or not to recommend that, after the pilot, farms currently attached to milk plants which want HACCP listings, be separated and listed as BTUs).

**Example #1 of how to complete block 7, "Survey Data" for a HACCP listed milk plant without attached dairy farms. All other blocks will be completed as they have been in the past.**

<b>Department of Health and Human Services</b> Public Health Service Food and Drug Administration	<b>INTERSTATE MILK SHIPPERS REPORT</b> <i>(Submit an original and two copies to the FDA Regional Office)</i>	INTERNAL USE ONLY
1. NAME OF SHIPPER	2. CITY	3. STATE
4. STREET	5. PLANT or BTU NO.	6. PRODUCT CODE NOS.

7. SURVEY DATA																								
	PRODUCERS	RECEIVING OR TRANSFER STATIONS	PASTEURIZATION OR DRYING PLANT <sup>1</sup>	ENFORCEMENT																				
RATING (%)	<b>All rated sources 90 or better</b>	N.A.	Acceptable HACCP Listing	Acceptable HACCP Listing																				
DATE OF RATING	(leave blank)	N.A.	<b>01/ 01/2000</b>	01/01/2000																				
TOTAL NUMBER	(leave blank)	N.A.	1	APPENDIX N  IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N?  X- YES                      - NO																				
NUMBER INSPECTED	(leave blank)	N.A.	1																					
VOLUME RECEIVED DAILY (Cwt)		N.A.	10,000																					
RATING AGENCY - SHD <b>XXX</b> - SDA - OTHER _____	CERTIFIED STATE RATING OFFICER  <b>I.M.A. Goodperson</b>	OFFICER'S CERTIFICATION EXPIRATION DATE  <b>09/09/ 2001</b>		EARLIEST RATING DATE																				
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="6">MONTH</th> <th colspan="2">DAY</th> <th colspan="2">YEAR</th> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>	MONTH						DAY		YEAR		0	1	0	1	0	2				
MONTH						DAY		YEAR																
0	1	0	1	0	2																			
AGENCY PROVIDING CONTINUOUS SUPERVISION OF SUPPLY <b>M Y State Department of Agriculture</b>																								

8. LABORATORY CONTROL									
APPROVED LABORATORY NUMBER	EXPIRATION DATE	PROCESSED MILK TESTS APPROVED					RAW MILK TESTS APPROVED		
A. _____	A. _____	SPC	COLI	PHOS	RBC	DRUG RESIDUE TESTS	VIABLE COUNTS	SOMATIC CELL COUNTS	DRUG RESIDUE TESTS
B. _____	B. _____	A.____	A.____	A.____	A.____	A._____	A.____	A.____	A._____
		B.____	B.____	B.____	B.____	B._____	B.____	B.____	B._____
DATE OF LAST TWO SPLIT SAMPLES		APPROVED WATER LABORATORY AND DATE				WATER TESTS APPROVED			
A. _____	A. _____								
B. _____	B. _____								

9. PUBLICATION *(Written permission from shipper must be filed at Regional office of FDA prior to publication of ratings)*

LETTER OF PERMISSION TO PUBLISH IS TRANSMITTED WITH THIS REPORT?    - YES    - NO

10. SUBMISSION OF REPORT BY STATE AGENCY

DATE OF REPORT	SUBMITTED BY: (SIGNATURE AND TITLE)
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**FOR FDA REGIONAL OFFICE USE ONLY**

Written permission from shipper dated \_\_\_\_\_ on file and publication of rating recommended.

Date	Signature (FDA Milk Specialist)
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<sup>1</sup>Submit separate form for each pasteurization plant or drying plant.

Form fda 2359i (1/96) Previous edition is obsolete.

**Example #2 of how to complete block 7, "Survey Data" for a HACCP listed milk plant with attached dairy farms. All other blocks will be completed as they have been in the past.**

<b>Department of Health and Human Services</b> Public Health Service Food and Drug Administration	<b>INTERSTATE MILK SHIPPERS REPORT</b> <i>(Submit an original and two copies to the FDA Regional Office)</i>	INTERNAL USE ONLY <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>																
1. NAME OF SHIPPER	2. CITY	3. STATE																
4. STREET	5. PLANT or BTU NO.	6. PRODUCT CODE NOS.																
	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>									<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

7. SURVEY DATA																		
	PRODUCERS	RECEIVING OR TRANSFER STATIONS	PASTEURIZATION OR DRYING PLANT <sup>1</sup>	ENFORCEMENT														
	TYPE OF RATING - AREA - INDIVIDUAL																	
RATING (%)	<b>93</b>	N.A.	Acceptable HACCP Listing	92 (farms only)														
DATE OF RATING	01/05/00	N.A.	<b>01/ 01/2000</b>	01/08/2000														
TOTAL NUMBER	170	N.A.	1	APPENDIX N  IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N?  X- YES                      - NO														
NUMBER INSPECTED	37	N.A.	1															
VOLUME RECEIVED DAILY (Cwt)		N.A.	10,000															
RATING AGENCY - SHD <b>XXX</b> - SDA - OTHER _____	CERTIFIED STATE RATING OFFICER  <b>I.M.A. Goodperson</b>		OFFICER'S CERTIFICATION EXPIRATION DATE  <b>09/09/ 2001</b>	EARLIEST RATING DATE <table border="1" style="width:100%; text-align: center;"> <tr> <th colspan="2">MONTH</th> <th colspan="2">DAY</th> <th colspan="2">YEAR</th> </tr> <tr> <td style="width:15%;">0</td> <td style="width:15%;">1</td> <td style="width:15%;">0</td> <td style="width:15%;">8</td> <td style="width:15%;">0</td> <td style="width:15%;">2</td> </tr> </table>			MONTH		DAY		YEAR		0	1	0	8	0	2
MONTH		DAY		YEAR														
0	1	0	8	0	2													
AGENCY PROVIDING CONTINUOUS SUPERVISION OF SUPPLY <b>M Y State Department of Agriculture</b>																		

8. LABORATORY CONTROL									
APPROVED LABORATORY NUMBER	EXPIRATION DATE	PROCESSED MILK TESTS APPROVED					RAW MILK TESTS APPROVED		
A. _____	A. _____	SPC	COLI	PHOS	RBC	DRUG RESIDUE TESTS	VIABLE COUNTS	SOMATIC CELL COUNTS	DRUG RESIDUE TESTS
B. _____	B. _____	A. ___	A. ___	A. ___	A. ___	A. _____	A. ___	A. ___	A. _____
		B. ___	B. ___	B. ___	B. ___	B. _____	B. ___	B. ___	B. _____
DATE OF LAST TWO SPLIT SAMPLES		APPROVED WATER LABORATORY AND DATE				WATER TESTS APPROVED			
A. _____	A. _____								
B. _____	B. _____								

9. PUBLICATION *(Written permission from shipper must be filed at Regional office of FDA prior to publication of ratings)*

LETTER OF PERMISSION TO PUBLISH IS TRANSMITTED WITH THIS REPORT?    - YES    - NO

10. SUBMISSION OF REPORT BY STATE AGENCY

DATE OF REPORT	SUBMITTED BY: (SIGNATURE AND TITLE)
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**FOR FDA REGIONAL OFFICE USE ONLY**

Written permission from shipper dated \_\_\_\_\_ on file and publication of rating recommended.

Date	Signature (FDA Milk Specialist)
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<sup>1</sup>Submit separate form for each pasteurization plant or drying plant.

## **“Interstate Milk Shipper Check Rating Report” (2359h) During the HACCP Pilot**

### **“Interstate Milk Shipper Check Rating Report” (2359h)**

During the pilot the current 2359h may be used to report the results of FDA audits of HACCP listings. All parts of the 2359h form will be completed in traditional manner except that:

In the boxes normally used to report the listed milk plant rating and enforcement rating scores, the words “HACCP Listing” should be substituted. Except that if the milk plant is listed with attached farms, the enforcement rating for the farms will be placed in the enforcement rating box followed by the words, “farms only” (see examples 1 and 2).

In the box normally used to report the milk plant check rating score, put the words, “HACCP audit”. In the box for the check rating enforcement rating score, put the words “HACCP audit”, if the milk plant is listed separately. If the milk plant is listed with attached farms, the check rating enforcement rating for the farms will be placed in this box followed by the words, “farms only” (see examples 1 and 2).

During the HACCP pilot, in the section titled “Number of debits - Items of Sanitation”, in place of the marking the individual items of milk plant sanitation which were debited, put the words “HACCP Listing” in the appropriate line (see examples 1 and 2).

With this 2359h, please submit the HACCP report forms used to summarize the audit results and a complete narrative describing the conditions of concern. Also, please provide written comments regarding how the regulatory agency is performing under the pilot requirements.

Check the appropriate box (No Action Necessary, Reinspection by, or Immediate Withdrawal) using the criteria described in the HACCP Pilot and the HACCP Participant training (see examples 1 and 2).

**Example 1. Showing those modifications of portions of the FD 2359h needed for an FDA audit of HACCP listing (without attached farms). Other parts of this form will be completed in the traditional manner.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	INTERSTATE MILK SHIPPER CHECK RATING REPORT
TO:	NAME AND ADDRESS OF SHIPPER

The *Procedures Governing the Cooperative State-PHS Program for Certification of Interstate Milk Shippers* specifies that the PHS/FDA shall conduct check ratings of the sanitation compliance status for listed interstate milk shippers to assure the validity of published ratings. A check rating of the shipper has disclosed the information below.

		LISTED RATING	CHECK RATING		LISTED RATING	CHECK RATING
<b>TOTAL #</b>	DATE			TYPE OF PRODUCER RATING	AREA INDIVIDUAL	AREA INDIVIDUAL
	PRODUCERS			PRODUCERS		
	RECEIVING STATION			RECEIVING STATION		
	TRANSFER STATION			TRANSFER STATION		
	PLANT	01/01/00	01/01/00	PLANT	HACCP Listing	HACCP Audit
				ENFORCEMENT RATING	HACCP Listing	HACCP Audit
<b># INSPECTED</b>	PRODUCERS					
	RECEIVING STATION					
	TRANSFER STATION					
	PLANT	1	1			
				APPENDIX N IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N? <b>XX</b> YES NO		

NUMBER OF DEBITS - ITEMS OF SANITATION

PRODUCERS - NUMBER VIOLATING

1	1 SCC	2A	2B	2C	2D	2E	3	4	5A	5B	5C	5D	5E	6	7	8-2	8-5	9	10	11	12	13	14	15A-C	15D-E	16	17	18	19AB	19CD	19EF	19GH	BACT/ DRUG	

TRANSFER STATION, RECEIVING STATION, PROCESSING PLANT - NUMBER VIOLATING (Including Partial Debits)

1	2	3	4A	4B	5	6	7	8	9	10	11	12AB	12 CDEF	13	14	15A	15B	16 ABC1	16 ABC2	16 BC3	16D	16E	17	18/19	20	21	22	BACT	COLI					
<b>HACCP Audit (See Attached)</b>																																		

CONDENSED AND DRY MILK PLANTS – NUMBER VIOLATING (Including Partial Debits)

1	2	3	4A	4B	5	6	7	8	9	10	11	12AB	12 CDEF	13	14	15A	15B	16A(1)	16A(2)	16B	16C	17	18	19	20ABC	20D	21	22	BACT	COLI						

1. A **receiving station** shall comply with items 1-15, inclusive, and 17, 20, and 22. Separation requirements of item 5 do not apply.
2. A **transfer station** shall comply with items 1, 4, 6 -15, inclusive, 20, 22 and as climatic and operating conditions require applicable provisions of items 2 and 3. In every case, overhead protection shall be required.

The results of this check rating by the PHS/FDA indicate that the following action is necessary to comply with the Conference Agreements. <b>Failure to submit a new rating or reinspection data to the Regional Office within five (5) working days of due date will result in automatic delisting.</b>	
<b>XX</b> NO ACTION NECESSARY	NEW RATING BY
(Date) _____	_____
REINSPECTION BY (Date) _____	IMMEDIATE WITHDRAWAL

RECEIVED BY (Signature of State Official)	TITLE OF STATE OFFICIAL	DATE
FDA MILK SPECIALIST		

FORM FDA 2359h (2/98) Previous Edition is Obsolete Part 1. HQ's COPY Part 2. Region Part 3. State Part 4. Optional Use

**Example 2. Showing those modifications of portions of the FD 2359h needed to accommodate an FDA audit of HACCP listing (with attached farms). Other parts of this form will be completed in the traditional manner.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	INTERSTATE MILK SHIPPER CHECK RATING REPORT
TO:	NAME AND ADDRESS OF SHIPPER

The *Procedures Governing the Cooperative State-PHS Program for Certification of Interstate Milk Shippers* specifies that the PHS/FDA shall conduct check ratings of the sanitation compliance status for listed interstate milk shippers to assure the validity of published ratings. A check rating of the shipper has disclosed the information below.

		LISTED RATING	CHECK RATING		LISTED RATING	CHECK RATING
<b>TOTAL #</b>	DATE			TYPE OF PRODUCER RATING	AREA INDIVIDUAL	AREA INDIVIDUAL
	PRODUCERS	<b>10/15/00</b>	<b>07/07/99</b>	PRODUCERS		
	RECEIVING STATION			RECEIVING STATION		
	TRANSFER STATION			TRANSFER STATION		
	PLANT	<b>01/01/00</b>	<b>01/01/00</b>	PLANT	<b>HACCP Listing</b>	<b>HACCP Audit</b>
				ENFORCEMENT RATING	<b>92 (farms only)</b>	<b>91 (farms only)</b>
<b># INSPECTED</b>	PRODUCERS	<b>37</b>	<b>19</b>			
	RECEIVING STATION				APPENDIX N	
	TRANSFER STATION				IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N?	
	PLANT	<b>1</b>	<b>1</b>		<b>XX</b> YES	NO

**NUMBER OF DEBITS - ITEMS OF SANITATION**

**PRODUCERS - NUMBER VIOLATING**

1	1 SCC	2A	2B	2C	2D	2E	3	4	5A	5B	5C	5D	5E	6	7	8-2	8-5	9	10	11	12	13	14	15A-C	15D,E	16	17	18	19AB	19CD	19EF	19GH	BACT/DRUG
<b>1</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>0</b>

**TRANSFER STATION, RECEIVING STATION, PROCESSING PLANT - NUMBER VIOLATING (Including Partial Debits)**

1	2	3	4A	4B	5	6	7	8	9	10	11	12AB	12 CDEF	13	14	15A	15B	16 ABC1	16 ABC2	16 BC3	16D	16E	17	18/19	20	21	22	BACT	COLI						
<b>HACCP Audit (See Attached)</b>																																			

**CONDENSED AND DRY MILK PLANTS - NUMBER VIOLATING (Including Partial Debits)**

1	2	3	4A	4B	5	6	7	8	9	10	11	12AB	12 CDEF	13	14	15A	15B	16A(1)	16A(2)	16B	16C	17	18	19	20ABC	20D	21	22	BACT	COLI								

1. A **receiving station** shall comply with items 1-15, inclusive, and 17, 20, and 22. Separation requirements of item 5 do not apply.
2. A **transfer station** shall comply with items 1, 4, 6 -15, inclusive, 20, 22 and as climatic and operating conditions require applicable provisions of items 2 and 3. In every case, overhead protection shall be required.

The results of this check rating by the PHS/FDA indicate that the following action is necessary to comply with the Conference Agreements. **Failure to submit a new rating or reinspection data to the Regional Office within five (5) working days of due date will result in automatic delisting.**

**XX** NO ACTION NECESSARY NEW RATING BY

(Date) \_\_\_\_\_ REINSPECTION BY (Date) \_\_\_\_\_ IMMEDIATE WITHDRAWAL

RECEIVED BY (Signature of State Official)	TITLE OF STATE OFFICIAL	DATE
FDA MILK SPECIALIST		

**Use of "Report of Enforcement Methods" (2359j)**

## **During the HACCP Pilot**

### **Report of Enforcement Methods (2359j)**

Parts II and III of this form will not be used for milk plants participating in the pilot.

All of the public health functions of an enforcement rating are retained under the voluntary HACCP alternative listing process. In many cases this alternative provides for verification of these functions in alternative ways. Therefore, many of the specific tasks and frequencies described on this form will no longer apply.

Many of the enforcement rating functions, including all of the enforcement rating functions associated with critical day-to-day assurances of product safety, must now be included in an acceptable HACCP system as described in the pilot. These functions are now being directly measured and evaluated during the State HACCP listing audit and FDA audit of that listing.

The remainder of those administrative functions necessary to assure the long-term integrity of the program but not as critical to day- to day- assurance of product safety, will be evaluated in the FDA HACCP State program evaluation.

This evaluation will be based on the requirements specified in the HACCP pilot and should be consistent with (and may be a part of) the overall State program evaluation described in section IV. A. 3. of the “Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments”.

During the pilot, it is not expected that states will have State laws and regulations equivalent to those described in the pilot. Other differences from the HACCP pilot requirements should be explained in the State program evaluation and dealt with as described in the pilot.

If the milk plant is listed with “attached” dairy farms part I of this form will be completed in the traditional manner and reported on the 2359i and 2359h as described in the examples provided with these forms.