

Batching and Mixing

Feed Mill Name: _____ Feed Mill Address: _____ Manager: _____
 Manager Contact: _____ Evaluator: _____ Date: _____

Instructions

The following is an evaluation of feed quality measures as outlined in the quality feed manufacturing guide. Evaluator should indicate compliance and provide a score of 0 or 1 – where 0 is never compliant and 1 is always compliant. Please provide comments where necessary. Scores will provide indication for areas of improvement providing data to uphold and observe changes in feed quality. Adjustments to total possible points may need to occur if a question is not applicable. Do not answer the question if it is not applicable. Yearly quality assessments are recommended.

Questions	Score	
	1	0
Ingredient Storage		
1. Are there presence of insects or foreign material in ingredients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are bins being inspected? Date of previous bin inspection: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Batching		
3. ★Are scale deviations < 1% for ingredients with greater than 5 lb inclusion and < 2% for ingredients less than 5 lb? Date of last scale calibration? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are ingredients added to the mixer as major (1 st), minor (2 nd), micro (3 rd)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are scale tolerances being checked according to schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are batching reports available and retained for 1 year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are batches sized appropriately with mixer capacity? Mixer capacity: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is liquid system being verified with bucket tests? Date of last bucket test: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments		
Mixing		
9. Is there buildup of ingredients on mixer shaft, paddles or ribbons? Date of previous mixer inspection: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is mixer uniformity < 10%? Date and result of last mixer uniformity: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments		
Sequencing and Flushing		
11. ★Does sequencing order minimize risk of cross contamination of medicated feed and disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. ★Are flush sizes of 5 to 10% of the mixer’s total capacity with normal mixing times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. ★Is flush material labeled as flush rework including the flush ingredient, medication flush may contain, lot number, target animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments	Total: ____/13	