

Vitamin and Mineral SUPPLEMENTAL FORM

Vitamin A Vitamin D Both Vitamin A & D Other (Specify) _____

Copy this page to provide a separate supplemental form for each type, and each separate level of fortification, of vitamin and/or mineral being added.

Type: _____, _____

Carrier: _____, _____

Milk products to which this type, and level, of vitamins are to be added (check all that apply):

Market Milk Reduced Fat Milk Lowfat Milk Nonfat Milk

Flavored Market Milk Flavored Reduced Fat Milk Flavored Lowfat Milk Flavored Nonfat Milk

Milk with Microbial Organisms Added Egg Nog Other (specify) _____

Fortification:

How many quarts or gallons will each cc or ml of supplement fortify? _____

Final target level in product: _____

Ingredients:

List all ingredients of the vitamin or mineral being added: _____

Methods of Addition:

Please show specific amounts of vitamin and/or mineral, the manner in which it is added, and the location of addition. Please clarify how vitamin or mineral use records are maintained, and how the volumes are confirmed. _____

Storage Facility:

What are the type of storage facility, and the measuring devices being used? _____

Vitamins and/or minerals shall be added according to supplier's directions, a copy of which shall be attached to this application. Volume records (both vitamins added and milk fortified) shall be maintained and available for review by CDFA. The manufacturer shall provide a statement that the vitamin(s) comply with the requirements of Part 184, Title 21 of the Code of Federal Regulations.