DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	**INTERSTATE MILK SHIPPER's REPORT** *(Submit an original and two (2) copies to the FDA Regional Office)*	**3-A. COUNTRY**

1. **NAME OF SHIPPER**	2. **CITY**	3. **STATE**

4. **STREET**	5. **PLANT or BTU #**	6. **PRODUCT CODE #s**

7. SURVEY DATA

PRODUCT	DAIRY FARMS TYPE OF RATING ☐ AREA ☐ INDIVIDUAL	RECEIVING OR TRANSFER STATION	MILK PLANT [1]	ENFORCEMENT
RATING (%)				
DATE OF RATING				
TOTAL NUMBER				
NUMBER INSPECTED				
VOLUME RECEIVED DAILY (Cwt)				

APPENDIX N IS THE SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N? ☐ YES ☐ NO	FSP/PCs WHEN APPLICABLE, IS THE SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX T? ☐ YES ☐ NO

RATING AGENCY ☐ SHD ☐ SDL ☐ SDA ☐ TPC ☐ OTHER _____	CERTIFIED RATING OFFICER	OFFICER'S CERTIFICATION EXPIRATION DATE	EARLIEST RATING DATE MONTH / DAY / YEAR
AGENCY PROVIDING CONTINUOUS SUPERVISION OF SUPPLY			EXPIRATION RATING DATE [2] MONTH / DAY / YEAR

8. LABORATORY CONTROL

APPROVED LABORATORY NUMBER	EXPIRATION DATE	PROCESSED MILK TESTS APPROVED					RAW MILK TESTS APPROVED		
		SPC	COLI	PHOS	RBC	DRUG RESIDUE TESTS	VIABLE COUNTS	SOMATIC CELL COUNTS	DRUG RESIDUE TESTS
A. _____	A. _____	A. ____	A. ____	A. ____	A. ____	A. _____	A. ____	A. _____	A. _____
B. _____	B. _____	B. ____	B. ____	B. ____	B. ____	B. _____	B. ____	B. _____	B. _____

DATE OF LAST TWO (2) SPLIT SAMPLES	APPROVED WATER LABORATORY AND DATE	WATER TESTS APPROVED
A. _____ A. _____ B. _____ B. _____		

9. PUBLICATION *(Written permission from a shipper shall be filed at a Regional Office of FDA prior to the publication of rating/listing.)*

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

10. SUBMISSION OF REPORT BY RATING AGENCY

DATE OF REPORT	SUBMITTED BY *(Signature)*	Title

[1] Submit separate Form for each milk plant.

[2] The expiration rating date is two (2) years after the earliest rating date, i.e., earliest rating date is 10/1/2013 with a corresponding expiration rating date of 9/30/2015, except if the Enforcement Rating is <90, then the expiration rating date is six (6) months after the earliest rating date, i.e., earliest rating date is 10/1/2013 with a corresponding expiration rating date of 3/31/2014.

FOR FDA REGIONAL OFFICE USE ONLY

Written permission from shipper dated _____ on file and publication of rating/listing recommended.

DATE	SIGNATURE *(FDA Milk Specialist)*

11. **MILK PLANTS**: List below the Name and Address of all shippers of raw milk and milk products received during the thirty (30) days preceding the earliest rating date of the Rating; Sanitation Compliance Rating; and Expiration Rating Date. Plants receiving milk from an unlisted source(s), or source(s) with a Sanitation Compliance Rating below ninety (90), are not eligible for listing in the electronic publication, *IMS LIST – SANITATION COMPLIANCE AND ENFORCEMENT RATINGS OF INTERSTATE MILK SHIPPERS.*

NAME OF SHIPPER *(Include BTU or Plant #)*	**CITY AND STATE/COUNTRY**	**SANITATION COMPLIANCE RATING**	**EXPIRATION RATING DATE**

INSTRUCTIONS:

Completed Forms shall be received by the Milk Safety Team (HFS-316) to be included in the IMS List. Additional explanation is offered for the following Items:
Item 1: Name of Shipper – Limit shipper's name to not more than thirty-four (34) characters and spaces. If a receiving or transfer station is to be listed, please include "Receiving Station" or "Transfer Station" or "(RS)" or "(TS)" with the name of the shipper. Suggested abbreviations are published in the IMS List.
Item 5: Plant or BTU # – When the IMS Number is less than five (5) digits, leave the left-hand square(s) blank.
Item 6: Product Code #'s – Enter Product Code #s starting in the first (left-hand) space. Product Code #s are listed below:

PRODUCT CODES:

1. Raw Milk for Pasteurization (May Include Lowfat, Skim or Cream)
2. Pasteurized Milk, Reduced Fat, Lowfat, or Skim
3. Heat-Treated (May Include Reduced Fat, Lowfat, Skim or Cream)
4. Pasteurized Half & Half, Coffee Cream, Creams
5. Ultra-Pasteurized (UP) Milk and Milk Products
6. Aseptic Milk and Milk Products (Including Flavored)
7. Cottage Cheese (Including Lowfat, Nonfat or Dry Curd)
8. Cultured or Acidified Milk and Milk Products
9. Yogurt (Including Lowfat or Skim)
10. Sour Cream Products (Acidified or Cultured)
11. Whey (Liquid)
12. Whey (Condensed)
13. Whey (Dry)
14. Modified Whey Products (Condensed or Dry)
15. Condensed Milk and Milk Products
16. Nonfat Dry Milk
17. Buttermilk (Condensed or Dry)
18. Eggnog
19. Lactose Reduced Milk and Milk Products
20. Low-Sodium Milk and Milk Products
21. Milk and Milk Products with Added Safe and Suitable Microbial Organisms (Such as Lactobacillus acidophilus)
22. Dry Milk and Milk Products
23. Anhydrous Milk Fat
24. Cholesterol Modified Anhydrous Milk Fat
25. Cholesterol Modified Fluid Milk Products
26. Cream (Condensed or Dry)
27. Blended Dry Products
28. Whey Cream
29. Whey Cream and Cream Blends
30. Grade "A" Lactose
31. Raw Goat Milk for Pasteurization
32. Pasteurized Goat Milk and Milk Products
33. Cultured Goat Milk and Milk Products
34. Condensed or Dry Goat Milk and Milk Products
35. Ultra-Pasteurized (UP) Goat Milk and Milk Products
36. Aseptic Goat Milk and Milk Products
37. Raw Sheep Milk for Pasteurization
38. Pasteurized Sheep Milk and Milk Products
39. Cultured Sheep Milk and Milk Products
40. Concentrated Raw Milk Products for Pasteurization
41. Concentrated Pasteurized Milk Products
42. Ultrafiltered Permeate from Milk
43. Ultrafiltered Permeate from Whey
44. Raw Water Buffalo Milk for Pasteurization
45. Pasteurized Water Buffalo Milk and Milk Products
46. Cultured Water Buffalo Milk and Milk Products
47. Raw Camel Milk for Pasteurization
48. Pasteurized Camel Milk and Milk Products
49. Cultured Camel Milk and Milk Products