

C1: Farm Dairy RMP Operator Routine Report to RMP Verification Agency

To (Agency): _____

RMP ID: _____

From: _____

Date: _____

Signature _____

Report Period _____

Milk Withheld

Date	Volume	Disposal to	Reason

Non-Compliant Milk Supplied

Date	Volume	Non-Compliance	Recipient(s) Notified	Verifier Notified

Farm Supplies failing Inhibitory Substances, and EU Geometric Average for APC/Bactoscan or SCC

Date	Farm ID	Volume	Non-compliant Test	Actions

List Changes to RMP this Period