National Conference on Interstate Milk Shipments	INTERSTATE MILK SHIPPER's CHECK RATING REPORT
TO	NAME AND ADDRESS OF SHIPPER

The *Procedures Governing the Cooperative State - Public Health Service/Food and Drug Administration Program of the National Conference on Interstate Milk Shipments* specifies that the PHS/FDA shall conduct check ratings or HACCP audits, if applicable, of the sanitation compliance status of listed interstate milk shippers to assure the validity of published listings. A check rating or HACCP audit, if applicable, of the above identified shipper has disclosed the following information.

TOTAL NUMBER	LISTED RATING/AUDIT	CHECK RATING/AUDIT
DATE		
PRODUCERS		
RECEIVING STATION		
TRANSFER STATION		
PLANT		

NO. INSPECTED	LISTED RATING/AUDIT	CHECK RATING/AUDIT
PRODUCERS		
RECEIVING STATION		
TRANSFER STATION		
PLANT		

PRODUCT	LISTED RATING/AUDIT	CHECK RATING/AUDIT
TYPE OF PRODUCER RATING	☐ AREA ☐ INDIVIDUAL	☐ AREA ☐ INDIVIDUAL
PRODUCERS		
RECEIVING STATION		
TRANSFER STATION		
PLANT		
ENFORCEMENT RATING		
APPENDIX N IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N? ☐ YES ☐ NO	FOOD SAFETY PLAN/PREVENTIVE CONTROLS WHEN APPLICABLE, IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX T? ☐ YES ☐ NO	

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	15abc	15de	16	17	18ab	18c	19ab	19cd	19ef	19gh	BACTI/ DRUGS

MILK PLANT, RECEIVING STATION OR TRANSFER STATION – VIOLATIONS (Including Partial Debits)

1	2	3	4a	4b	5	6	7	8	9	10	11	12ab	12cde	13	14	15Aabc	15Babc	15Ca	16AB1	16AB2	16AB3	16C	16D	17	18/19	20	21	22	BACTI	COLI				

CONDENSED AND/OR DRY MILK PLANT – VIOLATIONS (Including Partial Debits)

1	2	3	4a	4b	5	6	7	8	9	10	11	12ab	12cde	13	14	15Aabc	15Bcde	15Cab	16AB1	16AB2	16AB3	16C	16D	17	18/19	20	21	22	BACTI	COLI				

1. A receiving station shall comply with Items 1p-15p(A)&(B), and 17p, 20p, and 22p, except that the partitioning requirements of Item 5p shall not apply.
2. A transfer station shall comply with Items 1p, 4p, 6p-15p(A)&(B), 20p, 22p and as climatic and operating conditions require, the applicable provisions of Items 2p and 3p; provided in every case, overhead protection shall be provided.

The results of this check rating or HACCP audit, if applicable, conducted by PHS/FDA indicate that the following action is necessary to comply with the NCIMS Agreements. ***Failure to submit a new rating or reinspection data within five (5) working days of the due date will result in the automatic withdrawal of certification from the IMS List.***

☐ No Action Necessary ☐ New Rating by (*date*) _____

☐ Reinspection by *(date)* _____ ☐ Immediate Withdrawal of Certification

RECEIVED BY (*Signature of Rating Agency Official*)	TITLE OF RATING AGENCY OFFICIAL	DATE
FDA MILK SPECIALIST		