DY - 319 (Rev. 01/2002)

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD & DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

Maintenance of a drug residue testing record is mandatory for all IMS listed fluid milk buyers. Failure to maintain a record and to make it available to inspection personnel upon request may be grounds for removal from the IMS List

POSITIVE LOAD DRUG RESIDUE SCREENING REPORT

(In accordance with Act 266, PA, 2001 or Act 267, PA 2001)

LOAD IDENTIFICATION

LOAD I-D #:_____ TRUCK OWNER/OPERATOR:_____ DATE:_____

LOAD BTU #:_____ LOAD HAULER/SAMPLER:_____ TIME:_____

LOAD WEIGHT:_____ SELLER:_____ BUYER:_____

PRESUMPTIVE POSITIVE LOAD SCREENING TEST REPORT

	WHEN SAMPLED	AT TEST SITE	WHEN TESTED
SCREENING SITE:_____	DATE:_____	DATE:_____	DATE:_____
SAMPLER:_____	TIME:_____	TIME:_____	TIME:_____
	TEMP:_____	TEMP:_____	TEMP:_____

TEST METHOD:_____ INITIAL POSITIVE SAMPLE RESULTS:_____ screen

DUPLICATE TESTING: DATE:_____ TIME:_____ TEMP:_____

ANALYST SIGNATURE:_____ CONTROL RESULTS: + _____ | - _____ SAMPLE RESULTS: duplicate 1 _____ | duplicate 2 _____

DISPOSITION OF LOAD:_____

REPORT PRESUMPTIVE POSITIVE LOAD SCREENING TO MDA – FAX (517) 373-9742 IMMEDIATELY AND SEND COPY WITH BULK MILK TANKER

SCREENING TEST POSITIVE (LOAD CONFIRMATION) TEST REPORT

SCREENING TEST POSITIVE (LOAD CONFIRMATION) TEST SITE:_____

	WHEN SAMPLED	AT TEST SITE	WHEN TESTED
SAMPLER:_____	DATE:_____	DATE:_____	DATE:_____
ANALYST SIGNATURE:_____	TIME:_____	TIME:_____	TIME:_____
	TEMP:_____	TEMP:_____	TEMP:_____

TEST METHOD:_____ CONTROL RESULTS: + _____ | - _____ SAMPLE RESULTS: duplicate 1 _____ | duplicate 2 _____

FINAL DISPOSITION OF LOAD:_____

REPORT POSITIVE LOAD SCREENING TO MDA – FAX (517) 373-9742 IMMEDIATELY

LIST PRODUCERS ON LOAD: (Use Michigan Producer Numbers)

PRODUCER #	RESULTS	PRODUCER #	RESULTS	PRODUCER #	RESULTS