

BFSL-476 (Rev.9/23)

**In accordance with the provisions of The Pennsylvania Drug Residue Testing Program, I am submitting the following information regarding positive drug residue tests involving a producer under my supervision.**

**Bulk Milk Pick-up Tanker Information**

Tanker License Plate Number: _____	Date Report Mailed: _____	
_____ / _____	_____ / _____	
Presumptive Test Used /Date	Screen Test Used /Date	_____ / _____
_____	_____	Producer Trace Back Test /Date
Presumptive Test Location	Screen Test Location	Producer Trace Back Location
_____	_____	_____
Presumptive Test Result (Initial test)	Screen Test Result (Duplicate)	Producer Trace Back Result (Single test)
_____	_____	_____
Disposition of Adulterated Tanker:	_____	
Date and Location:	_____	

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**Violative Producer Information**

PA Producer Name and Number: \_\_\_\_\_

Herd Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Out-of-State Producer ID No.: \_\_\_\_\_

Cause of Adulterated Bulk Tank: \_\_\_\_\_  
\_\_\_\_\_

Drug Used: \_\_\_\_\_

**THIS REPORT MUST BE MAILED WITHIN 72 HOURS OF INITIAL POSITIVE PRESUMPTIVE TEST RESULT.**

PERMIT HOLDER:

Name	FIPS No.	
_____		
Street		
_____		
City	State	Zip
_____	_____	_____

Signature: \_\_\_\_\_

Approved Inspector or Authorized Agent

Bureau of Food Safety and Laboratory Services