

PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
BUREAU OF FOOD SAFETY & LABORATORY SERVICES  
DIVISION OF MILK SANITATION  
2301 N. CAMERON STREET  
HARRISBURG, PA 17110-9408

ATTENTION: Mike Hydock

**In accordance with the provisions of The Pennsylvania Drug Residue Testing Program, I am submitting the following information regarding positive drug residue tests involving a producer under my supervision.**

Bulk Milk Pick-up Tanker Information

Tanker License Plate Number: \_\_\_\_\_ Date Report Mailed: \_\_\_\_\_

Presumptive Test Used /Date      Screen Test Used /Date      Producer Trace Back Test /Date

Presumptive Test Location      Screen Test Location      Producer Trace Back Location

Presumptive Test Result (Initial test)      Screen Test Result (Duplicate)      Producer Trace Back Result (Single test)

Disposition of \_\_\_\_\_

Adulterated Tanker: \_\_\_\_\_

Date and Location: \_\_\_\_\_

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Violative Producer Information

PA Producer Name and Number: \_\_\_\_\_

Herd Number: \_\_\_\_\_

Address: \_\_\_\_\_

Out-of-State Producer ID No.: \_\_\_\_\_

Cause of Adulterated Bulk Tank: \_\_\_\_\_

Drug Used: \_\_\_\_\_

**THIS REPORT MUST BE MAILED WITHIN 72 HOURS OF INITIAL POSITIVE PRESUMPTIVE TEST RESULT.**

PERMIT HOLDER: \_\_\_\_\_

Name      FIPS No.

Street

City      State      Zip

Signature: \_\_\_\_\_

Approved Inspector or Authorized Agent