



Dates and Times of Milking for this test

Herd Code \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Circle am or pm, or use military time

\*3rd milking space is ONLY for herds milking 3 times per day

Date/Tester Initials	Start Time	Stop Time	Date/Tester Initials	Start Time	Stop Time
PRE	AM/PM	AM/PM	2nd	AM/PM	AM/PM
1st	AM/PM	AM/PM	3rd*	AM/PM	AM/PM

VERIFICATION TEST DATA FOR DOES MEETING REQUIREMENTS - Use additional sheets if necessary, identify each page with herd code

Control #	Name	Milking Order and Pounds of Milk					24 Hr Production			Previous Test Data		
		Milking Order	Pre-Weight	Weight #1	Weight #2	Weight #3*	# Milk	% Fat	% Pro	# Milk	% Fat	% Pro

SUPERVISOR/ FIELD TECHNICIAN - PLEASE PRINT & SIGN NAME BELOW

\_\_\_\_\_  
Print Name Phone# Print Name Phone#

\_\_\_\_\_ and/or \_\_\_\_\_  
Regular Supervisor, Group Member or Owner Sampler signature Verification Supervisor (cannot be a group member!) Signature

Verification Test Conducted \_\_\_\_\_ in PLACE of regular test \_\_\_\_\_ as an EXTRA test

Reason for Verification Test \_\_\_\_\_KGBA Request \_\_\_\_\_DHI Association Request  
\_\_\_\_\_O/S Test Plan \_\_\_\_\_Sudden Increase in RHA(Rolling Herd

Average) \_\_\_\_\_Suspicion of Rule Violation \_\_\_\_\_High individual production/components

**TO BE COMPLETED BY STATE/AFFILIATE/ASSOCIATION MANAGER**

(This form will not be accepted without a Manager's signature)

I have discussed any rule violations reported in the questions above with the regular supervisor or herd owner. \_\_\_\_\_ Initials

Verification Test Outcome: \_\_\_Acceptable \_\_\_Recommend a retest \_\_\_Further Investigation Needed

Signed \_\_\_\_\_ Title \_\_\_\_\_

Name of DHIA: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone, FAX, or e-mail  
contact

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**Send Completed Form to; KGBA PO Box 2806, Parker, CO 80138**