



# Investigation of inhibitory substances found in milk report form



It is recommended that this report is used after any inhibitory substance failure, it **must** be completed in line with the Red Tractor standard RT DP.6 where a member has had 2 or more fails. It should be completed in conjunction with the vet review of medicine use and recommendations to prevent the issue happening again (RT DP.4.b)

|                                     |                 |   |                                    |
|-------------------------------------|-----------------|---|------------------------------------|
| <b>Name and Address of Producer</b> |                 | <b>Name and Address of Veterinary Surgeon</b> |                                    |
| <b>Milk purchaser</b>               |                 | <b>Purchaser/Processor ID</b>                 |                                    |
| <b>Number of cows</b>               | <b>Milking</b>  | <b>Dry</b>                                    | <b>Calving pattern</b>             |
| <b>Closed herd</b>                  | <b>Yes / No</b> |   | <b>Tanker collection frequency</b> |

| Details of Failure 1                             |   |                              |                                    |
|--|---|------------------------------|------------------------------------|
| <b>Date of failure</b>                           |   | <b>Number of cows milked</b> |                                    |
| <b>Site of failure</b>                           | <b>PRECOLLECTION / BULK TANK / TANKER / OTHER</b> |                              | <b>Litres affected: (if known)</b> |
| <b>Test failed</b>                               |   |                              |                                    |
| <b>Follow up testing / substances identified</b> |   |                              |                                    |
| <b>Suspected medicine causing failure</b>        |   |                              |                                    |
| <b>Suspected reason for failure</b>              |   |                              |                                    |

| Details of Failure 2                             |   |                              |                                    |
|--|---|------------------------------|------------------------------------|
| <b>Date of failure</b>                           |   | <b>Number of cows milked</b> |                                    |
| <b>Site of failure</b>                           | <b>PRECOLLECTION / BULK TANK / TANKER / OTHER</b> |                              | <b>Litres affected: (if known)</b> |
| <b>Test failed</b>                               |   |                              |                                    |
| <b>Follow up testing / substances identified</b> |   |                              |                                    |
| <b>Suspected medicine causing failure</b>        |   |                              |                                    |
| <b>Suspected reason for failure</b>              |   |                              |                                    |

| Milking Plant  |  |
|--|--|
| Type / size of parlour   |  |
| How are cows identified as they enter the parlour? eg computer, manual               |  |
| Method used to identify milk for discard eg computer, manual                         |  |
| Was separate dump line and/or equipment used? Please detail                          |  |
| Bulk tank volume on day of failure   |  |
| Is the bulk tank secure? (RT-MP.5)   |  |
| Milking routine  |  |
| Who did the milking(s)?  |  |
| How are cows under treatment/withdrawal identified to milker?<br>(RTMP.27a)          |  |
| Were those cows clearly identified at the time of the failure? (RT-MP.26a)           |  |
| Are cows under treatment/withdrawal milked last or separately? (RT-MP.26a)           |  |
| Are prescribed withdrawal periods correct and complied with? (RT-AM.10)              |  |
| What is the milk harvesting routine from newly calved cows?                          |  |
| Animal medicines   |  |
| Date medicine records checked?   |  |
| Date of last medicine recorded (RT-AM.6a)  |  |
| How are treated cows recorded? (RT-MP.27b)   |  |
| Are dry or newly calved cows mixed in with any milking cow groups?                   |  |
| Did any cows have Milk Fever at time of failure?                                     |  |
| Did any cows calve early around the time of the failure?                             |  |
| Were any cows purchased in the time period prior to the failure?                     |  |
| Were any cows treated during the milking routine? (If yes, give details)             |  |
| Were any cows treated 'off label' at the time of the failure? (If yes, give details) |  |
| Are medicines stored appropriately? (RT-AM.4)  |  |
| Date medicine storage last checked?  |  |
| Are medicines only administered by demonstrably competent persons?<br>(RT-AM.3a)     |  |
| Date of medicine training course for responsible person? (RT-AM.3.1)                 |  |
| Have all treatments been recorded (including those given by vet)? (RT AM.3a)         |  |



**Medicine Review – recommendations to prevent further bulk tank failures** (Red Tractor DP.4)

This should be carried out using information from an up to date medicine collation, antibiotic collation, review of cascade use and medicine administration records Red Tractor – RTAH1.1a).

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**SMART Actions and follow up**

| SMART (Specific Measurable Achievable Relevant and Time Bound) Action | Date Due | Person Responsible |
|---|----------|--------------------|
|   |          |                    |
|   |          |                    |
|   |          |                    |

**Active suspected of failure**

|  |          |                    |           |                          |  |
|--|----------|--------------------|-----------|--------------------------|--|
| <b>Name of active</b>                    |          |                    |           |                          |  |
| <b>Product name(s) containing active</b> |          |                    |           |                          |  |
| <b>Cow suspected of causing failure</b>  |          |                    | <b>ID</b> |                          |  |
| <b>Daily yield</b>                       | <b>L</b> | <b>Date calved</b> |           | <b>Date milk in tank</b> |  |

**Report completed by**

|                     |             |
|---------------------|-------------|
| <b>Signed</b>       | <b>Date</b> |
| <b>Print name</b>   |             |
| <b>Vet Practice</b> |             |