

MILK TANK TRUCK INSPECTION REPORT

TANKER SERIAL NO.

TANKER PERMIT NO.

STATE ISSUING PERMIT

MILK TANK TRUCK OWNER

SAMPLER'S PERMIT NO.

ADDRESS OF OWNER

DRIVER DELIVERS TO

NAME OF OPERATOR / DRIVER

NAME AND ADDRESS OF INSPECTION LOCATION

ADDRESS OF DRIVER

An inspection of your milk tank truck showed violations existing in the Items checked below in the non-compliance column. You are further notified that this inspection report serves as notification of the intent to suspend this milk tank truck's permit if the violations are not in compliance at the time of the next inspection. (Refer to Sections 3 and 5 of the Grade "A" Pasteurized Milk Ordinance.)

	Com- pliance	Non- Com- pliance	N/A		Com- pliance	Non- Com- pliance	N/A
1. SAMPLES AND SAMPLING EQUIPMENT (PMO, Appendix B)				4. EXTERIOR CONDITION OF TANK (PMO, Appendix B)			
a. Storage of Sample Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sample Box in Good Repair; Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. CLEANING/ SANITIZING RECORD (PMO, Section 7, Item 12p)			
c. Sample Transfer Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Is Recording Chart Available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sampling Transfer Instrument Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Is Cleaning /Sanitizing Tag Available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sample Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Recording Chart Available for Cross-Reference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sample Storage Compartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Attached to Tanker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Samples 0°C - 4.4°C (32°F - 40°F), Temperature Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Date of Last Cleaning /Sanitizing (PMO, Appendix B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Approved Thermometer Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Properly Completed (PMO, Appendix B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PRODUCT TEMPERATURE 7°C (45°F) OR LESS (PMO, Section 7, Items 18r and 17p)				6. LOCATION OF LAST CLEANING/SANITIZING			
a. Temperature of Product in Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Product in External Fluid Transfer Systems that Exceeds 7°C (45°F) is Discarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. LABELING			
3. EQUIPMENT CONSTRUCTION, CLEANING, SANITIZING AND REPAIR (PMO, Section 7, Items 10p, 11p and 12p)				8. VEHICLE AND MILK TANK TRUCK PROPERLY IDENTIFIED			
a. Dome Lid Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b. Gasket(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. PREVIOUS INSPECTION SHEET OR AFFIXED LABEL AVAILABLE			
c. Vent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d. Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. SAMPLE CHAIN-OF-CUSTODY			
e. Hose(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f. Hose Connection(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REMARKS (If additional space is required, please place information on the back of this Form or on a separate page.)			
g. Hose(s) more than 8 Ft in Length Mechanically Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
h. Valve(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
i. Protection from Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
j. Interior Condition of Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
k. Aseptic Sampler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SANITARIAN		DATE	
l. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AGENCY			

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REMARKS *(Continued)*