

Industry's Record of Positive Load and Producer Responsible

Submit to:

**Nebraska Department of Agriculture
Agriculture Laboratories
3703 South 14th Street
Lincoln, NE 68502-5399
(402) 471-8161
(402) 471-0091 (fax)**

Milk company:	Date of report:
Identity of positive load:	Pounds of milk:

Producers on Load *(place an asterisk (*) behind producers who have positive results)*

Test Method

PRESUMPTIVE POSITIVE

Test: _____ Result: _____ Analyst: _____ Date: _____ Time: _____

Who was notified? _____ Date: _____ Time: _____ How? _____ By whom? _____

SCREENING TEST POSITIVE LOAD CONFIRMATION

Test: _____ Result: _____ Analyst: _____ Date: _____ Time: _____

Who was notified? _____ Date: _____ Time: _____ How? _____ By whom? _____

Destination and/or disposition of milk:			
Direction of the Bureau:			
Name of Producer:		Route #:	Offense #:
Penalty assessed (attach documentation):			
Date of negative result:	Test method:	Analyst:	Date of resumed shipment:

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