

# 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**  
 Telephone: (402) 471-8161 Fax: (402) 471-0091

**Pos Control** \*\*\* All positive results must be immediately reported to the "Food Safety and Consumer Protection" \*\*\*

**Neg Control**

**Screening Test Information**

**Notify Regulatory Personnel**

Collection			Bulk Milk Load ID	Result		Method	Result (check one)	Analyst Name	Who	Date	Time	How
Date	Time (military)	Temp		Test Time (military)	Temp							
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"/>					