Milking Procedure Evaluation

Farm:_____

Date: ____/____/____ No. Operators:_____ Pre-milking Procedures:

Milking frequency_____ No. of Units:_____ _____

Milking System:_____ Predip &/or Postdip product: _____

_____ _____

Prep procedures Timing:

	fill in procedures					Prep-Lag Time	Stim Time	Dip cont. Score	**Remarks**
Cow #				attach	remove				
Ave.									
Goal						1-2:30	15sec	30-60	