

Record of Positive Load and Producer Responsible
 Food Safety and Consumer Protection

 Milk Company Test Site

 Identity of Positive Load Pounds of Milk

 Date Reported Time Reported By Whom?

PRODUCERS ON LOAD (* = producer with positive results)

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TEST METHOD

Presumptive Positive _____ Result _____ Analyst _____ Date _____ Time _____

Screening test positive load confirmation _____ Result _____ Analyst _____ Date _____ Time _____

Destination and/or disposition of the milk:

Direction of the Nebraska Department of Agriculture:

PRODUCER INFO

 Name of Producer Route # Inspector Offense #

SUSPENSION INFO

 Date Suspended Date of Negative Results Test Method Analyst