

Producer Trace-Back for Positive Confirmed Loads Test Report

Animal Industries Division – Food Safety Section

405 South 21st St. Sparks, NV 89431

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Confirmatory Location 	<u>Collection of Sample</u> Date ____/____/____ Time ____:____am/pm Temp. ____°F	Owner of Milk FIPS # _____	Route # _____ Load # _____						
Laboratory ID # _____ Printout (enclosed): Yes <input type="checkbox"/> No <input type="checkbox"/>	Test Method(s) Used _____ _____	Test Kit Lot # _____ Expiration Date _____	<u>Department Notification:</u> Phone ____ Fax ____ Email ____ Date ____/____/____ Time ____:____am/pm Reported By: _____ Who contacted _____						
<u>Comments:</u> 									
Samples Received: Date: ____/____/____ Time: ____:____am/pm Temp. : ____°C. Analyst Initials _____ Samples Tested: Date: ____/____/____ Time: ____:____am/pm Temp. : ____°C. Analyst Initials _____									
PRODUCER TRACE-BACK INFORMATION TEST RESULTS									
PRODUCER INITIAL TEST(s)					Control Results*				
Sample #	FIPS #	Producer #	Result (#)	Interpretation (POS or NF)	* Not applicable if using Charm EZ reader				
					Positive Control _____				
					Negative Control _____				
					<u>Charm II Control Point Results</u>				
					Control Point _____				
					Date Established _____				
					Positive _____ Negative _____				
					(Average) + _____ -- _____				
					Producer Confirmation				
					Positive Producer(s)				
					<u>DUPLICATE RESULTS</u>				
					(number / interpretation)				
					_____/_____				
					_____/_____				
					Positive Control _____				
					Negative Control _____				
CERTIFIED ANALYST / SUPERVISOR _____					DATE _____				

****A COPY APPENDIX N POSITIVE BULK MILK TANKER TEST REPORT MUST ACCOMPANY THIS REPORT AND BE SENT WITHIN 48 HOURS OF TRACE-BACK RESULTS. A COPY MUST BE KEPT ON FILE AT THE CONFIRMATORY LOCATION.**