

DAIRY PLANT EQUIPMENT REVIEW**Dairy and Meat Inspection Division****dairyplant.equipment.mda@state.mn.us | 651-201-6300**

Complete this form for all equipment installation or modification projects, and the specific supplement forms that are applicable to your equipment installation or modification project.

All equipment reviews require supporting documentation, including equipment specifications, designs, process diagrams and other support, as appropriate to the specific project.

I understand the following (*check all boxes to acknowledge understanding*):

By submitting this application, I am initiating the formal dairy plant equipment review process.

The submission of this application does not guarantee the equipment will be approved.

It is my responsibility as the facility owner/manager to submit the supporting documentation needed to complete the equipment review process to MDA Dairy Program staff for their review and approval.

The review of plants and equipment designs are the first step in the approval process. Final equipment approvals require an on-site inspection to ensure equipment was installed as approved.

The MDA Dairy Inspection program charges a fee of \$45/hour for plant permit approval services, as detailed in Minn. Stat. 32D.09 Subd. 3.*

Plant Name _____ Dairy Plant Number (*if known*) _____

Equipment Project Contact Name _____

Contact Email _____ Contact Phone _____

Routine Plant Inspector _____

Project Name _____ Proposed Project Start Date _____

Estimated or Desired Project Complete Date _____ **OR** Unknown

*Note: Applicants for equipment approvals should expect to be charged a minimum of two hours of equipment desk review time, and for the final inspection, based on time spent for one individual to complete the inspection. Additional hours may be billed depending upon the nature, complexity and extent of changes being made. By submitting this form, you are indicating you understand that you are subject to this fee, which will be billed at the conclusion of the project unless other arrangements are made for more frequent billing during the project.

Authorized Signature**Title****Date**

MDA Use Only

Date Received _____ Assigned Dairy Project Consultant _____

Date Approved _____

Comments

PROJECT DESCRIPTION AND GENERAL INFORMATION

The following equipment will be affected by this project:

Pasteurizer(s) and/or associated equipment	Emulsifier(s)	Water Sources
Water treatment/handling equipment	Laboratory	CIP Systems
Filler(s)	Storage Tanks	Dryer(s)
Separator	Cooling Sources	Other:

Describe your project. Please be as descriptive as possible about your processes and equipment changes.

What equipment is going to be installed or changed? Please complete with specifications.

Where are these changes or updates going to occur in your facility? Provide additional drawings (P&IDs), pictures, and facility layout diagrams as applicable.

How will this equipment change your production process?

Who will be completing these updates?

Any other general information about your project that might be useful?

EQUIPMENT LIST

Use the list to provide details about equipment you intend to use in your project, including specifications, model numbers and other relevant details.

Equipment or Component Name	Model Number	Other Notes or Information (<i>capacity, volumes, power, etc.</i>)

