

Application for Milk Handling Equipment and Facility Construction Review

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- Minnesota regulations require **detailed plans** for all new and/or modified pipeline systems, milk houses, milking barns, stables or parlors to be submitted for review prior to installation or modification (*Grade A Pasteurized Milk Ordinance: Item 9r and Section 12*).
- The local inspector will inspect, verify, and determine final approval for these plans at the facility.
- This application must be accompanied by a detailed, legible drawing of the milking system (to scale, if possible) showing the following items when present:**

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|---------------------|---------------------|------------------------------|----------------------|--------------------------|------------------------|
| 1. Bulk Milk Tank | 5. Floor Drain | 9. Receiver Group | 12. Milk Pre-cooler | 16. Wash Flow Direction | 20. Backflow |
| 2. Double Wash Vats | 6. High Point | 10. Weigh Jars | 13. Filter | 17. Wash Manifold | Prevention Device |
| 3. CIP Pipeline Vat | 7. Vacuum Test Port | 11. Pipeline Inspection Port | 14. Filter Dispenser | 18. Pressure Tank | 21. Air Gap Connection |
| 4. Hand Wash Sink | 8. Air Injector | | 15. Vacuum Pump | 19. Reclaimed Water Tank | |

Producer Information
Installer Information

Name			Name		
DBA (Farm Name)			Email Address		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
County	Township	Section #	Installer's Phone		
Producer's Signature X		Date	Installer's Signature X		Date

Dairy Plant Name	Plant Location	Plant No.	Patron No.
Inspector Name			

Milking Animal: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Other _____	
Equipment Installation: <input type="checkbox"/> New <input type="checkbox"/> Modification	Facility Construction: <input type="checkbox"/> New <input type="checkbox"/> Modification
<input type="checkbox"/> Stanchion Barn <input type="checkbox"/> Milking Parlor <input type="checkbox"/> Swing Parlor <input type="checkbox"/> Flat Barn Parlor <input type="checkbox"/> Milk house	
Type of Facility: <input type="checkbox"/> Water Supply System <input type="checkbox"/> Robotic <input type="checkbox"/> Other _____	
Type of Equipment Being Installed:	

 Milk line **N/A**

1. Material(s): 2. Diameter: 3. Length: 4. Lines are: <input type="checkbox"/> Welded <input type="checkbox"/> Gasketed 5. Number of units: 6. Max. units per slope (12 units for 3" line, 4 units for less than 3"):	7. Percent Slope: <input type="checkbox"/> 0.8% (1 in/10 ft) <input type="checkbox"/> 1.0% (1¼ in/10 ft) <input type="checkbox"/> 1.2% (1½ in/10 ft) <input type="checkbox"/> 1.5% (2 in/10 ft) <input type="checkbox"/> 2.0% (2½ in/10 ft) 8. <input type="checkbox"/> High line <input type="checkbox"/> Low line 9. Max. ht. from cow platform: 10. Units Washed in: <input type="checkbox"/> Parlor <input type="checkbox"/> Milk house
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 Milk Receiver **N/A**

1. Number of receiver inlets: 2. Size of receiver inlet(s): 3. Size of receiver vacuum inlet:	4. Located in pit? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If receiver is recessed, two drain types must be present</i> 5. Located in a room other than milk house? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If the receiver is located outside of the milk house, the room must meet milk house standards</i>
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Vacuum System N/A

1. Main Airline material:	diameter:	length:
2. Pulsator Line material:	diameter:	length:
3. Automatic Drain in Pulsation Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Vacuum Pump(s) brand:	model:	motor hp:
5. Total Vacuum Pump Capacity: cfm at normal operating level of _____ inches hg:		
6. Vacuum Regulator: brand:	model:	
7. Other (Specify):		

Milk Cooling and Storage System N/A

1. Pre-cooler Type: <input type="checkbox"/> Plate <input type="checkbox"/> Tube <input type="checkbox"/> Other: _____			
2. Coolant: <input type="checkbox"/> Well water single use <input type="checkbox"/> Recirculated water <input type="checkbox"/> Recirculated glycol-type of coolant preservative used: _____			
Number of Sections in Plate Cooler: _____		Does each section freely drain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*In most cases, a backflow prevention device must be installed</i>			
3. Bulk Milk Tank or Silo brand:	model:	capacity:	date of manufacture:
2 nd Bulk Milk Tank or Silo brand:	model:	capacity:	date of manufacture:
Approved bulk tank temp recorder provided? (required on tanks manufactured after 1/1/2000) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type? <input type="checkbox"/> Chart <input type="checkbox"/> Computer			
4. Type of Cleaning: <input type="checkbox"/> Manually cleaned <input type="checkbox"/> CIP			
5. Is there a physical separation of the wash system from the milk tank during storage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Distances from bulk milk tank to walls, ceiling, and equipment provided on plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>*Direct-ship operations require a supplemental application</i>			

CIP Milking Systems N/A

1. Is the water heating system adequate for all milking operations? <input type="checkbox"/> Yes <input type="checkbox"/> No Capacity: _____ gallons
2. Is there a physical separation of the wash system lines from the milking system during milking? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there an effective cleaning/sanitizing procedure in place? <input type="checkbox"/> Yes <input type="checkbox"/> No

Robotic Milking System N/A

1. The fresh air for the positive air ventilation system is from:
2. Is the positive air ventilation system automatically in operation whenever the AMI system is cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. How far from the milk house will the robot be located?
4. Is the milk line between the robot room and the milk house properly sloped and accessible for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the fresh water supply to the robot protected with an approved backflow prevention device? <input type="checkbox"/> Yes <input type="checkbox"/> No

MDA COMMENTS ONLY		Date	
Reviewer Comments	Initials and Date	Inspector Comments	Initials and Date

Mail this application to:
 Minnesota Dept. of Agriculture, Dairy & Meat Inspection, Attn: Dairy Equipment Review, 625 Robert St. N., St. Paul, MN 55155

- **Or email this application to:** dairy.results@state.mn.us