



**Bureau of Food Safety, Milk Program
Shared Equipment Agreement**

A shared equipment agreement covers equipment primarily owned and/or stored by one facility or business, but which is made available to another facility on an as-needed basis.

Facility using the shared equipment:

FACILITY (Business) NAME: _____

OWNER(S) NAME: _____ PHONE NO: _____

Submit completed agreement along with other applications as necessary:

Type of Equipment Available to use under this agreement:

- Antibiotic Testing Equipment

Name/model of testing equipment available: _____

- Pasteurization Testing Equipment

- Type of Equipment available (circle each that apply):

- Water Bath

- Calibratable Thermometer

- Pressure board

- Salt Testing Equipment, Model: _____

- Salt canister

To Be Completed by Equipment Owner:

The facility listed above may use the above-indicated equipment, as needed, for compliance with state and federal regulations.

FACILITY NAME: _____

FACILITY OWNER/MANAGER: _____

FACILITY ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____