**Record 7B: CORRECTIVE ACTION PLAN:**

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| **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 | Body Condition Score  Hocks  Knees  Necks  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 | |