

PART B – TRACEBACK REPORT

IMPLICATED DAIRY FARM DETAILS

DFSV licence number:

Supplier number:

DFSV licensee name:

IMPLICATED TREATMENT/S

1. Antibiotic treatment used: _____ Other (specify): _____
2. Are veterinary label instructions cited on the treatment/s? Yes No Unknown
3. Reason for treatment/s: Mastitis Drying off Other(specify): _____
4. Records sighted of treatment/s used? Yes No Unknown

SUMMARY OF PROBABLE CAUSE (tick all relevant)

- Treated cow(s) not separated from rest of the herd
- Cow(s) calved early and was still within WHP
- Marked/treated cow(s) accidentally milked
- Purchased stock was treated and still within WHP
- Treated cow(s) was not clearly marked (e.g. mud covered marking)
- Treated cow(s) was incorrectly marked
- Treated cow(s) was not marked at all
- Test bucket overflow
- Inadequate training/awareness by milking staff of treated cow(s)
- Milk containing residues left in line
- Label instructions other than WHP not followed (specify): _____
- Other (specify): _____

Provide any further comments to explain the probable cause.

SUMMARY OF CORRECTIVE/PREVENTATIVE ACTIONS (tick all relevant)

- Separate treated cows from milking herd
- Improve treated cow markings / ID
- Improve stock treatment records
- Check WHP calculations
- Improve record keeping procedures
- Additional milk testing
- Further staff training
- Improve communications to milkers
- Other (specify): _____

Provide any further comments to explain the corrective/preventative actions taken.

Date of submission to SFV: