

Maryland Department of Health – Center for Milk and Dairy Product Safety

1500 Pennsylvania Avenue, Hagerstown, MD 21742

301-791-4779

APPLICATION TO INSTALL/MODIFY A MILKING SYSTEM ON A DAIRY

Name of Producer _____ Permit No. _____ Phone No. _____
Mailing Address _____
Farm location (if different) _____
Market _____ Field Rep. _____ Phone No. _____
Equipment Manufacturer _____
Installer _____ Phone No. _____
Address _____ Installation Date _____

I HEREBY MAKE APPLICATION FOR PERMISSION TO INSTALL A CLEANED-IN-PLACE PIPELINE SYSTEM. THIS EQUIPMENT WILL CONFORM TO OR EXCEED 3A SANITARY STANDARDS ACCEPTED PRACTICES FOR THE DESIGN, FABRICATION, AND INSTALLATION OF MILKING AND MILK HANDLING EQUIPMENT.

All blanks that apply to this installation must be completed. This application must be accompanied by a detailed drawing showing the following: high point of milk line direction of milk, flow, receiver inlets, location of receiver, regulators, parlor or stable walls, milkhause location (inc. wash vats and tanks), vacuum pumps.

CONFIGURATION:

Parlor _____ Around-the-Barn _____ Transfer Station _____
Highline _____ Lowline _____ Make & No. of Milkers _____
Check applicable: Weigh Jars _____ Milk Meters _____ Auto takeoffs – Portable _____ Stationary _____
Precooler: Y _____ N _____ Make, _____ Location _____ Coolant _____

PIPELINE:

Make _____ Material(s) _____ Receiver Loc. _____
Length _____ Pipe Diam. _____ # of slopes _____ # of wash loops _____ Restrictor: Y _____ N _____
Slope _____ in./10' Max. Height _____ Line supported from _____
Line Coupling Type: Gasketed _____ Welded _____ # Receiver inlets: _____ Dia. of inlets _____
Filtration Location: _____ Type: Pressure _____ Gravity _____

VACUUM SYSTEM: Use ASME Standard at 15 in. Hg

Pump #1: Make _____ Model _____ Motor Size _____ CFM Capacity _____
Pump #2: Make _____ Model _____ Motor Size _____ CFM Capacity _____
Total CFM Capacity _____

Test Ports: Y _____ N _____ Pulsation line size: _____ in.
Main Header: Diameter _____ in. Length _____ Distribution Tank: Y _____ N _____ Material _____
Regulators: Make/Model _____ Location _____

WASHING EQUIPMENT:

Auto CIP _____ Manual _____ Auto Pre-rinse Diverter: Y _____ N _____ Milk line Pos. Switch: Y _____ N _____
No. of Wash Vats _____ Vertical _____ Horizontal _____ Covererd: Y _____ N _____ Gal. of HW Req. _____
Pre-Rinse Time _____ Wash Time _____ Acid Rinse Time _____ Sanitize Time _____ (Min.)
Water Heater: Electric _____ Gas _____ Oil _____ Boiler _____ Capacity (gal.) _____
Recovery Rate - _____ (gals/hr./100 °F rise)
Heat Recovery Unit: Y _____ N _____ Make _____ Capacity (gal.) _____
Air Injector: Type _____ Location _____

Milker Units Cleaned in: Parlor _____ (CIP) Milkhouse _____
Manually Cleaned items: Abnormal Milk Equip. _____ Milk unit exteriors _____ Diverter Plugs _____

A CLEANING PROGRAM INCLUDING WATER HARDNESS AND DETERGENT & SANITIZER CONCENTRATIONS MUST BE POSTED IN THE MILK ROOM. IF PROCEDURE IS CHANGED IN ANY WAY, A NEW PROGRAM MUST BE POSTED. ANY FUTURE MODIFICATION OF THIS EQUIPMENT MUST HAVE PRIOR WRITTEN APPROVAL.

SIGNATURES:

Producer _____ Date _____
Field Rep. _____ Date _____
Installer _____ Date _____
Sanitarian (Plan) _____ Date _____
Sanitarian (Installation) _____ Date _____