

Record 10: Raw Milk Transport

Must Do

This form must be completed when transporting milk to the processor.

Receiver's Name (person/company): _____

Address: _____

Producer's Name: _____

Address: _____

Fluid Milk:

Temperature of Milk at Shipping: _____

Temperature of Milk at Receiving: _____

Frozen Milk:

Condition of Milk at Shipping (i.e. frozen): _____

Condition of Milk at Receiving (i.e. frozen): _____

Milk Production Period (i.e. day, week or month)	Container Size	Number of Containers	Milk Production Period (i.e. day, week or month)	Container Size	Number of Containers
May 7-10, 2010	15 litres	4			

Total Amount of Milk: _____

Date of Shipment: _____

I _____, the producer of the milk, declare to the best of my knowledge, that the milk is of good quality and safety; and was produced under the Canadian Sheep and Lamb Food Safe Farm Practices Program.

Producer's Signature

Date

Receiver's Signature

Date