

Appendix N CIS/IS Quiz 2016

Name: _____

Date: _____

Company Name and Address:

Analyst Classification: CIS / IS / IA

For any True/False questions you answer as "False", provide the correction to the underlined text needed to make the statement "True".

1. Appendix N of the PMO state that every Grade A bulk milk tanker is to be tested for _____ drug residues.

- Beta Lactam
 Sulfonamide
 Tetracycline
 None of the Above

2. The lighting requirement for all work areas designated for Appendix N testing procedures is to be greater than 50 foot candles (preferable 100 foot candles).

TRUE _____ FALSE _____ _____

3. Refrigerators must be capable of maintaining samples at 0.0 – 4.5 °C.

TRUE _____ FALSE _____ _____

4. The temperature for a refrigerator or freezer can be recorded only once daily for screening only locations.

TRUE _____ FALSE _____ _____

5. The temperature of a refrigerator or freezer must be recorded twice daily for CIS locations.

TRUE _____ FALSE _____ _____

6. The freezer must be capable of maintaining -15.0 °C or below.

TRUE _____ FALSE _____ _____

7. Heater block/incubator temperatures are recorded only on days of testing.

TRUE _____ FALSE _____ _____

8. A 1.0° C graduation/recording interval on test thermometers is acceptable for all facilities.

TRUE _____ FALSE _____

9. Dial thermometers may be used in the laboratory/testing area.

TRUE _____ FALSE _____

10. A certified NIST thermometer is required to perform the annual accuracy checks for laboratory test thermometers.

TRUE _____ FALSE _____

11. The certified NIST thermometer is to be checked at ice point (0.0°C) prior to its use in checking the test thermometers for accuracy.

TRUE _____ FALSE _____

12. Test thermometers are to be accurate to ±1.0°C.

TRUE _____ FALSE _____

13. Test thermometers are to be checked for accuracy before initial use and annually.

TRUE _____ FALSE _____

14. Annual accuracy checks for test thermometers are done at within the temperature range of normal use for that test thermometer.

TRUE _____ FALSE _____

15. Each thermometer is required to be tagged with specific information. List all five (5) pieces of information required by the PA Department of Agriculture.

a.

d.

b.

e.

c.

16. If your facility sends out thermometers or pipettors to another location (off-site) for accuracy check you do not need to keep a copy of the finished accuracy check logs at your location.

TRUE _____ FALSE _____

17. If a freezer thermometer has a correction factor of -0.3°C, what temperature should be recorded if the thermometer reads -16.2°C?

18. Balances should be checked within 30 days prior to use for pipettor checks.

TRUE _____ FALSE _____

19. As per the FDA 2400 form, pipettors are required to be checked for accuracy every six months.

TRUE _____ FALSE _____

20. The average volume of the pipettor as determined by the accuracy check should be within 10% of delivery volume of the pipettor.

TRUE _____ FALSE _____

21. The negative control (pretested negative raw milk) is allowed to be kept up to 60 hours when kept at 0.0-4.5°C.

TRUE _____ FALSE _____

22. According to PDA, a temperature control (TC) sample needs to be taken with every truck sample.

TRUE _____ FALSE _____

23. If the positive and negative controls are tested two times and still fail to give the appropriate results, continue testing as normal.

TRUE _____ FALSE _____

24. If daily calibrators test out of range, stop testing and contact the LEO and/or manufacturer.

TRUE _____ FALSE _____

25. An on-site evaluation of the facility and the personnel involved will be conducted every three years for all locations.

TRUE _____ FALSE _____

26. Analysts' participation in proficiency testing (Split Samples) is required annually or during the onsite evaluation.

TRUE _____ FALSE _____

27. A negative test result is reported as 'negative'.

TRUE _____ FALSE _____

28. When running the confirmation test you do not need to rerun the positive and negative controls before retesting the truck.

TRUE _____ FALSE _____

29. Once the initial tanker sample tests positive, the same sample is run in triplicate.

TRUE _____ FALSE _____

30. During confirmation testing, the same analyst that ran the initial truck sample must run the first retest (presumptive test) of the truck.

TRUE _____ FALSE _____

31. If only one out of two test results are positive in the first set of duplicates run after the initial positive result, the truck is considered presumptive positive.

TRUE _____ FALSE _____

32. After the truck is determined to be presumptive positive, a CIS facility may switch to an equivalent Appendix N test for the confirmation and producer testing.

TRUE _____ FALSE _____

33. After the sample is determined to be presumptive positive, a CIS facility may not allow a different CIS to run the confirmation and producer testing.

TRUE _____ FALSE _____

34. A screening-only location is allowed to conduct confirmation and producer testing for positive tankers.

TRUE _____ FALSE _____

35. Positive truck reports must be sent to the Department of Agriculture no longer than 72 hours from initial testing.

TRUE _____ FALSE _____

36. How many beta lactam antibiotics are detected by the following assays?

Charm SL	
Charm 3 SL3	
Charm 2 Beta lactam - Competitive	
IDEXX New Snap	

37. Based on your answer above in question 36, which assays are considered equivalent to Charm SL, as per FDA definition of equivalent?

38. A truck testing positive on Charm 3 SL3 at a screening location can be confirmed on IDEXX at the confirmation location.

TRUE _____ FALSE _____

39. Which of the following are beta lactam antibiotics detected by Charm 3 SL3?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Penicillin G |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Cloxacilin | <input type="checkbox"/> Aflatoxin |
| <input type="checkbox"/> Flunixin | <input type="checkbox"/> Cephapirin |
| <input type="checkbox"/> Sulfamethzine | <input type="checkbox"/> Ceftiofur |

40. On the attached example of BFSLS 477, examine the circled areas and determine if there are any errors on the form. Explain the errors, if any, and corrections needed. Mark as 'No Error' if no issues are found.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

41. (Required for CIS, optional for IS/IA)

On the attached example of BFSLS 502 examine the circled areas and determine if there are any errors on the form. Explain the errors, if any, and corrections needed. Mark as 'No Error' if no issues are found.

- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY & LABORATORY SERVICES
LABORATORY DIVISION
2301 N. CAMERON STREET
HARRISBURG, PA 17110-9408
Office (717) 787-4315 Fax (717) 787-1873**

APPENDIX N BULK MILK TANKER POSITIVE DRUG RESIDUE TEST REPORT

Receiving Location <u>Brown Cow Dairy</u>	Collection of Sample Date <u>12 / 14 / 15</u> Time <u>12 : 45</u> am/pm Temp. <u>37.5</u> °F	Utter's Dairy FIPS # <u>42-995</u>	Route # <u>118</u> Load # <u>168123</u>
Milk Hauler <u>My-T-Trucks</u>	Rejection Information Positive compartment: Single _____ Front _____ Rear <u>X</u>	Weight of Load <u>50,269</u>	Tanker License Plate # / State <u>PT-3698F PA</u>

INITIAL TEST RESULT

Date / Time <u>12 / 14 / 15</u> <u>12 : 55</u> am/pm	Test Method Used <u>IDEXX Snap</u>	Test Kit Lot # <u>EF189</u> Expiration Date <u>3/5/16</u>	1 Initial Result (number / interpretation) FRONT <u>0.59</u> / <u>NEG</u> REAR <u>1.75</u> / <u>POS</u>	Analyst I.D./ Initials <u>JS 09</u>
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PRESUMPTIVE TEST RESULT**

Temperature <u>3.2</u> °C	Test Method Used <u>IDEXX Snap</u>	Test Kit Lot # <u>EF189</u> Expiration Date <u>3/5/16</u>	Presumptive Result DUPLICATE (number / interpretation) <u>1.32</u> / <u>POS</u> <u>1.42</u> / <u>POS</u>	Analyst I.D./ Initials <u>MR 17</u>
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Printout: (enclosed) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	3 Control Results Positive <u>1.29</u> Negative <u>0.75</u>	Charm II Control Point Results Control Point <u>N/A</u> Date Established <u>N/A</u> Positive <u>N/A</u> Negative <u>N/A</u> (Average) + <u>N/A</u> -- <u>N/A</u>	Department Notification: Phone _____ Fax _____ Email <u>X</u> Date <u>12 / 14 / 15</u> Time <u>1 : 30</u> am/pm Reported By: <u>MR</u> Who contacted <u>M. Hydock</u>
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Disposition of Load (secure initial test sample, secure tanker, attach weight slip) Seal numbers: <u>0134, 1121, 1139</u> Sent to: <u>Utter's Dairy for confirmation</u> Dumped / Diverted Where? <u>Truck diverted to Utter's Dairy for confirmation and producer testing</u> Analyst <u>J. Smith</u> Supervisor <u>M. Robins</u> Date <u>12/14/15</u>	Received <input type="checkbox"/> Condemned <input type="checkbox"/> Rejected <input checked="" type="checkbox"/>
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Comments:

SCREENING TEST (CONFIRMATION) RESULTS

4 Date / Time Tested <u>12 / 14 / 15</u> <u>2 : 25</u> am/pm Temp. Control <u>4.6</u> °C	Test Method Used <u>Charm SL</u>	Test Kit Lot # <u>151</u> Expiration Date <u>2/2016</u>	6 Confirmation Results DUPLICATE (number / interpretation) <u>-0266</u> / <u>POS</u> <u>+0895</u> / <u>POS</u>	Analyst I.D./ Initials <u>SM 12</u>
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Confirmatory Location <u>Utter's Dairy</u> <u>42-399</u>	5 Control Results Positive <u>+1859</u> Negative <u>-752</u>	Charm II Control Point Results Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____	Department Notification: Phone _____ Fax <u>X</u> Email _____ Date <u>12 / 17 / 15</u> Time <u>3 : 00</u> am/pm Reported By: <u>J. W</u> Who contacted <u>M. Hydock</u>
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Disposition of Load (secure initial test sample, secure tanker, attach weight slip) Seal numbers: <u>0134, 1121, 1139</u> Sent to: <u>A. Stoltzfus manure pit</u> Dumped / Diverted Where? <u>Ronks, PA</u>	Received <input type="checkbox"/> Condemned <input checked="" type="checkbox"/>
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CERTIFIED ANALYST/SUPERVISOR Sam Marshal / James Williams DATE 12/16/15

**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 PENNSYLVANIA DEPARTMENT OF AGRICULTURE WITHIN 72 HOURS OF INITIAL TESTING.

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
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**PRODUCER TRACE-BACK FOR POSITIVE CONFIRMED LOADS
(DRUG RESIDUE) TEST REPORT**

Confirmatory Location <u>Utter's Dairy</u>		Collection of Sample Date <u>12 / 14 / 15</u> Time <u>12 : 45 am/pm</u> Temp. <u>37.5</u> °F	Owner of Milk <u>Utter's Dairy</u> FIPS # <u>42-995</u>	Route # <u>118</u> Load # <u>168123</u>
Laboratory ID # <u>42-C-00399</u>	Test Method(s) Used <u>Charm SL</u>	Test Kit Lot # <u>151</u>	Department Notification: Phone ___ Fax <u>X</u> Email ___ Date <u>12 / 17 / 15</u> Time <u>3 : 00 am/pm</u> Reported By: <u>J. W</u> Who contacted <u>M. Hydock</u>	
Printout (enclosed): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Expiration Date <u>2/2016</u>		

Comments:

Samples Received: Date: 12 / 14 / 15 Time: 2 : 15 am/pm Temp.: 3.6 °C. Analyst Initials SM 12
 Samples Tested: Date: 12 / 14 / 15 Time: 2 : 25 am/pm Temp.: 4.6 °C. Analyst Initials SM 12

PRODUCER TRACE-BACK INFORMATION TEST RESULTS

Sample #	FIPS #	Producer #	Result (#)	Interpretation (POS or NF)	Control Results
<u>1</u>	<u>42-995</u>	<u>26995</u>	<u>-1759</u>	<u>NF</u>	Positive Control <u>+0754</u>
<u>2</u>	<u>42-977</u>	<u>471001598</u>	<u>-1589</u>	<u>NF</u>	Negative Control <u>-0569</u>
<u>3</u>	<u>42-995</u>	<u>56744</u>	<u>+0298</u>	<u>NF</u>	
<u>4</u>	<u>42-995</u>	<u>26856</u>	<u>-1259</u>	<u>NF</u>	
<u>5</u>	<u>42-995</u>	<u>56771</u>	<u>+2095</u>	<u>POS</u>	Charm II Control Point Results
<u>6</u>	<u>42-995</u>	<u>46541</u>	<u>-1239</u>	<u>NF</u>	Control Point <u>N/A</u> Date Established <u>N/A</u> Positive <u>N/A</u> Negative <u>N/A</u> (Average) + <u>N/A</u> -- <u>N/A</u>
					Producer Confirmation
					Positive Producer(s)
					12 DUPLICATE RESULTS (number / interpretation) <u>+0539 / POS</u> <u>-0254 / POS</u>
					Positive Control <u>+1054</u>
					Negative Control <u>-1084</u>

CERTIFIED ANALYST / SUPERVISOR Sam Marshal / James Williams **DATE** 12/17/15

****A COPY OF BFSLS-477 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.**