

FORM DR 92-4

REPORT OF POSITIVE DRUG RESIDUE TEST RESULT & MILK
DISPOSITION FOR BULK MILK PICKUP TRUCKS/TANKERS*

RECEIVING PLANT NAME: _____ DATE: _____

PLANT ADDRESS: _____

SOURCE OF MILK FIPS NO.: _____ LBS. OF MILK REJECTED: _____

TRUCK #: _____ HAULER: _____

Screening Test Analyst: _____ Type of Drug Found _____

Test Method: _____ Test Result: _____ +/- Control Results ____/____

Presumptive Positive Test Analyst _____

Test Method: _____ (Sample Run in Duplicate with +/- Controls)

Test Result 1: _____ 2: _____ +/- Control Results ____/____

Final Confirmation Analyst: _____ Certified Facility _____

Test Method: _____ (Sample Run in Duplicate with +/- Controls)

Test Result 1: _____ 2: _____ +/- Control Results ____/____

Final Confirmation of Positive Producer Analyst _____

Test Method: _____ (Sample Run in Duplicate with +/- Controls)

Test Result 1: _____ 2: _____ +/- Control Results ____/____

DISPOSITION OF MILK: _____

DISPOSITION CERTIFIED BY: _____

(signature)

(date)

NAME/ADDRESS/ID# OF POSITIVE PRODUCER(S)

REPORT TO AGENCY OF AGRICULTURE, FOOD & MARKETS
CALL THE DAIRY DIVISION (802) 828-2433 FAX (802) 828-5983

CALLER: _____

PERSON NOTIFIED: _____

TIME/DATE OF NOTIFICATION: _____

FAX COMPLETED REPORT FORM TO THE DAIRY DIVISION. MAINTAIN A
COPY OF COMPLETED REPORT FORM FOR YOUR RECORDS.

*A copy of this form shall travel with rejected load to its final disposition destination.