



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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