

RECORD 7B: CORRECTIVE ACTION PLAN

Farm Name		
Owner's Name and Signature	Name	Signature
Dairy Professional's Name and Signature (e.g. veterinarian, nutritionist, dairy specialist)	Name	Signature
Date of agreement on corrective action plan		
Corrective Action Plan Details		
Cattle assessment results in the red or dark red zone	<input type="checkbox"/> Body Condition Score <input type="checkbox"/> Hocks <input type="checkbox"/> Knees <input type="checkbox"/> Necks <input type="checkbox"/> Lameness	
Description of root cause(s) of the issue(s)		
Description of corrective actions planned to resolve the root cause(s) and improve the issue(s)		
Target date for implementation of correction actions		
Timeframe when improvements should be noticeable (i.e. timeframe to start assessing if corrective actions are effective)		
Methods to assess if corrective actions are effective (i.e. what to look for or measure)		
Optional Section: Verification by dairy professional of effective implementation of corrective action plan	Comments	Date
	Name	Signature