

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
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SAMPLES COLLECTED: DATE: _____ TIME: _____ AM/PM	SAMPLE TESTED: DATE: _____ TIME: _____ AM/PM	TESTING SITE OF CONFIRMATION TEST: NAME: _____ IMS#: _____
TEST METHOD:	RESULT	

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

If YES, contact State Dairy Inspector.

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**	TEST METHOD Low Calibrator High Calibrator 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
	CONFIRMATION TEST RESULTS Positive Control Negative Control Duplicate #1 Duplicate #2

Analyst Signature: **If your load sample a presumptive positive, than the sample and producer samples(s) must be confirmed by a Certified Industry Supervisor. Proceed to Section III. If your facility is not a CIS facility, the original load sample, producer sample(s) and paperwork must be sent to the Nebraska State Laboratory for confirmation. If the State Laboratory is unavailable, by permission of the LEO, the original load sample, producer samples(s) and paperwork may be sent to a CIS facility.	Email or fax reports immediately to: Kathy Pieper Email: kathy.pieper@nebraska.gov or Fax: 402-471-0091
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IV. PRODUCER TRACEBACK - CIS ONLY - CIS FACILITY						
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1. INITIAL TEST OF PRODUCER(S)				2. DUPLICATE TEST OF POSITIVE PRODUCER(S)		
				POSITIVE CONTROL: _____		NEGATIVE CONTROL: _____
PRODUCER LAST NAME	PRODUCER #	READING	P/N	DUPLICATE #1	DUPLICATE #2	P/N
1						
2						
3						+
4						
5						
6				Analyst Signature: _____		
7				Contact State Dairy Inspector ASAP		
8				Phoned: Date _____ Time _____ AM/PM		

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