



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	Pre-	Weight	Weight	Weight	#	%	%	#	%	%
		Order	Weight	#1	#2	#3*	Milk	Fat	Pro	Milk	Fat	Pro

SUPERVISOR/ FIELD TECHNICIAN - PLEASE PRINT & SIGN NAME BELOW

\_\_\_\_\_ and/or \_\_\_\_\_  
 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 \_\_\_\_\_  
**Send Completed Form to; KGBA % Ashley Kennedy 16626 York Rd, Monkton MD 21111**