

SCREENING TEST USED _____

DAILY DRUG SCREENING TEST LOG

FACILITY/LABORATORY NAME: _____

FDA ID# _____

YEAR _____

ADDRESS: _____

SAMPLE COLLECTED			TANKER TEMP. °F	OWNER OF MILK/ FIPS #	COMPLETE TANKER LICENSE PLATE NUMBER	BILL OF LADING #	POUNDS	LAB. TEMP. CONTROL °C	TIME START TESTING	TIME READ RESULT	RESULT (NUMERICAL VALUE)	INTERP. (POS/NF)	ANALYST ID#
DATE (mm/dd)	TIME	SAMPLER ID											

A VALID POSITIVE AND NEGATIVE CONTROL MUST BE RUN EACH DAY SCREENING TEST IS PERFORMED WITH RESULTS RECORDED.

<u>COMMERCIAL POSITIVE CONTROL</u>		<u>RECONSTITUTED POSITIVE CONTROL</u>		<u>PRE-TESTED NEGATIVE CONTROL</u>		<u>TEST KIT INFORMATION</u>		<u>READER PERFORMANCE CHECKS</u>		
MFG		LOT#		ID (i.e. SILO #)		LOT#		IDEXX	ROSA	
LOT #		DATE PREP'D		DATE PREP'D		EXPIRATION DATE		DEVICE 1:	LOW:	
DATE RECEIVED		TIME PREP'D		TIME PREP'D:				DEVICE 2:	HIGH:	
DATE OPENED		FROZEN DATE		FROZEN DATE		<u>LEVEL CHECK</u> (Charm SL or SL3 only)				
EXPIRATION DATE		THAW DATE		THAW DATE		Satisfactory?				Analysts ID #
						Yes	No			
COMMENTS:		EXPIRATION DATE		EXPIRATION DATE						
		NUMERICAL RESULT		NUMERICAL RESULT						