

### Supplement - Multiple Plants Reporting Screening Table

Note: This supplement is required for all operations answering "YES" to Question 1 in Section 1 of the Annual Validation.

1. Please list your company's headquarters location, all dairy plant locations, any plants/companies owned or partially owned producing or selling dairy products, plants/companies with whom you have tolling agreements, or plants/companies with whom you have exclusive marketing agreements.

Interviewer Note: List Company Name, Plant Name, Physical Address, Mailing Address, Contact, Telephone, and Dairy Products Produced for each location.

Office Use	Company Name	Physical Address	Contact Name	List ALL Dairy Products Produced at Plant	Question Answer Log (For plants with reportable products, answer questions in the boxes below)		
Plant Id	Plant Name	Mailing Address	Telephone Number	(Check the box <u>ONLY</u> if ALL PRODUCTS LISTED are NOT REPORTABLE)	Question 2	Question 3	Question 4
HQ					Yes No Unknown	Yes No Unknown	Yes No Unknown
P1					Yes No Unknown	Yes No Unknown	Yes No Unknown
P2					Yes No Unknown	Yes No Unknown	Yes No Unknown
P3					Yes No Unknown	Yes No Unknown	Yes No Unknown

[Interviewer Note: In the Question Answer Log - For each plant listed in the supplement with reportable products, answer questions 2, 3 and 4 listed below.]

- Does your office have full access to (insert Plant Name of each entry) weekly sales data (i.e. all ledgers, contracts, invoices, and cash receipts)?
- Does (insert Plant Name of each entry) produce and/or market products outside of the information you can provide to AMS (i.e. cheese is reported through your office but the plant listed above sells dry whey using a different office)?
- Does (insert Plant Name of each entry) market products of the same type outside of information you can provide to AMS (i.e. the plant listed above may have cash sales you cannot access)?
- If any of the above are checked "No" or "Unknown", please explain:

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[After completion of the supplement return to the Annual Validation Worksheet in Section 1, Question 2.]

Interviewer Note: List Company Name, Plant Name, Physical Address, Mailing Address, Contact, Telephone, and Dairy Products Produced for each location.

Office Use	Company Name	Physical Address	Contact Name	List ALL Dairy Products Produced at Plant (Check the box <i>ONLY</i> if ALL PRODUCTS LISTED are <i>NOT REPORTABLE</i> )	Question Answer Log (For plants with reportable products, answer questions in the boxes below)		
Plant Id	Plant Name	Mailing Address	Telephone Number		Question 2	Question 3	Question 4
P4				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P5				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P6				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P7				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P8				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P9				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P10				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P11				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P12				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P13				<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown

Interviewer Note: List Company Name, Plant Name, Physical Address, Mailing Address, Contact, Telephone, and Dairy Products Produced for each location.

Office Use	Company Name	Physical Address		Contact Name	List ALL Dairy Products Produced at Plant (Check the box <i>ONLY</i> if ALL PRODUCTS LISTED are <i>NOT REPORTABLE</i> )	Question Answer Log (For plants with reportable products, answer questions in the boxes below)		
		Plant Name	Mailing Address			Telephone Number	Question 2	Question 3
P14					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P15					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P16					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P17					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P18					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P19					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P20					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P21					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P22					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown
P23					<input type="checkbox"/>	Yes No Unknown	Yes No Unknown	Yes No Unknown