

DRUG RESIDUE SCREENING REPORT FORM

NEBRASKA DEPARTMENT OF AGRICULTURE

SCREENING LOCATION:	ROUTE/LOAD#	MILK HAULER	DISPOSITION OF LOAD - including location address
	MILK COMPANY	LOAD WEIGHT	

COPY OF MANIFEST MUST ACCOMPANY THIS FORM

I. INITIAL TEST	III. CONFIRMATION TEST - CIS ONLY - CIS FACILITY
SAMPLES COLLECTED: DATE: _____ TIME: _____ AM/PM	TESTING SITE OF CONFIRMATION TEST: NAME: _____ IMS#: _____
SAMPLE TESTED: DATE: _____ TIME: _____ AM/PM	
TEST METHOD:	RESULT

II. PRESUMPTIVE POSITIVE - SAME ANALYST - SAME TEST			
TEST METHOD:		Positive Control	
		Negative Control	
Low Calibrator		Duplicate #1	
High Calibrator		Duplicate #2	
Analyst Signature: _____			
Is the sample Presumptive Positive? YES / NO ** If YES, see instructions below.			

NEBRASKA DEPARTMENT OF AGRICULTURE STATE INSPECTORS Randy Chloupek - Cell 402-762-5497 Home 402-772-8531 Mike Backhuus - Cell 402-416-8192 Home 402-533-8392 Ted Kinnison - Cell 402-416-8196 Home 402-529-6695 Phone: _____ Time: _____ AM / PM **State Inspector will contact Laboratory Evaluation Officer - Kathy Pieper**		SAMPLE RECEIVED DATE: _____ TIME: _____ AM/PM SAMPLE TEMP _____ C	SAMPLE TESTED DATE: _____ TIME: _____ AM/PM SAMPLE TEMP _____ C
Is the sample a "Confirmed Positive"? YES / NO If YES, proceed to Section IV. and V.. If NO, contact State Dairy Inspector. Phoned: Date _____ Time _____ AM/PM		TEST METHOD	
		CONFIRMATION TEST RESULTS	
		Positive Control	
		Negative Control	
		Duplicate #1	
		Duplicate #2	

IV. PRODUCER TRACEBACK - CIS ONLY - CIS FACILITY			
1. INITIAL TEST OF PRODUCER(S)		2. DUPLICATE TEST OF POSITIVE PRODUCER(S)	
		POSITIVE CONTROL: _____ NEGATIVE CONTROL: _____	
PRODUCER LAST NAME	PRODUCER #	READING	P/N
1			
2			
3			+
4			
5			
6			
7			
8			
Analyst Signature: _____ <b style="color: red;">Contact State Dairy Inspector ASAP Phoned: Date _____ Time _____ AM/PM			

V. PRODUCER REINSTATEMENT TESTING			
NEGATIVE RESULT: DATE _____ TIME _____ AM/PM		FACILITY TESTED AT: _____	
ANALYST SIGNATURE: _____		TEST METHOD: _____	
DATE OF RESUMED SHIPPING: _____		STATE INSPECTOR NOTIFIED: DATE: _____ TIME _____ AM/PM	
Records must be kept for two years, from the time of Lab Evaluation			