

# Council on Dairy Cattle Breeding

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## Auditing Procedures for Laboratories

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The purpose of this manual is to ensure the accuracy and uniformity of all records included in the national *Genetic Evaluation Program (GEP)*.

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## ***Laboratory Audits and Certification***

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### ***Initial Certification Audits***

Before achieving initial certification, laboratories must demonstrate acceptable machine performance by surpassing Samples Unknown tolerances at least four consecutive months. Once this has been accomplished, the laboratory must submit to an on-site audit and demonstrate compliance with all aspects of this manual, the *General Auditing Guidelines*, and with the *Code of Ethics* and *Uniform Data Collection Procedures*.

### ***Audits***

Once certification has been established, laboratories will be subject to an every-other-year, on-site audit in order to renew their certification. During the audit, laboratories must allow the auditor to observe the routine analysis of samples.

Laboratories failing to address deficiencies noted in the audit report within the time frame and conditions set forth by the auditor will become subject to additional follow-up auditing. **At any time, additional audits may be called by the auditor at auditor's discretion, or may be requested by the cooperating organization.**

### ***Scheduling of Audits***

Each laboratory will be assigned a centering period month for on-site audits. Audits must be performed within 60 days of the centering period month.

### ***Auditing Period***

The auditing period will begin on the first day of the previous centering period month and end on the last day of the month prior to the current centering period month. Only data and events occurring between these dates will be used as auditing criteria.

### ***Period of Certification***

The certification period will extend through the last day of the 26<sup>th</sup> month following the centering period month. Laboratories failing to achieve certification renewal by the end of the 26<sup>th</sup> month will be classified as decertified.

If a failure to maintain standards is determined to have occurred by the auditor during the certification period, the service provider may be decertified prior to the end of the current certification period.

### ***Monthly Audits of the Samples Unknown***

Although the on-site audits are required for biennial laboratory certification, Samples Unknown results must be submitted and be found within acceptable limits on a monthly basis for ongoing certification to continue. This requirement must be met for each laboratory machine used for the generation of sample results used in the GEP.

Data submitted late will not be included in the batch data. Late data may be accepted if the laboratory contacts the QC Program Manager prior to the submission deadline with a request for late submission accompanied by a valid reason; instrument(s) affected, and anticipated availability of results. Any laboratory that submits either late data or corrected data twice or more in the previous twelve (12) month period without a valid reason will have its respective certification status changed to provisional.

***Butterfat and "B" Filter***

All IR analyzers must use a "B" wavelength.

***Protein References***

Throughout this manual, all references to protein are references to the true protein values.

***Reporting False Sample Readings***

Laboratories are prohibited from submitting false sample analysis results in place of actual machine results for high or low sample readings.

***Decertification Procedures***

Decertification will only be considered when the performance of a laboratory has fallen below the minimum standards established by CDCB and the organization does not take prompt action to return to compliance within the time period specified by the auditor.

***Decertification Appeals***

For policies and procedures on decertification appeals, please refer to page 7 of the 'General Auditing Guidelines' for a detailed protocol.

***Centering Period Months for Laboratories – Even Years***

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Laboratories are subject to biennial, on-site audits. Below is a schedule of target months for the on-site audits scheduled to occur during even-numbered years.

January ..... Dairy Lab Services  
..... Minnesota DHIA - Zumbrota  
..... Stearns DHIA Central Laboratory

February ..... Aguiar Milk Testing Inc.  
..... Central Counties DHIA  
..... Kings County DHIA  
..... Fresno DHIA  
..... Southern Counties DHIA  
..... Tulare DHIA

March .....

April ..... Lancaster DHIA  
..... United Federation of DHIAs

August ..... Texas DHIA – Stephenville  
..... The Dairy Authority, LLC

September ..... Asociación Holstein de México, Santiago de Querétaro, Querétaro, México  
..... Alpura, Edo. de México, México, México  
..... Inledesa (Alpura), Cd. Delicias, Chihuahua, México  
..... Alpura, Gómez Palacio, Durango, México

October ..... Integrated Milk Testing Services – Dimmitt  
..... Texas DHIA – Canyon  
..... Circle H Headquarters, LLC  
..... ADM Laboratories, LLC

***Centering Period Months for Laboratories – Odd Years***

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Laboratories are subject to biennial, on-site audits. Below is a schedule of target months for the on-site audits scheduled to occur during odd-numbered years.

January ..... MQT Lab Services  
..... Mid-South Dairy Records

February ..... Dodge County DHIA  
..... Co-DairyLytics LLC, East  
..... Gallenberger Dairy Records  
..... NorthStar Cooperative DHI Services – Wisconsin

March ..... Southeast Milk, Inc.  
..... Tennessee DHIA

April ..... Co-DairyLytics LLC, West  
..... Barron – Washburn DHIC  
..... Marathon County DHIA

June ..... DHI Cooperative Inc.  
..... Eastern Lab Services  
..... NorthStar Cooperative DHI Services - Michigan

September ..... Tillamook DHIA  
..... Willamette DHIA  
..... Washington State DHIA

October ..... Northwest Labs, LLC  
..... High Desert Dairy Lab  
..... Rocky Mountain DHIA  
..... Arizona DHIA

December ..... Dairy One Cooperative Inc. – Ithaca

## ***Auditing of the Training of Laboratory Managers***

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### ***Continuing Education Responsibility***

Laboratories must furnish additional training to laboratory managers annually.

### ***Training Format***

Laboratories should furnish continuing education in the format that best utilizes the resources at hand and meets the job requirements of the laboratory managers.

### ***Documentation***

Documentation of the continuing education provided to each laboratory manager must be furnished during an audit. This documentation must include:

1. the name of each laboratory manager,
2. a description of the training session or course, and
3. a list of the topics covered during the training.

### ***Verification of Documentation***

Individual training records may be reviewed or interviews held with laboratory managers to evaluate the continuing education program in place.

## ***Auditing of the Training of Laboratory Technicians***

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### ***Training Responsibility***

Laboratories must furnish initial training, follow up training, and continuing education to all laboratory technicians.

### ***Training Personnel***

A qualified trainer must provide all training. In cases where new analytical equipment has been installed, it is recommended that the training be provided by the manufacturer's representative.

### ***Minimum Training Requirements***

The minimum requirements for laboratory technicians to analyze samples without immediate supervision include:

1. infrared and SCC instrument operation,
2. routine pilot sample procedures,
3. required laboratory documentation, and
4. ability to determine acceptable sample quality for analysis.

### ***Reference Documents***

The lab manager must have a functional up-to-date Lab Manual, which includes Standard Operating Procedures for CDCB procedures for laboratories. In addition all appropriate technical documents should be available to laboratory technicians. Examples include instrument manuals, MSDS sheets, etc.

### ***Documentation***

Documentation of the initial training and continuing education provided to each laboratory technician must be furnished during an audit. This documentation must include:

1. the name of each laboratory technician,
2. the name and credentials of the trainer, and
3. a list of topics covered during the training.

### ***Verification of Documentation***

At the discretion of the auditor, individual training records may be reviewed or interviews held with laboratory technicians to audit the training program in place.

## ***Auditing of Infrared Instruments for Samples Unknown***

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### ***Calibration Check Frequency***

Samples with unknown results must be analyzed and reported on a monthly basis.

### ***Calibration Check Procedure***

On a monthly basis, the laboratory must purchase duplicate sets of 12 samples from a supplier designated by the auditor. The samples must be analyzed and the following data submitted to a predetermined site by a deadline determined by the auditor.

1. The sample analysis results, and
2. The supplier and set number of the last calibration samples.

The auditor will compare the transmitted results to those determined via chemical methods and will report the findings back to the laboratory.

### ***Acceptable Readings for Calibration Checks***

The mean difference must not exceed 0.04% and the standard deviation of differences must not exceed 0.04% in three of the previous four trials.

The rolling mean difference over the previous six trials must not exceed 0.02%.

### ***Response to Calibration Check Failures***

If an instrument fails to meet the established tolerances, it will be decertified immediately and must not be used for generating component results to be used in the *Genetic Evaluation Program* until the problem has been identified, corrected, and recognized as such by the auditor.

In some cases, the lab may be required to demonstrate acceptable performance via the analysis of multiple sets of Samples Unknown.



## ***Auditing of SCC Instruments for Samples Unknown***

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### ***Calibration Check Frequency***

Samples with unknown results must be analyzed and reported on a monthly basis.

### ***Calibration Check Procedure***

On a monthly basis, the laboratory must purchase duplicate sets of 12 samples from a supplier designated by the auditor. The samples must be analyzed and the following data submitted to a predetermined site by a deadline determined by the auditor.

1. The sample analysis results, and
2. The supplier and set number of the last calibration samples.

The auditor will compare the transmitted results to those determined via chemical methods and will report the findings back to the laboratory.

### ***Acceptable Readings for Calibration Checks***

The mean percent difference must not exceed 10% and the standard deviation of percent differences must not exceed 10% in three of the previous four trials.

The rolling mean percent difference over the previous six trials must not exceed 5%.

### ***Response to Calibration Check Failures***

If an instrument fails to meet the established tolerances, it will be decertified immediately and must not be used for generating component results to be used in the *Genetic Evaluation Program* until the problem has been identified, corrected, and recognized as such by the auditor.

In some cases, the lab may be required to demonstrate acceptable performance via the analysis of a second set of Samples Unknown.

## ***Auditing of MUN Instruments for Samples Unknown***

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### ***Calibration Check Frequency***

Samples with unknown results must be analyzed and reported on a monthly basis.

### ***Calibration Check Procedure***

On a monthly basis, the laboratory must purchase duplicate sets of 12 samples from a supplier designated by the auditor. The samples must be analyzed and the following data submitted to a predetermined site by a deadline determined by the auditor.

1. The sample analysis results, and
2. The supplier and set number of the last calibration samples.

The auditor will compare the transmitted results to those determined via reference methods and will report the findings back to the laboratory.

### ***Acceptable Readings for Calibration Checks***

The mean percent difference must not exceed 1.5 mg/dL (mg%) and the standard deviation of differences must not exceed 1.5 mg/dL (mg%) in three of the previous four trials.

The rolling mean percent difference over the previous six trials must not exceed 0.75 mg/dL (mg%).

### ***Response to Calibration Check Failures***

If an instrument fails to meet the established tolerances, it will be decertified immediately and must not be used for generating component results to be used in the *Genetic Evaluation Program* until the problem has been identified, corrected, and recognized as such by the auditor.

In some cases, the laboratory may be required to demonstrate acceptable performance via the analysis of a second set of Samples Unknown.

## **Approval Protocol for New Laboratory Instrument(s) and Component(s)**

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DHI laboratories certified under the CDCB *Auditing Procedures for Laboratories* are required to demonstrate acceptable analytical performance on all lines of test instruments (also known as analyzers) on a routine basis. The monthly Samples Unknown program administered by the QC Program Manager serves this role for existing laboratory instruments.

Certified laboratories replace or add a new line(s) of instruments on a routine basis. This procedure applies to new, used, and refurbished instruments. Results from these new instruments may not be submitted to the Genetic Evaluation Program (GEP) until demonstration of satisfactory instrument performance is completed.

### ***New Instrument Approval Protocol***

1. As outlined in the *General Auditing Guidelines*, the new instrument(s) must be reported to QC Program Manager and subsequently enrolled in the monthly Samples Unknown program. For each new instrument, the following information should be provided:
  - a. Manufacturer,
  - b. Model,
  - c. Condition (new, used, refurbished),
  - d. Serial number,
  - e. Components to be analyzed (fat, protein, SCC, MUN, other),
  - f. Instrument(s) to be replaced/taken out of service (where applicable).
2. If laboratory management and instrument technicians are not familiar with the make and/or model of the instrument, appropriate installation and training by the respective instrument manufacturer must be provided. Written evidence of this training must be forwarded to QC Program Manager.
3. The instrument must be appropriately calibrated using suitable reference controls. Samples Unknown sets and pilot samples are not suitable reference controls for calibration of any instrument.
4. The laboratory will remain certified provided the laboratory completes one of the following options.
  - a. Laboratory submits documentation to the QC Program Manager that includes the documentation listed below. Submission of data to the GEP from the new instrument(s) may begin immediately when using this option.
    - Completed manufacturer's training checklist,
    - Results from one set of Samples Unknown run by the laboratory during the instrument installation,
    - Documentation of calibration check validation during the first three consecutive weeks of operation, and
    - Log files/reports for daily and hourly checks of multiple ranges of components, SCC, and zeroes during the first three consecutive weeks of instrument operation.

- b. Laboratory establishes a satisfactory performance record by analysis of a minimum of three sets of unknowns provided by Samples Unknown provider. This process may be expedited by ordering and analyzing three consecutive weekly sets of unknowns. The tolerances for mean difference (MD) and standard deviation of differences (SDD) as outlined in *CDCB Auditing Guidelines for Laboratories* must be met for all components analyzed. Submission of data to the GEP cannot begin when using this option without approval from the QC Program Manager. The cost of these additional samples sets are the responsibility of the laboratory.
5. Laboratory management is responsible for contacting the QC Program Manager and for providing all of the required information as outlined in this protocol.
6. Failure to follow this protocol may result in the change of the laboratory's certification status to provisional until such time satisfactory instrument performance is documented. Further, data submitted to the GEP that was generated from new instrument(s) may be removed from the database if warranted.

#### ***New Component Approval Protocol***

1. As with new instruments, a laboratory that desires to analyze an additional component using an existing instrument should follow a similar protocol. The additional component(s) must be reported to the QC Program Manager and subsequently enrolled in the monthly Samples Unknown program.
2. The laboratory will remain certified and may submit data to the GEP provided the laboratory submits documentation of instrument performance using one of the options outlined in the '*New Instrument Approval Protocol*.'
3. Laboratory management is responsible for contacting the QC Program Manager and for providing all of the required information as outlined in this protocol.
4. Failure to follow this protocol may result in the change of the laboratory's certification status to provisional until such time satisfactory instrument performance is documented. Further, data submitted to the GEP that was generated for the additional component(s) may be removed from the database if warranted.

## ***Auditing of Calibration Check and Maintenance Documentation***

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### ***Routine Maintenance Program***

A documented, routine maintenance program must be in place for each laboratory instrument. The program must meet with the approval of the laboratory auditor.

### ***Calibration Checks and Maintenance Documentation***

All calibration checks and equipment maintenance records must be documented and provided during an audit. The documentation must include the following:

1. Instrument identification,
2. Name of the laboratory technician or maintenance person,
3. Time and date of the calibration check or maintenance,
4. Type of analytical test or maintenance performed,
5. Parts used during the maintenance or repair,
6. Results of the analytical test or maintenance, and
7. Details of action taken to correct calibration tolerances or mechanical problems.

### ***Record Keeping Systems***

Calibration checks and maintenance records may be documented in the form of a computerized spreadsheet, manual listing, or other organized system. If manual listings are used, results should be recorded in ink.

### ***Retention of Calibration Checks and Maintenance Documentation***

Documentation of all calibration checks and maintenance records should be maintained for a minimum of two years.

## ***Auditing of the Sample Handling and Preparation***

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### ***Sample Shipping***

The laboratory will not be held responsible for the condition of the samples upon arrival at the lab. However, samples received in poor condition should be noted and feedback furnished to the field service provider or field technician.

### ***Sample Storage***

In most situations, the laboratory should analyze all samples within 24 hours of arrival. However, if samples are routinely held for longer periods of time, it is recommended that a refrigeration system be used to maintain sample quality during storage.

### ***Sample Preparation***

Prior to analysis, samples must be heated to an optimal temperature of 104°-107° Fahrenheit or 40°-42° Celsius in a water bath. A thermometer must be installed in the water bath and monitored continually to ensure that the samples are heated properly. Samples should not be left in the water bath more than 20 minutes. All non-certified thermometers being used in daily lab routines must be validated monthly using a certified traceable thermometer. Records of the performance checks must be maintained.

### ***Sample Analysis Results***

The laboratory must have a method of capturing and storing sample analysis results electronically. It is recommended that a hardcopy be printed in real time during the analysis as a backup method for machine or power failures.

### ***Sample Vials and Lids***

Good quality vials and lids must be provided for milk sampling. Lids and or vials should be replaced when their condition might compromise the quality or accuracy of the sample analysis. No residue can be present on vials prepared for return to the field. Cracked vials and lids must be replaced.

## ***Auditing of Infrared Instruments for Calibration Checks***

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### ***Calibration Check Frequency***

Instrument calibration must be checked weekly. It must also be checked when a problem is suspected or when major equipment maintenance is performed.

### ***Calibration Check Procedure***

At least six fresh, raw milk samples must be obtained with the butterfat percentage in the range of 2.5% to 6.0% and protein percentage in the range of 2.5% to 4.0%. The butterfat and protein percentages must have been determined by the Ether extraction fat and Kjeldahl true protein methods.

The samples must be warmed and analyzed and the instrument results compared to the chemical reference values.

### ***Acceptable Readings for Calibration Checks***

The calibration check is acceptable if the mean difference is within 0.04% and the standard deviation of differences is within 0.04%.

### ***Response to Calibration Check Failures***

If the instrument fails the calibration check, it should be recalibrated according to approved procedures.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. An example would be daily checks with partial sets.

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of Infrared Instruments for Calibration Adjustments***

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### ***Calibration Adjustment Frequency***

Calibrations must be adjusted if the tolerances specified on the page entitled *Auditing of Infrared Instruments for Calibration Checks* are not met.

### ***Calibration Adjustment Procedure***

A simple linear regression is used to recalculate the slope and intercept of the prediction equation. The instrument and reference results generated from the *Calibration Check Procedure* on the page entitled *Auditing of Infrared Instruments for Calibration Checks* may be used.

### ***Acceptable Readings for Calibration Adjustments***

The calibration adjustment is valid if the resulting mean difference and standard deviation of differences are reduced to the point that the acceptance criteria outlined on the page entitled *Auditing of Infrared Instruments for Calibration Checks* are met.

### ***Response to Calibration Check Failures***

If the instrument fails the calibration check, the condition of the samples should be checked and the reference tables reviewed to ensure that they are reliable. The set should be screened for outliers and the calibration adjustment procedure repeated.

If the instrument fails a second time, it should be checked for other potential problems and repaired. The instrument should be recalibrated using an alternative set of samples.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. Examples include:

1. Zero forced regressions (i.e. no intercept),
2. Adjustment of intercept only (not recommended),
3. Adjustment of slope only (not recommended), or
4. Adjustment of intercorrection factors with multiple linear regressions.

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.



## ***Auditing of Infrared Instruments for Homogenization Efficiency***

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### ***Homogenization Check Frequency***

Homogenization efficiency must be checked on a weekly basis. It must also be checked when a new homogenizer is installed or when a problem is suspected. Ideally, this check should be part of the pre-calibration routine.

### ***Calibration Check Procedure***

A sample of fresh, raw milk must be warmed and analyzed several times and the homogenized instrument discharge collected. The discharge should be warmed again and analyzed a minimum of five times. The average of the last five test results on the original sample is compared to the average of the last five test results on the discharge.

### ***Acceptable Readings for Calibration Checks***

The absolute difference between the average of the last five test results on the original sample and the average of the last five test results on the discharge should not exceed the value calculated by multiplying the average of the last five test results on the fresh, non-homogenized sample x 0.0143.

### ***Response to Calibration Check Failures***

This calibration check will only identify a failing homogenizer. A completely defective valve will pass the check and therefore, it is essential that the guidelines regarding the minimum frequency be followed precisely.

If the instrument fails the homogenization check, the homogenizer should be repaired or replaced and the test should be repeated. It may be necessary to recalibrate once the problem is corrected.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. Examples include:

1. Microscopic examination of the instrument discharge,
2. Particle size analysis,
3. Analysis of a split sample, where one portion is homogenized externally, or
4. The use of a manufacturer's built-in procedures (i.e. homogenization index).

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of Preparation of Pilot Samples***

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Pilot samples should be prepared on a weekly basis or more frequently as necessary. A representative milk sample should be obtained, preserved and split accurately into individual vials.

For IR analyzers, raw milk or whole homogenized milk may be used.

For somatic cell counters, raw milk must be used. Ideally this should be a fresh raw milk sample having a cell count of 200 to 400. (200,000 to 400,000 cells/ml).

Target values for fat, protein and SCC should be determined immediately following preparation of the samples by repeated analysis on all test lines. Ideally this should be done after the weekly calibration check/adjustment. A preparation log should be maintained. The following information should be included:

1. date of collection and/or preparation;
2. source of the sample;
3. target value results from all lines and the calculated averages;
4. identification of the technician(s) collecting/preparing the sample.

Target values should be held constant from day to day and should not differ among test lines.

### ***Uniformity Check***

Care must be taken to ensure that raw samples are well mixed while splitting. To ensure that procedures for splitting are acceptable, a periodic check of the uniformity of pilot samples should be conducted. It is recommended that this be done twice yearly and whenever procedures for splitting the sample are changed. The uniformity check is conducted as follows:

1. While dispensing the raw milk, select a minimum of 10% of the total number of vials prepared. Ensure that the samples are selected at equal intervals during the dispensing process. For example, if a total of 100 vials are being filled, select every tenth vial for the homogeneity check.
2. Analyze each of the selected samples for fat, protein and somatic cell count.
3. If procedures for splitting are acceptable, the total range for fat and protein should not exceed 0.03%. For somatic cell count, all values should fall within 5% of the average count.
4. If these tolerances are exceeded, the procedure for dispensing the samples must be modified to provide more uniform splitting.

*Note that this is NOT the same as the daily repeatability check of the instruments. This procedure is used to ensure that the method used to split the raw pilot sample is acceptable. It is important to conduct a regular repeatability check prior to conducting this test in order to ensure that instrument precision is acceptable.*

A record of the uniformity checks should be maintained.

## ***Auditing of Infrared Instruments for Pilot Samples***

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### ***Pilot Sample Check Frequency***

Pilot sample checks must be performed on an hourly basis during routine operation of instruments. A pilot sample should also be tested at start-up, when the instrument has been shut down, or when a problem is suspected.

### ***Calibration Check Procedure***

A new set of pilot samples must be prepared on a weekly basis. This is accomplished by taking a supply of fresh, raw milk or homogenized, whole milk and dividing it into a set of individual sample vials.

The individual sample vials should be tested several times and the results averaged to determine the “target” values for the set. Ideally, this should be done immediately following the calibration check or adjustment.

During the week, a pilot sample must be warmed and analyzed as specified during normal operation of the instruments. The instrument results must be compared to the target values.

### ***Acceptable Readings for Calibration Checks***

The difference between instrument results and the target value should not exceed 0.04% for butterfat or protein.

### ***Response to Calibration Check Failures***

If the instrument fails the pilot sample check, a second sample should be analyzed to confirm or refute the result.

If the second sample confirms that there is a discrepancy in the pilot sample result, the instrument should be cleaned, zeroed, and rechecked.

If the problem continues, the instrument should be shut down and repaired.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. Examples include:

1. The use of reference samples (i.e. with chemical test results),
2. The use of UHT (sterilized) milk samples for longer period than one week, or
3. The alternating between pilot samples (low and high fat).

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of Infrared Instruments for Purging Efficiency***

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### ***Purging Check Frequency***

Purging efficiency must be checked on a weekly basis. It must also be checked when a problem is suspected. Ideally, this check should be part of the pre-calibration routine.

### ***Calibration Check Procedure***

A sample of homogenized, pasteurized whole milk must be obtained and split into ten separate vials. A sample of distilled water, deionized water, or detergent solution must also be obtained and split into ten separate vials.

The twenty vials must be placed in a sample rack in an alternating sequence of two water, two milk, etc. The samples should be warmed and analyzed using the automatic stirring and sampling equipment.

### ***Acceptable Readings for Calibration Checks***

The purging efficiencies for butterfat and protein are calculated as follows and all purging efficiencies should be 99-101%.

1. The sum of the first water samples  $w1 = \#1 + \#5 + \#9 + \#13 + \#17$
2. The sum of the second water samples  $w2 = \#2 + \#6 + \#10 + \#14 + \#18$
3. The sum of the first milk samples  $m1 = \#3 + \#7 + \#11 + \#15 + \#19$
4. The sum of the second milk samples  $m2 = \#4 + \#8 + \#12 + \#16 + \#20$
5. The water to milk purging efficiency  $= (m1 - w2) / (m2 - w2) \times 100$
6. The milk to water purging efficiency  $= (w1 - m2) / (w2 - m2) \times 100$

### ***Response to Calibration Check Failures***

If an instrument fails the purging efficiency test, repeat the procedure while wiping the stirrer and pipette between each two-sample cycle.

If the instrument passes the purging efficiency test when the stirrer and pipette is wiped, the problem is related to the automatic sampling equipment. Ensure that the stirrer motor is operating properly and that both stirrer and pipette are clean. Repeat the procedure to ensure that the purging efficiency check passes consistently.

If the instrument fails the purging efficiency test when the stirrer and pipette is wiped, the problem is related to the flow system. Check for leaks in the flow system. Check the pump operation and the purge stroke settings. Adjust the carry-over compensation factors, if necessary. Repeat the procedure to ensure that the purging efficiency check passes consistently.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. Examples include (1) the purge volume measurements, (2) the hourly water / milk checks, or (3) the milk to milk (high - low) procedures.

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of Infrared Instruments for Repeatability***

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### ***Repeatability Check Frequency***

Repeatability must be checked on a daily basis. It must also be checked when a problem is suspected.

### ***Calibration Check Procedure***

A sample of fresh, raw milk must be warmed and analyzed at least ten times in succession.

### ***Acceptable Readings for Calibration Checks***

Discard the first result to eliminate potential carry-over effects. The range between the highest result and the lowest result should be determined and must not exceed 0.04% for butterfat or protein.

### ***Response to Calibration Check Failures***

If an instrument fails the repeatability test, check to ensure that the sample is in good condition, that the instrument is properly warmed up, and that the desiccant is not saturated. Then repeat the procedure.

If the instrument fails the repeatability test again, check homogenization and purging efficiency and duplicate the procedure until the repeatability test passes consistently.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. An example would be the use of fewer replicates with increased frequency (i.e. hourly).

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of Infrared Instruments for Zero Drift***

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### ***Zero Drift Check Frequency***

Zero drift must be checked hourly during routine operation of instruments. Drift figures should be documented each time the zero is reset.

### ***Calibration Check Procedure***

A distilled water, deionized water, or a detergent solution sample must be warmed and analyzed.

### ***Acceptable Readings for Calibration Checks***

The zero drift must be reset if either the butterfat or protein reading exceeds 0.03%.

### ***Response to Calibration Check Failures***

If an instrument fails the zero drift check, the cell should be cleaned and the zero drift checked again.

If the instrument fails the zero drift check again, the zero value should be reset.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed.

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of SCC Instruments for Calibration Checks***

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### ***Calibration Check Frequency***

Instrument calibration must be checked weekly. It must also be checked when a problem is suspected or when major equipment maintenance is performed.

### ***Calibration Check Procedure***

At least four fresh, raw milk samples must be obtained from an approved source. The SCC's must have been determined by direct microscopic SCC and must be in the range of 100,000 to 1,200,000 cells/ml.

The samples must be warmed and analyzed at least four times and the instrument results compared to the reference values.

### ***Acceptable Readings for Calibration Checks***

The calibration check is acceptable if the mean percent difference is within 5% and the standard deviation of percent differences is within 10%.

### ***Response to Calibration Check Failures***

If the instrument fails the calibration check, it should be recalibrated according to approved procedures.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed.

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of SCC Instruments for Calibration Adjustments***

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### ***Calibration Adjustment Frequency***

Calibrations must be adjusted if the tolerances specified on the page entitled *Auditing of SCC Instruments for Calibration Checks* are not met.

### ***Calibration Adjustment Procedure***

A number of different adjustment procedures are utilized for somatic cell counters. These adjustments range from physical adjustments (sample volume, nozzle height) to statistical procedures (slope / intercept adjustments via simple linear regression).

Generally, the manufacturer's recommendations should be followed. It is however essential that specific adjustment procedures in each lab be documented and enforced.

### ***Acceptable Readings for Calibration Adjustments***

The calibration adjustment is valid if the resulting mean percent difference and standard deviation of percent differences are reduced to the point that the acceptance criteria outlined on the page entitled *Auditing of SCC Instruments for Calibration Checks* are met.

### ***Response to Calibration Check Failures***

If the instrument fails the calibration check, the condition of the samples should be checked and the reference tables reviewed to ensure that they are reliable. The set should be screened for outliers and the calibration adjustment procedure repeated.

If the instrument fails a second time, it should be checked for other potential problems and repaired. The instrument should be recalibrated using an alternative set of samples.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed.

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.



## ***Auditing of SCC Instruments for Pilot Samples***

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### ***Pilot Sample Check Frequency***

Pilot sample checks must be performed on an hourly basis during routine operation of instruments. A pilot sample should also be tested at start-up, when the instrument has been shut down, or when a problem is suspected.

### ***Calibration Check Procedure***

A new set of pilot samples must be prepared on a weekly basis. This is accomplished by taking a supply of fresh, raw milk or homogenized, whole milk and dividing it into a set of individual sample vials. The SCC range should be between 200,000 and 400,000 cells/ml.

The individual sample vials should be tested several times and the results averaged to determine the “target” values for the set. Ideally, this should be done immediately following the calibration check or adjustment.

During the week, a pilot sample must be warmed and analyzed as specified during normal operation of the instruments. The instrument results must be compared to the target values.

### ***Acceptable Readings for Calibration Checks***

The difference between instrument results and the target value should not exceed 10%.

### ***Response to Calibration Check Failures***

If the instrument fails the pilot sample check, a second sample should be analyzed to confirm or refute the result.

If the second sample confirms that there is a discrepancy in the pilot sample result, the instrument should be cleaned, zeroed, and rechecked.

If the problem continues, the instrument should be shut down and repaired.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. Examples include:

1. The use of direct microscopic cell counts, or
2. The alternating between multiple levels (low and high).

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of SCC Instruments for Repeatability***

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### ***Repeatability Check Frequency***

Repeatability must be checked on a daily basis. It must also be checked when a problem is suspected.

### ***Calibration Check Procedure***

A sample of fresh, raw milk with a SCC of 200,000 to 800,000 cells/ml must be warmed and analyzed at least six times in succession.

### ***Acceptable Readings for Calibration Checks***

The average of the readings should be determined and each sample must be within 7% of that figure.

### ***Response to Calibration Check Failures***

If an instrument fails the repeatability test, check to ensure that the sample is in good condition and that the instrument is properly warmed up, and then repeat the procedure.

If the instrument fails the repeatability test again, check the condition of the sample. Once rectified, duplicate the procedure until the repeatability test passes consistently.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed. An example would be the use of fewer replicates with increased frequency (i.e. hourly).

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of SCC Instruments for Zero Drift***

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### ***Zero Drift Check Frequency***

Zero drift must be checked at start up during routine operation of instruments. It must also be checked when pilot sample results are out of tolerance. Drift figures should be documented each time the zero is reset.

### ***Calibration Check Procedure***

A distilled water, deionized water, or a detergent solution sample must be warmed and analyzed.

### ***Acceptable Readings for Calibration Checks***

The zero drift tolerances must meet or exceed the manufacturer's recommendation for the instrument brand and model number.

### ***Response to Calibration Check Failures***

If an instrument fails the zero drift check, the instrument should be cleaned and the zero drift checked again.

If the instrument fails the zero drift check again, the zero value should be reset.

### ***Alternative Procedures***

If the laboratory can demonstrate that the accuracy of an alternative procedure meets or exceeds that of the recommended procedure, the use of an alternative procedure is allowed.

Before implementation however, the auditor must review a copy of the alternative procedure and the laboratory must receive written authorization.

## ***Auditing of Records Related to Reagents***

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Records of preparation of key solutions and reagents should be maintained. Of particular importance are records associated with preparation of lots of dye used in somatic cell counters.

Records should include:

1. date prepared
2. technician
3. lot or batch number of any stock solutions or chemicals
4. quantity prepared
5. expiration date (if applicable)
6. date, time and instrument when batch put into service

The auditor should be able to identify the batch used during the analysis of any routine sample processed in the laboratory.