**Affidavit for Producer Corrective Action
for Somatic Cell Count Derogation Renewal**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state and affirm that I am a bona fide milk producer and a member of *(milk supplier)*, Member # \_\_\_\_\_\_\_. I am responsible for the milk production marketed under this *(milk supplier)* membership.

I make this statement of my own free will, absent of any threat, promise or inducement, whether real or implied:

1. During the past twelve months, I have made a good faith attempt to reduce my somatic cell count by performing the action(s) indicated:

|  |  |
| --- | --- |
| Initial | Action plan developed in consultation with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *(milk supplier)* field staff and/or other qualified individual(s) |
| Initial | Reviewed/updated mastitis control program with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, veterinarian and/or other qualified individual(s) |
| Initial | Reviewed milking equipment condition/sanitation protocols with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, equipment manufacturers and/or other qualified individual(s) |
| Initial | Reviewed/updated milking routine protocols with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, veterinarian and/or other qualified individual(s) |
| Initial | Routinely sampled individual cow milk for somatic cell count |
| Initial | Reviewed/updated culling program with emphasis on cows with history of high somatic cell count or mastitis |
| Initial | Other reasonable effort(s) to reduce somatic cell count (insert description):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. I understand that one or more parties may rely upon the representations that I am making in this Affidavit. I hereby authorize *(milk supplier)* to disclose the fact that I have executed this Affidavit to customers to whom my milk is marketed.
2. I hereby acknowledge that from time to time *(milk supplier)* may be required to disclose the fact that I have executed this Affidavit to government or regulatory entities as required by law.
3. I understand that my eligibility for derogation under the USDA-AMS Turkey Health Certification Program is contingent upon the truthfulness of my responses herein and the completion of the actions to which I have attested.

I hereby swear and attest that the above is my true and valid statement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name