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 Animal Industries Division – Food Safety Section

405 South 21st St. Sparks, NV 89431
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Receiving Location _____	Collection of Sample Date ____/____/____ Time ____:____am/pm Temp. ____°F	Owner of Milk _____ FIPS # _____	Route # _____ Load # _____
Milk Hauler _____	Rejection Information Positive compartment: Single _____ Front _____ Rear _____	Weight of Load _____	Tanker License Plate # / State _____

Date /Time ____/____/____ ____:____ AM ____ PM	Test Method Used _____	Test Kit Lot # _____ Expiration Date _____	Initial Result (number / interpretation) FRONT ____ / ____ REAR ____ / ____	Analyst I.D./ Initials _____
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PRESUMPTIVE TEST RESULT**

Temperature _____°C	Test Method Used _____	Test Kit Lot # _____ Expiration Date _____	Presumptive Result DUPLICATE (number / interpretation) ____ / ____ ____ / ____	Analyst I.D./ Initials _____
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Printout: (enclosed) Yes <input type="checkbox"/> No <input type="checkbox"/>	Control Results Positive _____ Negative _____	Control Point Results Control Point _____ Date Established _____ Positive ____ Negative ____ (Average) + ____ -- ____	Department Notification: Phone ____ Fax ____ Email ____ Date ____/____/____ Time ____:____ AM PM Reported By: _____ Who contacted _____
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Disposition of Load (secure <u>initial</u> test sample, secure tanker, attach weight slip) Seal numbers: _____ Sent to: _____ Dumped / Diverted Where? _____ Analyst _____ Supervisor _____ Date _____	Received <input type="checkbox"/> Condemned <input type="checkbox"/> Rejected <input type="checkbox"/>
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Comments:

SCREENING TEST (CONFIRMATION) RESULTS

Date / Time Tested ____/____/____ ____:____ AM ____ PM Temp. Control _____°C	Test Method Used _____	Test Kit Lot # _____ Expiration Date _____	Confirmation Results DUPLICATE (number / interpretation) ____ / ____ ____ / ____	Analyst I.D./Initials _____
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Confirmatory Location _____ _____	Control Results Positive _____ Negative _____	Control Point Results Control Point _____ Date Established _____ Positive ____ Negative ____ (Average) + ____ -- ____	Department Notification: Phone ____ Fax ____ Email ____ Date ____/____/____ Time ____:____ AM PM Reported By: _____ Who contacted _____
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Disposition of Load (secure <u>initial</u> test sample, secure tanker, attach weight slip) Seal numbers: _____ Sent to: _____ Dumped / Diverted Where? _____	Received <input type="checkbox"/> Condemned <input type="checkbox"/>
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CERTIFIED ANALYST/SUPERVISOR _____ **DATE** _____

**SCREENING FACILITIES - A COPY OF THIS REPORT MUST ACCOMPANY THE TRUCK AND PRODUCER SAMPLES TO THE CONFIRMATION LOCATION, BE KEPT ON FILE AT THE SCREENING LOCATION, AND ALSO BE SENT TO THE NEVADA DEPARTMENT OF AGRICULTURE WITHIN 72 HOURS OF INITIAL TESTING.