



**APPENDIX N BULK MILK TANKER POSITIVE DRUG RESIDUE TEST REPORT**

<b>Receiving Location</b> _____	<b>Collection of Sample</b> Date ___/___/___ Time ___:___ am/pm Temp. . ___°F	<b>Owner of Milk</b> _____ <b>FIPS #</b> _____	<b>Route #</b> _____ <b>Load #</b> _____
<b>Milk Hauler</b> _____	<b>Rejection Information</b> Positive compartment: Single _____ Front _____ Rear _____	<b>Weight of Load</b> _____	<b>Tanker License Plate # / State</b> _____

<b>Date /Time</b> ___/___/___ ___:___ AM ___:___ PM	<b>Test Method Used</b> _____	<b>Test Kit Lot #</b> _____ <b>Expiration Date</b> _____	<b>Initial Result</b> (number / interpretation) FRONT _____ / _____ REAR _____ / _____	<b>Analyst I.D./ Initials</b> _____
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**PRESUMPTIVE TEST RESULT\*\***

<b>Temperature</b> _____°C	<b>Test Method Used</b> _____	<b>Test Kit Lot #</b> _____ <b>Expiration Date</b> _____	<b>Presumptive Result</b> <b>DUPLICATE</b> (number / interpretation) _____/_____ _____/_____	<b>Analyst I.D./ Initials</b> _____
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<b>Printout:</b> (enclosed) Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Control Results</b> Positive _____ Negative _____	<b>Charm II Control Point Results</b> Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____	<b>Department Notification:</b> Phone ___ Fax ___ Email ___ Date ___/___/___ Time ___:___ AM PM Reported By: _____ Who contacted _____
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<b>Disposition of Load</b> (secure <u>initial</u> test sample, secure tanker, attach weight slip) Seal numbers: _____ Sent to: _____ Dumped / Diverted Where? _____ Analyst _____ Supervisor _____ Date _____	<b>Received</b> <input type="checkbox"/> <b>Condemned</b> <input type="checkbox"/> <b>Rejected</b> <input type="checkbox"/>
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**Comments:**  
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**SCREENING TEST (CONFIRMATION) RESULTS**

<b>Date / Time Tested</b> ___/___/___ ___:___ AM ___:___ PM <b>Temp. Control</b> _____°C	<b>Test Method Used</b> _____	<b>Test Kit Lot #</b> _____ <b>Expiration Date</b> _____	<b>Confirmation Results</b> <b>DUPLICATE</b> (number / interpretation) _____/_____ _____/_____	<b>Analyst I.D./Initials</b> _____
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<b>Confirmatory Location</b> _____ _____	<b>Control Results</b> Positive _____ Negative _____	<b>Charm II Control Point Results</b> Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____	<b>Department Notification:</b> Phone ___ Fax ___ Email ___ Date ___/___/___ Time ___:___ AM PM Reported By: _____ Who contacted _____
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<b>Disposition of Load</b> (secure <u>initial</u> test sample, secure tanker, attach weight slip) Seal numbers: _____ Sent to: _____ Dumped / Diverted Where? _____	<b>Received</b> <input type="checkbox"/> <b>Condemned</b> <input type="checkbox"/>
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**CERTIFIED ANALYST/SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*SCREENING FACILITIES - A COPY OF THIS REPORT MUST ACCOMPANY THE TRUCK AND PRODUCER SAMPLES TO THE CONFIRMATION LOCATION, BE KEPT ON FILE AT THE SCREENING LOCATION, AND ALSO BE SENT TO THE PENNSYLVANIA DEPARTMENT OF AGRICULTURE WITHIN 72 HOURS OF INITIAL TESTING. AND ALSO BE SENT TO THE PENNSYLVANIA DEPARTMENT OF AGRICULTURE AT RA-AGLABRESULTS@PA.GOV WITHIN 72 HOURS OF INITIAL TESTING.