

# Daily Industry Drug Residue Test Record

Company name		
Address		
City	State	Zip
Test site location		

Submit this form at the end of each month to:  
**Nebraska Department of Agriculture  
 Agriculture Laboratories  
 3703 South 14<sup>th</sup> Street  
 Lincoln, NE 68502-5399**  
 Email: kathy.pieper@nebraska.gov Phone: 402-471-8161

**Pos Control** \*\*\* All positive results must be immediately reported to your State Dairy Inspector\*\*\*

**Neg Control** **Screening Test Information**

**Block Heater Temp** Notify Regulatory Personnel

Collection			Bulk Milk Load ID	Testing		Method	Result (check one)	Analyst Name	Notify Regulatory Personnel			
Date	Time (military)	Temp		Test Time (military)	Temp				Who	Date	Time	How
1.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
2.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
3.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
4.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
5.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
6.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
7.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
8.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
9.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
10.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
11.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
12.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
13.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
14.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
15.							Pos. <input type="checkbox"/> NF <input type="checkbox"/>					

**Total Loads** \*\*\* A copy of this record must be kept for two years, from last Laboratory evaluation. \*\*\*

## Confirmatory Information (if positive complete NDA Form 34)

Bulk Milk Load ID	Date	Time (military)	Method	Result (check one)	Analyst Name	Notify Regulatory Personnel			
						Who	Date	Time	How
				Pos. <input type="checkbox"/> NF <input type="checkbox"/>					
				Pos. <input type="checkbox"/> NF <input type="checkbox"/>					