



# Continuous Improvement Plan

Producer: \_\_\_\_\_

Facility: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Evaluation Question \_\_\_\_\_ was answered [NO/YES].

Therefore, a Continuous Improvement Plan has been opened.

Date for resolution of Continuous Improvement Plan: \_\_\_\_\_

\*Note: Re-evaluation and resolution must be completed within 3 years of designated Evaluation Date\*

Area for Continuous Improvement: \_\_\_\_\_.

Action for Resolution (What, How, Who)	Date for Completion

Producers are encouraged to work with their herd veterinarian or another qualified professional to complete the actions outlined in this Continuous Improvement Plan(s).



By signing below, it is understood that each Action for Resolution will be verified during a subsequent Second-Party Evaluation. This action plan was formed in cooperation with the producer, the herd veterinarian or qualified professional and the Second-Party FARM Program Evaluator.

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second-Party FARM Program Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinarian/Qualified Professional: \_\_\_\_\_ Date: \_\_\_\_\_