**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 |