

**TRANSPORTATION DEPT.
DATABASE UPDATE**

Dear Producer,

April, 2017

Please help us to maintain an accurate Transportation Dept. database. Please take a few minutes to fill out and return this form to the BCMMB office. We understand that you have done this previously; we truly appreciate your cooperation.

PLEASE FILL IN ALL APPLICABLE FIELDS

Quota Holder's name(s): _____ IRMA: _____

Farm Name: _____ FAX #: _____

Physical Address of Dairy Operation _____ Postal Code: _____

ON-FARM PRIMARY CONTACT INFORMATION:

Name: _____ Address: _____



Cell:() _____ Home: () _____ E-mail: _____

PLEASE INCLUDE AT LEAST 1 EMERGENCY CONTACT

Emergency Contact #1: _____ Emergency Contact #2: _____

Position: _____ Position: _____



Cell:() _____ Home:() _____ Cell:() _____ Home:() _____

E-mail: _____ E-mail: _____

How many times a day do you milk (Circle One): 2 3 5times in 2 days Robot

MILKING TIMES: (Circle AM or PM) Starting at midnight

Milking 1 – Start: _____:_____ am Finish: _____:_____ am

Milking 2 – Start: _____:_____ am/pm Finish: _____:_____ am/pm

Milking 3 – Start: _____:_____ am/pm Finish: _____:_____ am/pm

Milking 4 – Start: _____:_____ am/pm Finish: _____:_____ am/pm

(If applicable)

Milking 5 – Start: _____:_____ am/pm Finish: _____:_____ am/pm

(If applicable)

What is your bulk tanks capacity in litres? _____ 2nd Tank: _____ 3rd Tank: _____

Do you have the capacity to hold 3 days of milk during peak production? Yes _____ NO _____

Do you currently have a Time/Temperature recorder installed at your facility? Yes _____ NO _____

Is your farm driveway B-TRAIN ACCESSIBLE? Yes _____ NO _____

*(Note: must meet requirements outlined in the BCMMB Farm Driveway and Yard Policy brochure
For a copy of this brochure, please refer to the BCMMB website)*