



State of California
 Department of Food and Agriculture
 Safe Animal Feed Education Program

Clean Out Procedures

Flush Verification Form

This form should be completed each time a Flush Verification is performed:

- *Initially (when establishing effective flush procedures for the facility)*
- *Upon any changes to flush procedures or manufacturing process*
- *Upon any changes to medications or formulas (i.e., begin using a new drug or higher drug concentration)*
- *At least once annually*

Date: _____

Medicated or Mineral Formula: _____ Tons: _____

Drug/ Mineral Concentration: _____

Equipment in Test: *(Identify equipment location, type, conveyance system and specifications used in test)*

Drug/Mineral inclusion in Master Formula: _____

Drug/Mineral ACTUAL inclusion by Operator: _____

Flush Material: _____ Flush Amount (lbs) _____

Flush Disposal Method: _____

Mix Time of Feed: _____ Mix Time of Flush Material: _____

Load-out Location: _____

Following Feed Formula: _____ Tons: _____

(non-medicated/non-target feed directly following flush)



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Sample Identification Numbers sent to Lab

Medicated/ Mineral Feed Composite or Mixer Efficiency Test: _____

Flush Verification 1: _____

Flush Verification 2: _____

Flush Verification 3: _____

First Part of Following Feed: _____

RESULTS (*Attach Lab Results to this Form*):

Sample ID #	Result(s)

Are corrections to the flush procedure in preparation for a subsequent flush verification test needed?

Responsible Individual: _____

Individual Signature: _____ Date: _____

NOTE: Safe Animal Feed Education Program (SAFE) guidance materials are provided for educational purposes only and do not guarantee adequacy of procedures or compliance with regulations.