NSW GOVERNMENT Department of Primary Industries

NSW JOHNE'S DISEASE CALF ACCREDITATION PROGRAM (JDCAP)

Corrective Action Report Form

Owner Name	Property Identification Code:
Address	
JDCAP Certificate No:	Date of issue of JDCAP Certificate:

Details of non-compliance with JDCAP

1.

2.

3.

Corrective actions required to resolve non-compliance

1.

2.

3.

Name of approved vet:	
Signature:	Date:

I……being the owner/manager note the issues of non-compliance (as above) and undertake to put in place the necessary corrective actions within 12 months of the date of issue of the JDCAP Certificate.

…….. ……

Signed Date

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