



INTERVENTION BOARD
Operations Directorate

This is a multi-part (NCR) form. To obtain a copy, please ring the number at the foot of the form.

Copy distribution	
White Copy	Graders
Pink Copy	Chemical Analyst
Blue Copy	Micro biologist
Yellow Copy	Sampler

Butter

BUT10

Quality report and control document

Part A – To be completed by the sampling officer

Type of butter please tick: Salted Unsalted Lactic
 Minimum fat content please tick: 80% 82%
 Scheme and destination please tick: Intervention PSA - Export PSA - UK
 Reg 2571/97 manufacture Reg 2191/81 NPOs

Manufacturer's name and site: _____
 Carton production no.: 1 _____
 Consignor's name: _____
 Location of butter: _____
 Member state of manufacture: _____

Lot no.	
Date of manufacture	
Date into cold store	
Quantity	tonnes
No. of packages	
Weight of each package	kg

Condition of packaging and contents: Acceptable Unacceptable
 If unacceptable please explain: _____
 Other comments: _____
 Signature of sampler: _____
 Name (BLOCK CAPITALS): _____
 Date: _____

Part B – To be completed by the graders

Type of grading please tick: _____ Date graded: _____
 Initial Other Temperature of butter at grading: _____ °C

Appearance	Consistency			Flavour / aroma			Pass or fail enter P or F
	1	2	3	1	2	3	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Signature of lead grader: _____
 Name (BLOCK CAPITALS): _____
 Organisation: _____
 Signature of grader 2: _____
 Name (BLOCK CAPITALS): _____
 Organisation: _____
 Signature of grader 3: _____
 Name (BLOCK CAPITALS): _____
 Organisation: _____

Part C – To be completed by the analyst

Date received: _____ Date analysed: _____

Laboratory no.	Fat %	Moisture %	SNF %	Salt %	PV mequiv oxygen/kg	FFA %	pH	Coliforms in 1g	
								POS	NEG

Please give details of any other test results: _____
 Signature of analyst: _____
 Name (BLOCK CAPITALS): _____ Date: _____
 Laboratory: _____
 Please send completed copies to the address below.
Part D – To be completed by the IB Technical Officer
 The results of the tests are: acceptable not acceptable
 Give reason if not acceptable: _____
 Signature: _____ Date: _____