

Milk Quality Long Term Action Plan

Farm _____

There may be some actions that need to be repeated and some that need to be scheduled regularly. When actions are reviewed and these are determined, transfer them to this Long Term Action Plan.

Action No.	What will be done?	Who will be responsible for this task?	Frequency?
1.			
2.			
3.			
4.			
5.			
6.			

Will your team continue to meet? ___ Yes ___ No

Meeting 5 (If team plans to continue to meet.)

Date _____ Time _____ Location _____

More Program Forms

If your Milk Quality team plans to continue to meet, contact us for more program forms at 1-866-TOP-MILK, or visit the web site <http://www.uwex.edu/milkquality/Programs/index.htm> and make copies.

Additional Meeting Notes:

★Send in original of this form after fourth meeting

