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| DFRS-BFRB-003.docx Rev. 7/23) | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Food and Recreational Safety  718 W Clairemont Ave., Ste. 128, Eau Claire WI 54701  Phone: (715) 839-3844 Email: [datcpdfsplanreview@wisconsin.gov](mailto:datcpdfsplanreview@wisconsin.gov) Fax: (715) 839-3867 | | | | | | | | | | |
| PASTEURIZER BROKEN SEAL REPORT | | | | | | | | *Wis. Adm. Code § ATCP 65.68(6)(a)* | | | |
| PLANT INFORMATION | | | | | | | | | | | | |
| PLANT NAME: | | | | | | | | | TODAY’S DATE: | | | |
| ADDRESS: | | | | | | COUNTY: | | | TOWNSHIP: | | | |
| PASTEURIZER ID: | | | | | | Plant 55- |  | | LIC. | | -D1 | |
| DATE SEAL BROKEN: | | | TIME SEAL BROKEN: | | | BROKEN SEAL LOCATION(S) AND SEAL NUMBER(S): | | | | | | |
| REASON FOR BROKEN SEAL(S): | | | | | | | | | | | | |
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| NAME OF PERSON CONDUCTING VERIFICATION: | | | | | DATE VERIFICATIONS COMPLETED: | | | | | TIME VERIFICATIONS COMPLETED: | | |
| Notify the Department when the dairy plant operator breaks a seal which has been applied by the Department *or after the pasteurization system malfunctions to the possible detriment of public health or safety.*   * Notify the appropriate Dairy Technical Specialist within 2 hours by phone, phone message, fax, or email. Be sure to include the dairy plant identification, reason for broken seal and plant contact information. Dairy Technical Specialist contact information may be obtained by calling the Eau Claire Office at (715) 839-3844 or online at <https://datcp.wi.gov/Pages/Programs_Services/DairyProcessors.aspx>. * Submit this completed Pasteurizer Broken Seal Report (F-fd-228) via email, mail, or fax to the Eau Claire Office using the contact information at the top of this form as soon as verifications have been completed and prior to the scheduled reseal appointment. * Schedule an appointment for resealing the pasteurization system within 10-calendar days of the broken seal with the appropriate Dairy Technical Specialist.   Prior to resuming operation, verify that the pasteurization system is repaired and functioning properly by performing the test(s) specific to the component(s) operating with a broken seal. Complete each highlighted field to record the verification tests as prescribed in the PMO Appendix I. Production records and verification documentation shall be retained for at least 2 years and be available for regulatory review. | | | | | | | | | | | | |
| MERCURY In GLASS (MIG) REFERENCE THERMOMETER | | | | | | | | | | | | |
| MIG | | Certified | | Check temperature against certified laboratory thermometer and adjust to be within 0.5 °F, PMO Test 1.  Ensure the indicating (MIG or DRT) is reading 0.5-1.0°F higher than the recording thermometer after adjustment. | | | | | | | | |
| Certification Date | | | | Provide date of laboratory thermometer certification | | | | | | | | |
| Seconds | | Thermometric Response – Time temperature rise from 12°F below cut-in to cut-in, with water bath 7°F above cut-in, PMO Test 7 | | | | | | | | | | |
| DIGITAL REFERENCE THERMOMETER (DRT) | | | | | | | | | | | | |
| DRT | | Certified | | Check temperature against certified laboratory thermometer and adjust to be within 0.5 °F, PMO Test 1.  Ensure the indicating (MIG or DRT) is reading 0.5-1.0°F higher than the recording thermometer after adjustment. | | | | | | | | |
| Certification Date | | | | Provide date of laboratory thermometer certification | | | | | | | | |
| Seconds | | Thermometric Response – Time temperature rise from 12°F below cut-in to cut-in, with water bath 7°F above cut-in, PMO Test 7 | | | | | | | | | | |
| DRT Resistance Temperature Detector RTD | | | | | | | | | | | | |
| DRT | | Certified | | Check temperature against certified laboratory thermometer, PMO Test 1  (adjust as necessary -typically 0.5-1.0°F higher than the recording thermometer) | | | | | | | | |
| Certification Date | | | | Provide date of laboratory thermometer certification | | | | | | | | |
| Seconds | | Thermometric Response – Time temperature rise from 12°F below cut-in to cut-in, with water bath 7°F above cut-in, PMO Test 7 | | | | | | | | | | |
| SAFETY THERMAL LIMIT RECORDER (STLR) | | | | | | | | | | | | |
| YES | | Verify programming of electronic recorder per the FDA’s M-b approval for the device, maintain documentation for review | | | | | | | | | | |
| YES | | Verify time accuracy of electronic recorder over a 30 minute time span, PMO Test 3, document on chart as appropriate | | | | | | | | | | |
| Indicator | | Recorder | | Compare and record temperature with indicating thermometer and adjust as necessary, PMO Test 4 | | | | | | | | |
| CUT-IN | | CUT-OUT | | Verify cut-in and cut-out temperatures are above legal pasteurization temperatures PMO Test 10 | | | | | | | | |

This is a required form. If the form is not completed timely in accordance with ATCP 65.68(6)(a), the failure to do so will be documented on the test report and a notice of violation may be issued for a first offense. A compliance action will be initiated for repeated failures to complete this form.

Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. §15.04(1)(m).

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| STLR RTD | | |
| Indicator | Recorder | Compare and record temperature with indicating thermometer and adjust as necessary, PMO Test 4 |
| Seconds | Thermometric Response – Time temperature rise from 12°F below cut-in to cut-in, with water bath 7°F above cut-in, PMO Test 8 | |
| PRESSURE SENSORS/TRANSDUCERS | | |
| Raw | Pasteurized | Remove sensors from press, verify zero reading, adjust as necessary, PMO Test 9.2.1 |
| Tracks evenly | Max Pressure | Place sensors on testing tee and increase air pressure up to max operating pressure. Verify that pressures track evenly – difference no greater than 1 psi, adjust as necessary, PMO Test 9.2.1 |
| PRESSURE DIFFERENTIAL SWITCH | | |
| Raw | Pasteurized | Remove sensors from press, verify zero reading, adjust as necessary, PMO Test 9.2.1 |
| Tracks evenly | Max Pressure | Place sensors on testing tee and increase air pressure up to max operating pressure. Verify that pressures track evenly – difference no greater than 1 psi, adjust as necessary, PMO Test 9.2.1 |
| Pressure Differential | | Reinstall raw sensor, apply air pressure on tee to pasteurized sensor and verify green LED activates at differential setting from previous Dairy Pasteurizer Inspection report, min. 2 psi or higher, PMO Test 9.2.2 |
| YES | Verify booster pump stops as required on loss of pressure differential identified above, PMO Test 9.2.2 | |
| YES | With both sensors reinstalled, verify raw pressure does not exceed pasteurized pressure during manual divert , PMO Test 5.5 | |
| FLOW RECORDER/ALARM (SFLR) | | |
| YES | Verify programming of electronic recorder per the FDA’s M-b approval for the device, maintain documentation for review | |
| Alarm Set-point | STLR Temp. | Verify high flow alarm diverts the system, PMO Test 11.2b |
| YES | TIME | Verify flow rates have not changed, (compare and record  cheese vat fill times,  balance tank draw down times,  volumetric checks from before and after broken seal)  Salt injection time  - Other (explain in comment section below) |
| MAG-FLOW METER OR TRANSMITTER | | |
| YES | NO | Confirm replacement meter has FDA approval ([Index of Memoranda of Milk Ordinance Equipment Compliance](http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/Milk/ucm2007976.htm)) |
| YES | Verify programming per the FDA’s M-b approval for the device, maintain documentation for review | |
| YES | TIME | Verify flow rates have not changed, (compare and record  cheese vat fill times,  balance tank draw down times,  volumetric checks from before and after broken seal)  Salt injection time  - Other (explain in comment section below) |
| FLOW DIVERSION DEVICE (FDD) – Leak Detect or Flow Diversion Valve | | |
| YES | Verify FDD moves freely during divert and forward flow, PMO Test 5.2 | |
| YES | Verify timing pump does not run when valves are improperly assembled. Refer to per the FDA’s M-b approval for the FDD and manufacturer test procedure, PMO Test 5.4 | |
| PROGRAMMABLE LOGIC CONTROLLERS (PLC) OR MECHANICAL TIMER CABINET – All Systems | | |
| YES | Verify timing pump does not run when valves are improperly assembled. Refer to per the FDA’s M-b approval for the FDD and manufacturer test procedure, PMO Test 5.4 | |
| Valves divert | Booster Stops | Verify valve and booster pump controls during MANUAL DIVERT, PMO Test 5.5 |
| Seconds | Verify FDD Response time, PMO Test 5.6 | |
| Time for pumps to stop | Time valves move to Forward. | Verify INSPECT mode function that all flow promoters stop during INSPECT prior to the valves returning to the FORWARD FLOW position, PMO Test 5.7 |
| CIP Time Delay | Flow promoters disabled | Verify Clean-in-Place (CIP) mode function that valves divert and no flow promoters other than timing pump run during the first 10-minutes of CIP, PMO Test 5.8 |
| Seconds | Verify flush delay between valves, PMO Test 5.9 | |
| YES | N/A | Verify booster pump stops as required on loss of pressure differential, PMO Test 9.2.2 |
| YES | N/A | Verify booster pump stops when system diverts, PMO Test 9.3.1 |
| YES | N/A | Verify booster pump stops when timing pump is disabled, PMO Test 9.3.2 |
| Seconds | N/A | Verify flow delay timer (MBTS only) following flow diversion, PMO Test 11.2E |
| YES | N/A | Verify that the Department reviewed logic program is installed and the PLC wiring (inputs & outputs) match the wiring schematic as reviewed by Department |

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| TEMPERATURE, FLOW and PRESSURE CONTROLS within a PROGRAMMABLE LOGIC CONTROLLER (PLC) | | |
| YES | NO | Verify temperature by completion of STLR applicable testing procedures outlined above |
| YES | NO | Verify flow controls by completion of FLOW CONTROL (SFLR) applicable test procedures as outlined above |
| YES | NO | Verify pressure controls by completion of PRESSURE DIFFERENTIAL SWITCH applicable test procedures as outlined above |
| YES | NO | Verify that the DATCP reviewed logic program is installed and the PLC wiring (inputs & outputs) match the wiring schematic as reviewed by DATCP |
| FREQUENCY DRIVE FOR TIMING PUMP | | |
| YES | NO | Verify programming, specifically pump start, stop and control methods are the same as prior to the broken seal |
| YES | Verify timing pump inter-wired with all other flow-promoting devices, example – auxiliary pumps, separators, clarifiers and homogenizers | |
| T ime for pumps to stop | Time for valves to move to Forward Flow. | Verify INSPECT mode function that all flow promoters stop during INSPECT prior to the valves returning to the FORWARD FLOW position, PMO Test 5.7 |
| YES | N/A | Verify booster pump stops when timing pump is disabled, PMO Test 9.3.2 |
| FREQUENCY DRIVE FOR BOOSTER PUMP | | |
| YES | NO | Verify programming, specifically pump start, stop and control methods are the same as prior to the broken seal |
| YES | Verify booster pump stops and no pressure cross-over occurs during MANUAL DIVERT, PMO Test 5.5 | |
| YES | Verify booster pump stops when timing pump is disabled, PMO Test 9.3.2 | |
| FREQUENCY DRIVE FOR STUFFING PUMPS | | |
| YES | NO | Verify programming to ensure pump start, stop and control methods are the same as prior to the broken seal |
| YES | NO | Verify stuffing pump is inter-wired with the timing pump |
| OTHER VERIFICATIONS: Clearly describe and document any other tests or verifications conducted to ensure all public health controls relating to the broken seal(s) have been restored. | | |
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| PHOSPHATASE TESTING DURING PROCESSING OF FLUID WHITE MILK | | |
| YES | Sample taken fluid white milk only, to include whole milk, low-fat milk / reduced fat milk, fat free milk and cream |
| YES | Sample taken directly from outlet of the pasteurizer system |
| YES | Sample taken (a) immediately after start-up, (b) at least once during every 4 hours of pasteurizer operations, and (c) immediately prior to shut-down. |
| YES | Sample stored at a temperature below 45° F (7° C) until it is tested |
| YES | Sample analyzed within 48 hours after it is collected. |
| YES | Sample analyzed using an approved test method, i.e., Fluorophos ALP method or Charm Paslite Alkaline Phosphatase method. |
| YES | Grade A dairy product tests performed in a laboratory certified by the Department under ch. [ATCP 77](http://docs.legis.wisconsin.gov/document/administrativecode/ch.%20ATCP%2077) or the PMO. Maintain documentation as appropriate. |
| YES | Grade B products tests performed in a laboratory certified by the Department under ch. [ATCP 77](http://docs.legis.wisconsin.gov/document/administrativecode/ch.%20ATCP%2077)or the PMO or by a person who has been trained by the test kit manufacturer. Maintain documentation as appropriate. |
| YES | Confirmatory tests for a positive result (>350 milli-units) performed in a laboratory certified by the Department under ch. [ATCP 77](http://docs.legis.wisconsin.gov/document/administrativecode/ch.%20ATCP%2077) or the PMO. Maintain documentation as appropriate. |
| YES | Phosphatase records available for review by the Department |

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| DEPARTMENT NOTIFICATION INFORMATION | | |
| NAME OF DEPARTMENT PERSONNEL CONTACTED: | DATE CONTACT MADE: | TIME CONTACT MADE: |
| HAS RESEAL BEEN SCHEDULED?  YES  NO | DAIRY PLANT CONTACT | DAIRY PLANT CONTACT PHONE |