

10 STEPS TO COMPLETING A Dairy Product Label Review Submission Form

Follow the steps below to successfully complete and submit your form.

1. BUSINESS INFORMATION

Enter the information about your dairy plant.

2. CONTACT INFORMATION

Provide your contact information. A secondary contact may also be provided but is not required.

3. LABELS


Select the type of product for which the label applies (Grade A, Non-Grade A, or Non Dairy), and indicate where the product will be sold.

4. GENERAL

Select “Yes” or “No” depending on whether each listed item is present on the product label. If the label has no Quality Assurance Statement, answer each of the 3 follow-up questions below the row for Quality Assurance Statement.

5. OTHER

Answer the questions in this section IF one of the categories applies to your product. For example, if you are submitting a form for a Non-Grade A raw milk cheese, you will select “Yes” or “No” to answer the question “Is there a statement that the cheese was aged 60 days or more on the product label?” If your product does not match any of the categories in this section, you may leave this section blank.



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Dairy and Meat Inspection Division, Phone: 651-201-6300, Fax 651-201-6116

Dairy Product Label Review Submission Form

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The Minnesota Department of Agriculture (MDA), pursuant to Minnesota Statutes 31.04 and 31.101, requires new dairy plants and existing dairy plants making a new dairy product to submit copies of dairy product labels to ensure the labels are in compliance with state and federal labeling regulations.

Trade secret information (as defined in Minn. Stat. § 13.37) submitted by an applicant is classified as private or nonpublic. In order to protect data as trade secret information, the application must identify the specific formula, pattern, compilation, program, device, method, technique or process that the applicant wishes to protect, and provide an explanation of the economic value of keeping the data from being generally known to other persons. Determining what constitutes trade secret information is ultimately the responsibility of the MDA, and the MDA cannot guarantee that data marked by an applicant as trade secret information will be classified as such.

Business Information			
Legal Name of Business:			
DBA:			
Address:			
City:	State:	Zip:	
County:	Phone Number:		

Contact Information			
Submitter:			
Phone Number:	Extension:	Email Address:	
Secondary Contact:			
Phone Number:	Extension:	Email Address:	

Label(s)	
Type of Product:	<input type="checkbox"/> Grade A <input type="checkbox"/> Non-Grade A <input type="checkbox"/> Non Dairy
Product will be sold at (check all that apply):	
<input type="checkbox"/> Grocery Stores <input type="checkbox"/> Food Service / Restaurant <input type="checkbox"/> Farmers' Market <input type="checkbox"/> Seasonal Stands <input type="checkbox"/> Online Orders	
<input type="checkbox"/> Other:	

General		
Is the following information on the product label?	YES	NO
Product Identity		
Net Weight Statement		
Ingredient List		
Business Name and Address		
Nutrition Facts Panel (If Required)		
Plant Number*		
Quality Assurance Statement*		
if no,	YES	NO
Is the product's shelf life over 90 days?		
Is the product aged?		
Is the product frozen?		

*If the Plant Number and/or Quality Assurance Statement are ink jetted, stamped or applied by other means onto the package, provide an example. The example can be attached to this form.

Grade A Product		
Is the following information on the product label?	YES	NO
Grade A		
Pasteurized		
Ultra-Pasteurized		

Non-Grade A Raw Milk Cheese		
Is there a statement that the cheese was aged 60 days or more on the product label?		

Non-Grade A Ice Cream		
Is the Ice Cream Mix:		
Made by your firm		
Purchased from another company		
Made by another company at your firm's request using your formula		

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

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