

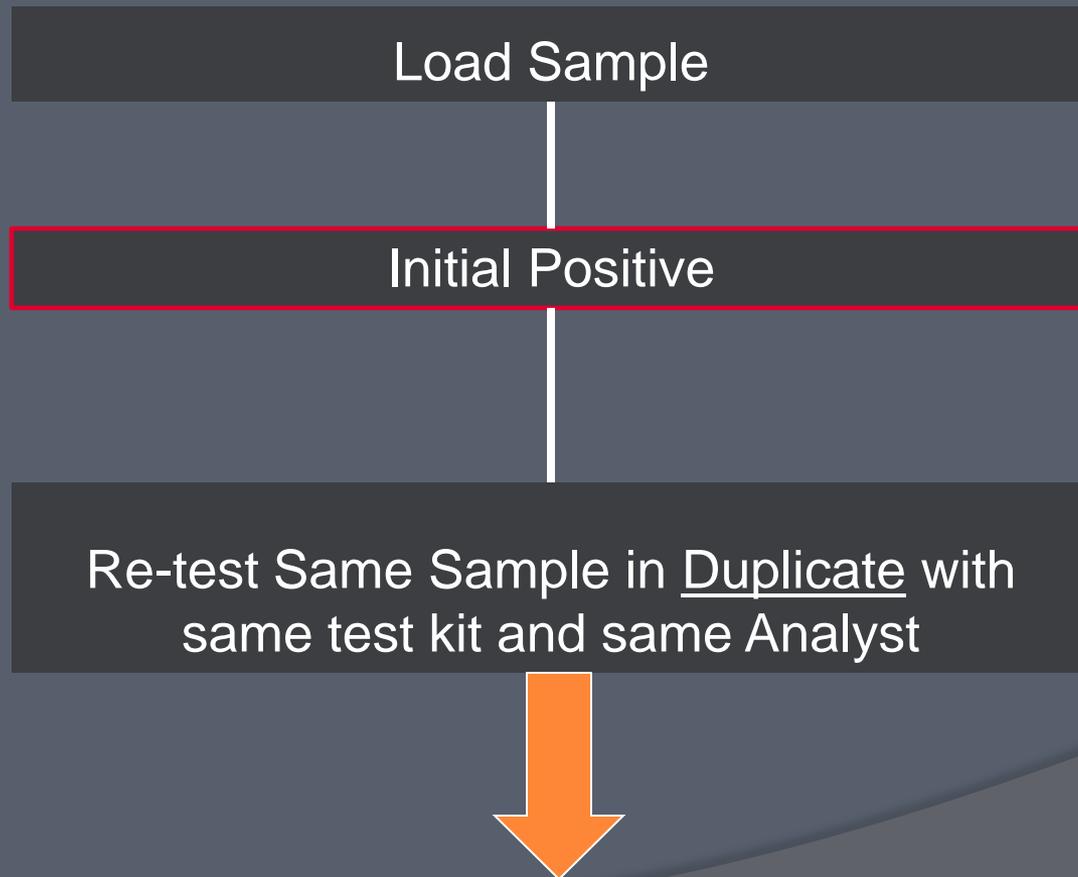
APPENDIX N FLOW CHART

A FOLLOW-UP ON POSITIVE TEST KIT RESULTS

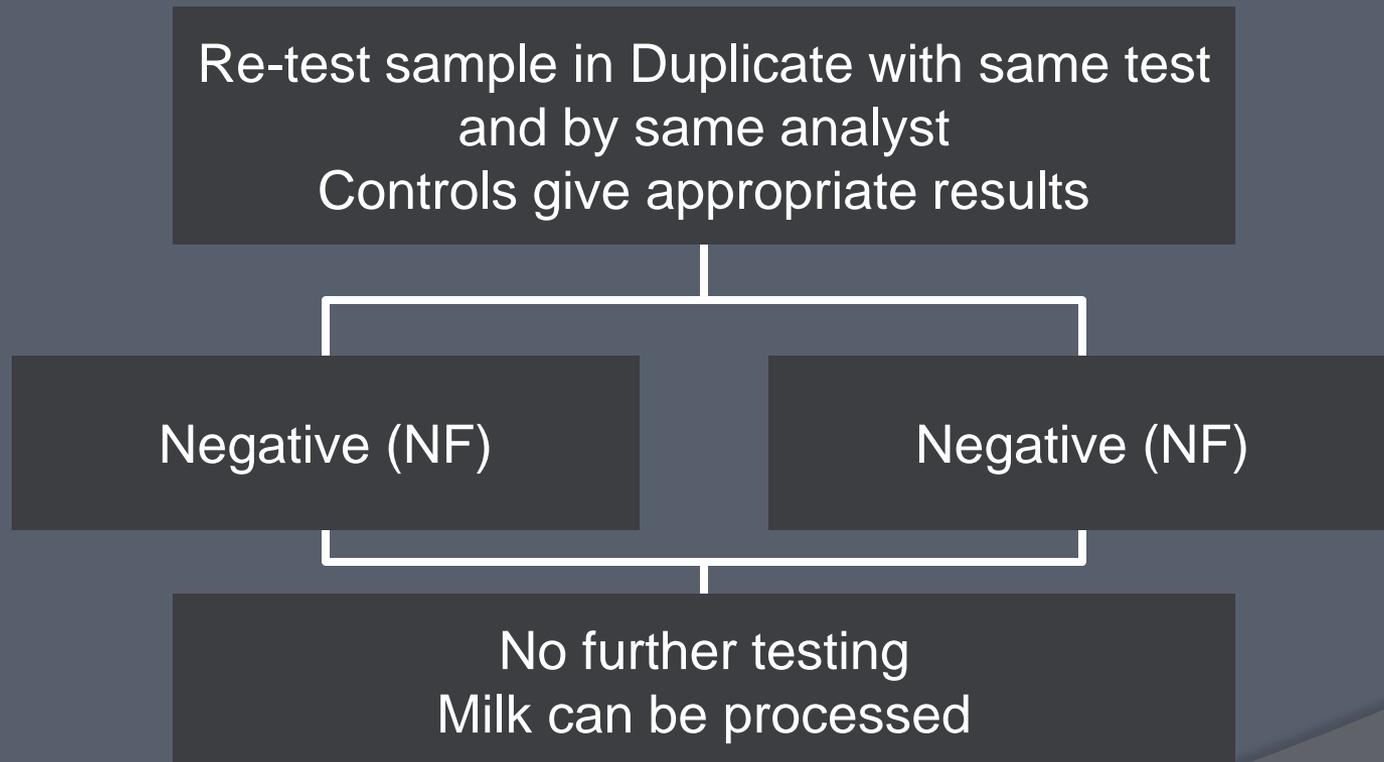
Appendix N Flow Chart

- Testing to determine a presumptive positive can be performed by an approved industry analyst or by a certified “entity”.

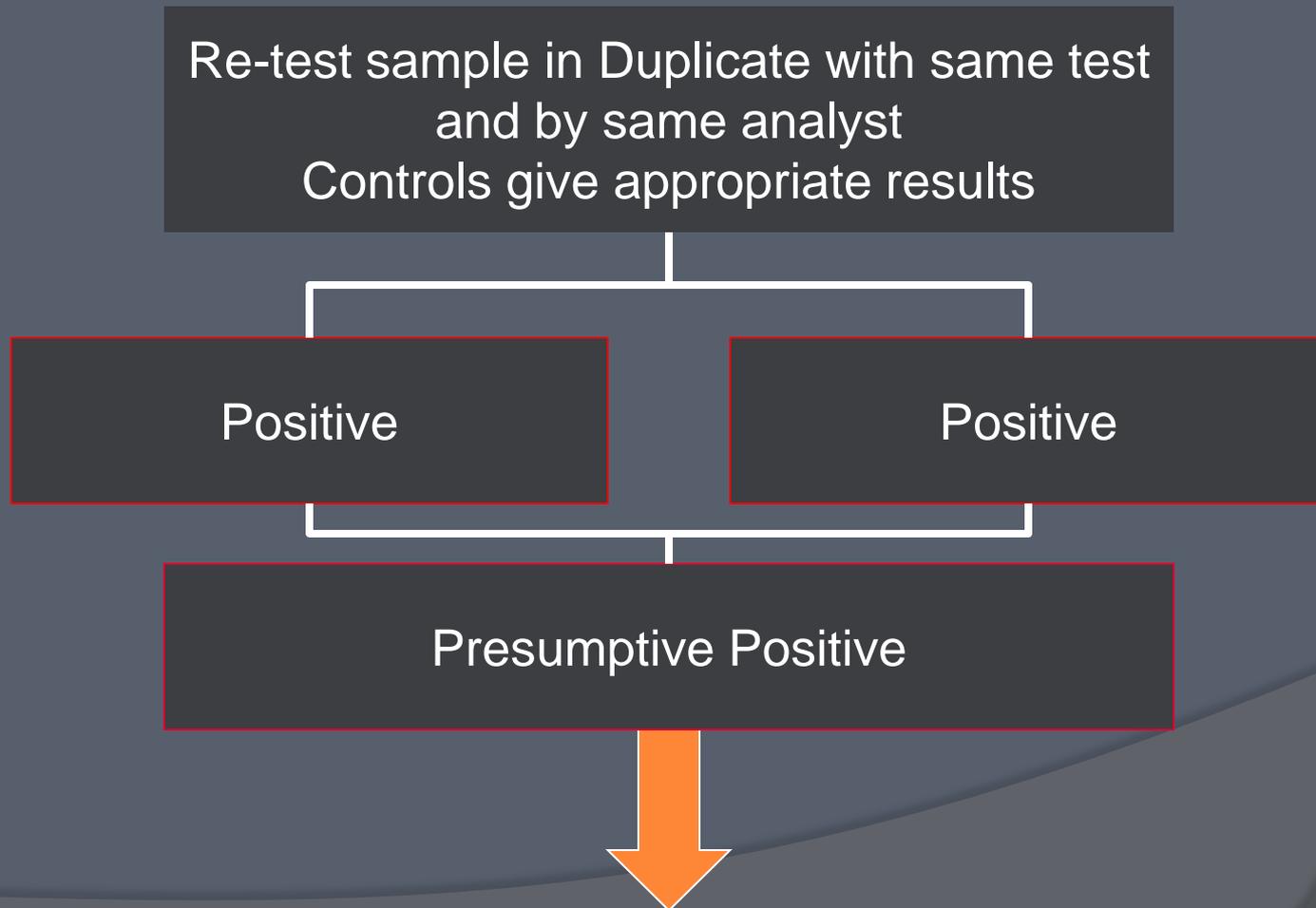
Appendix N Flow Chart



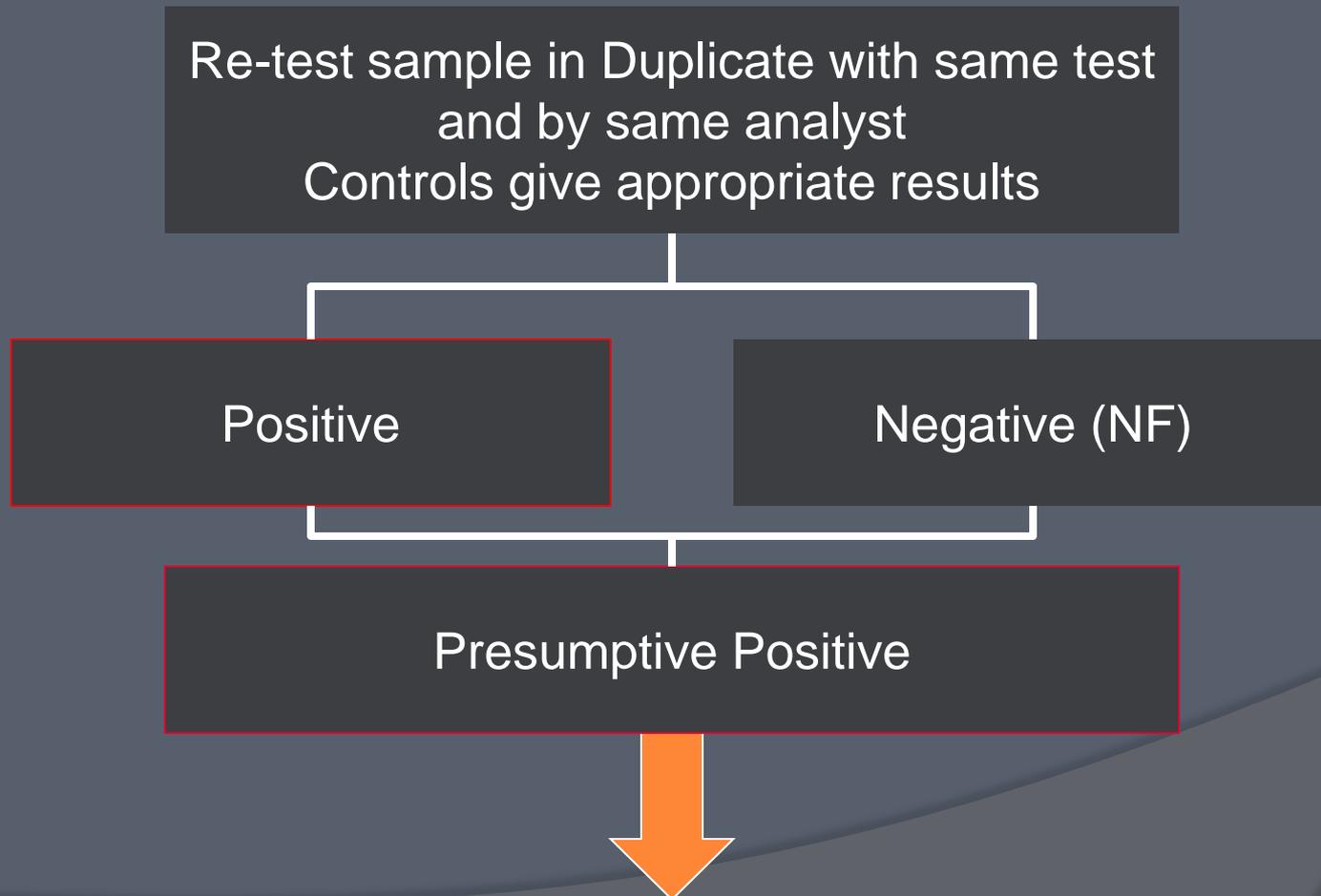
Appendix N Flow Chart



Appendix N Flow Chart



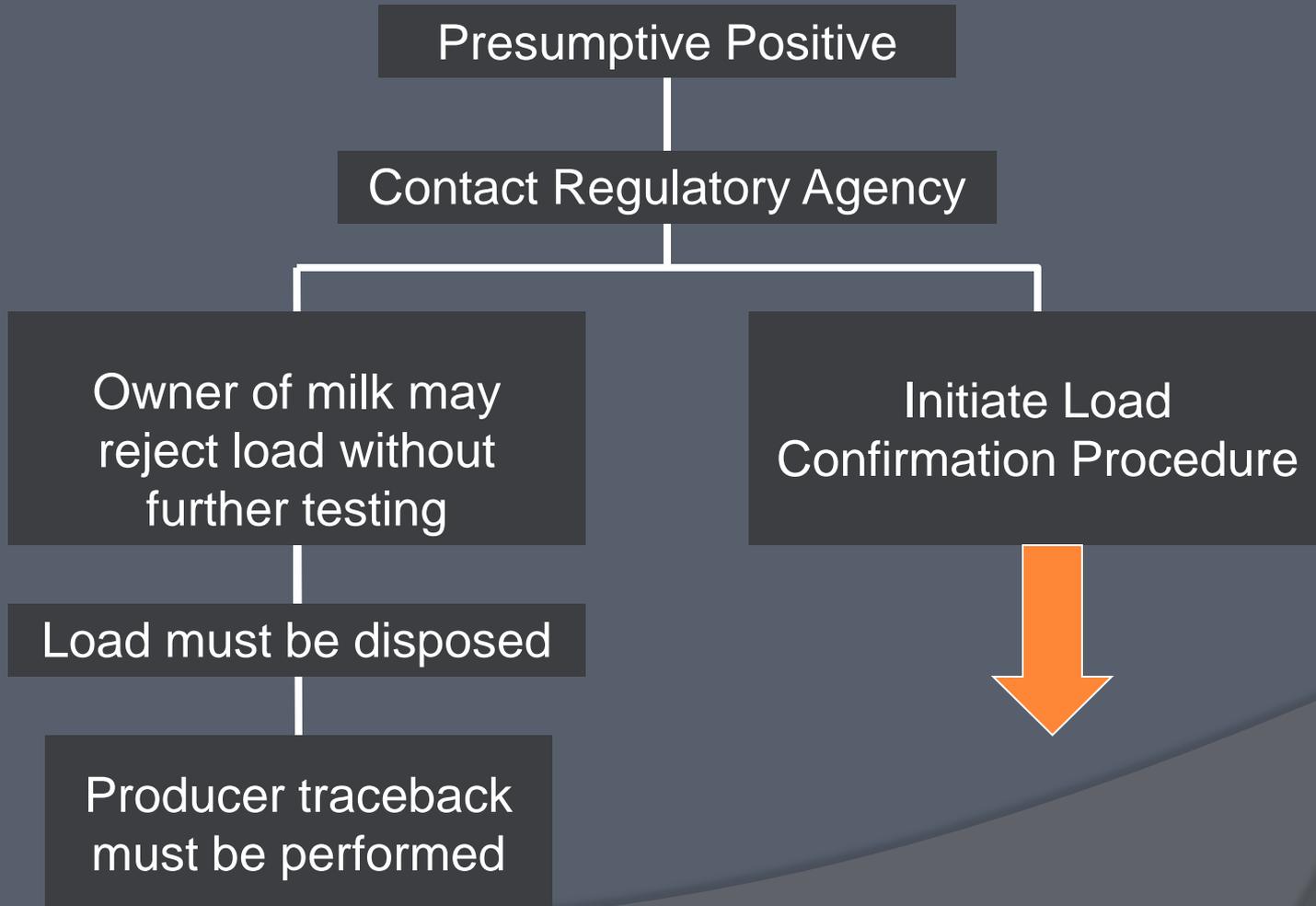
Appendix N Flow Chart



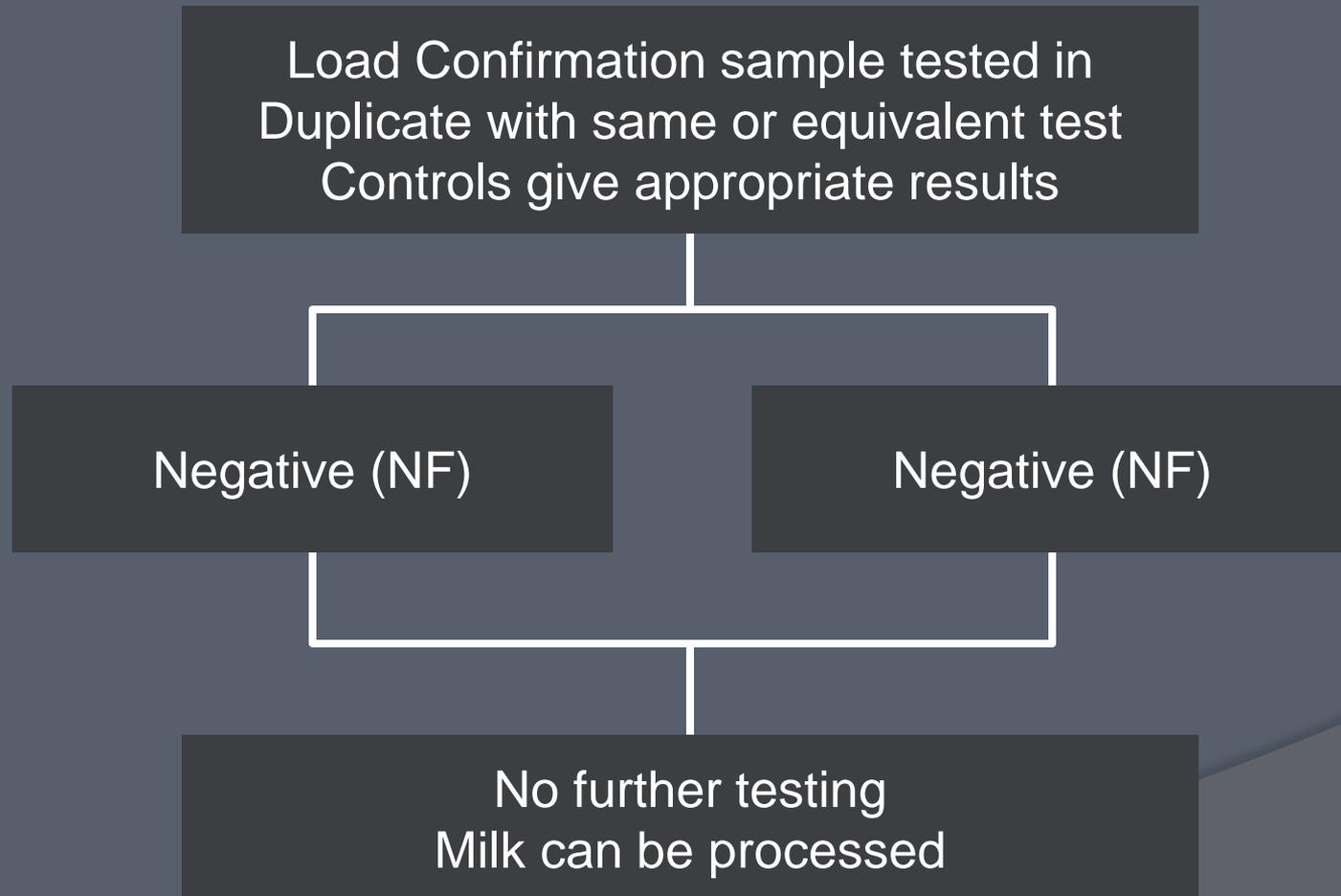
Appendix N Flow Chart

- After a presumptive positive result is determined , **All** testing from this point on must be by a Certified “entity” - meaning a CIS (Certified Industry Supervisor) facility, Milk Industry Laboratory , or Commercial Laboratory

Appendix N Flow Chart

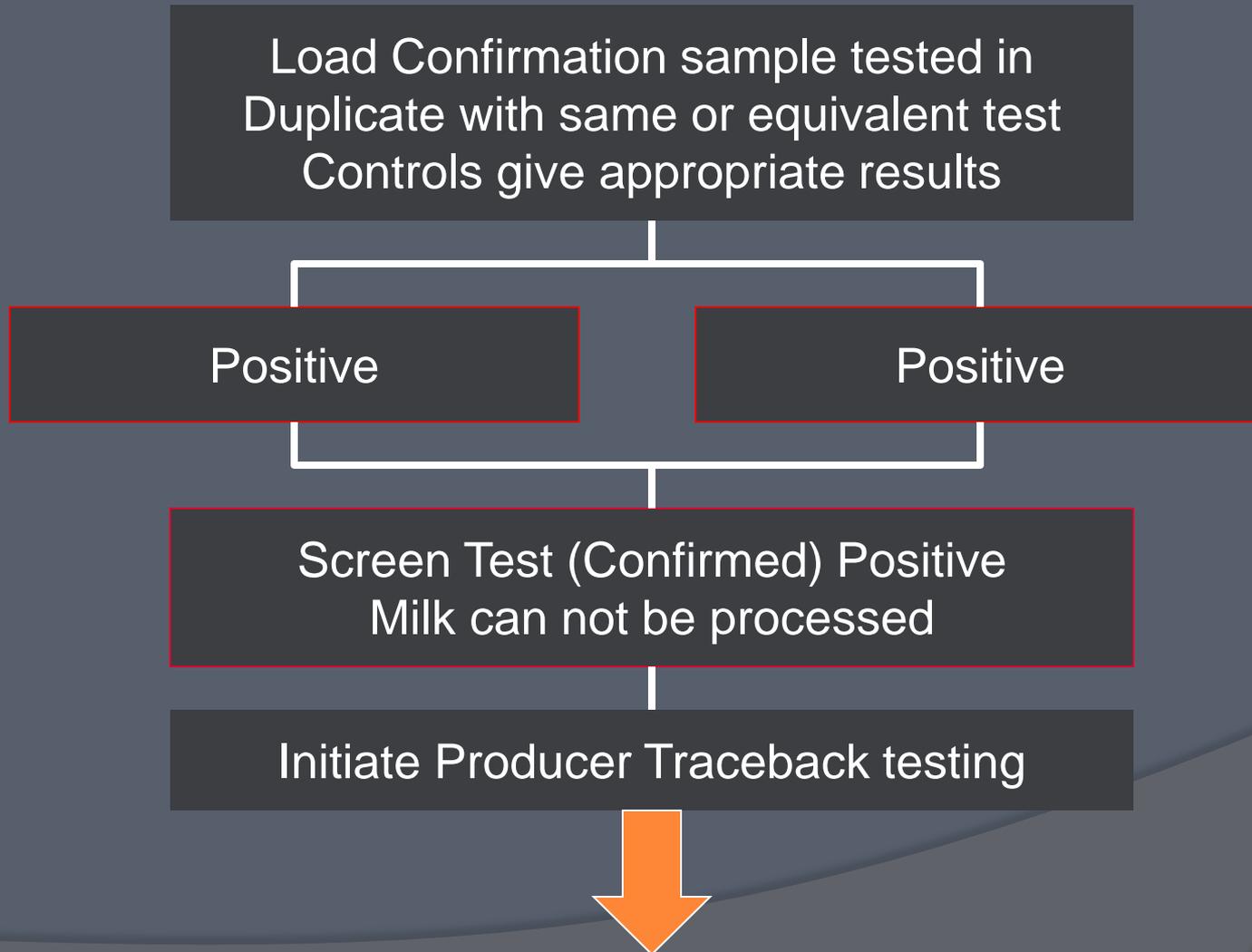


Appendix N Flow Chart



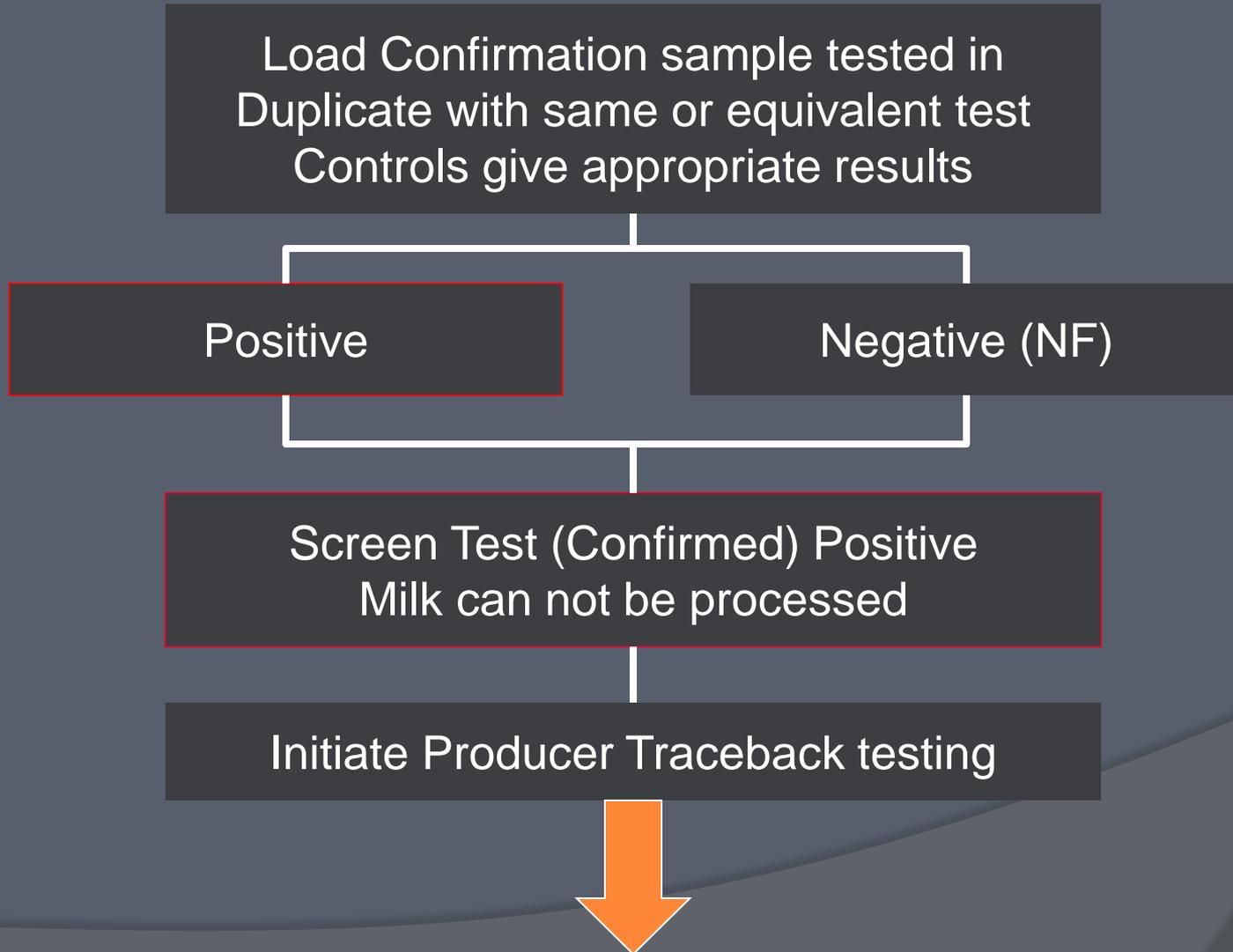
Appendix N

Flow Chart

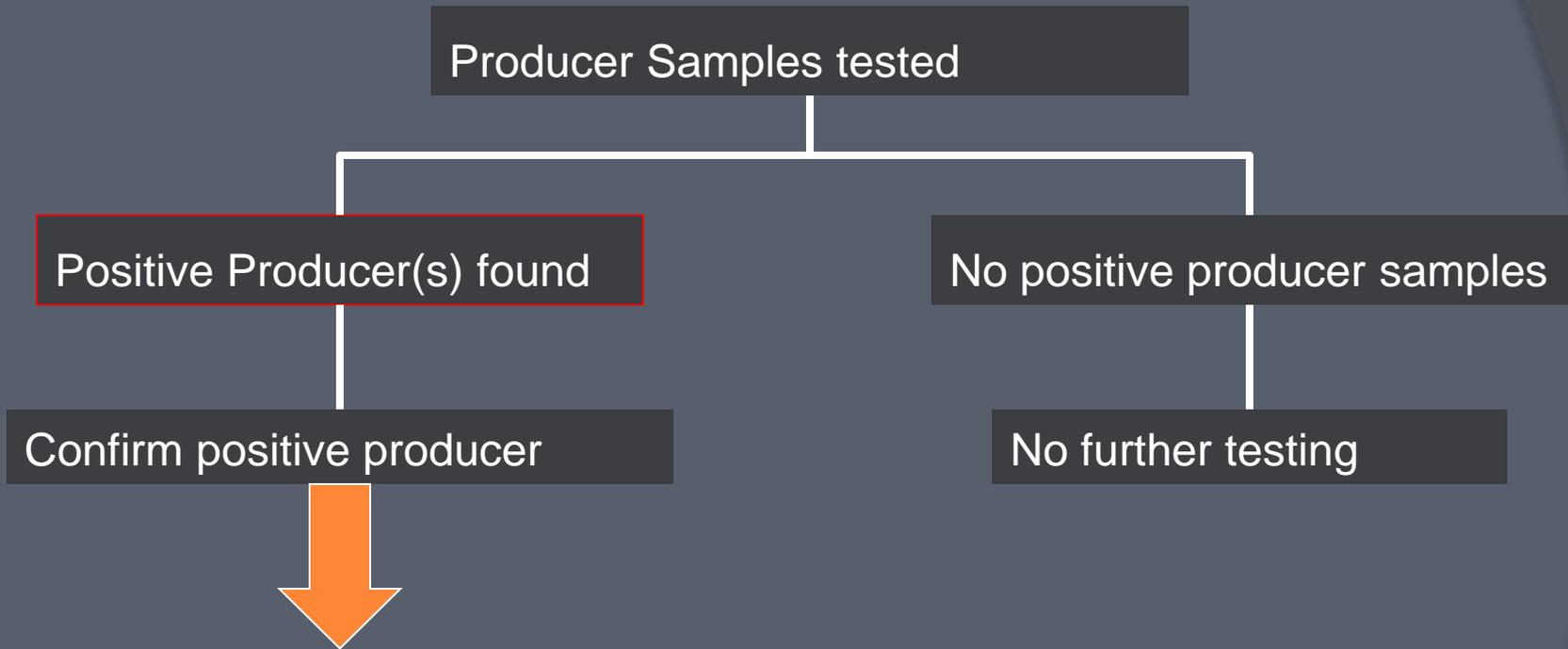


Appendix N

Flow Chart

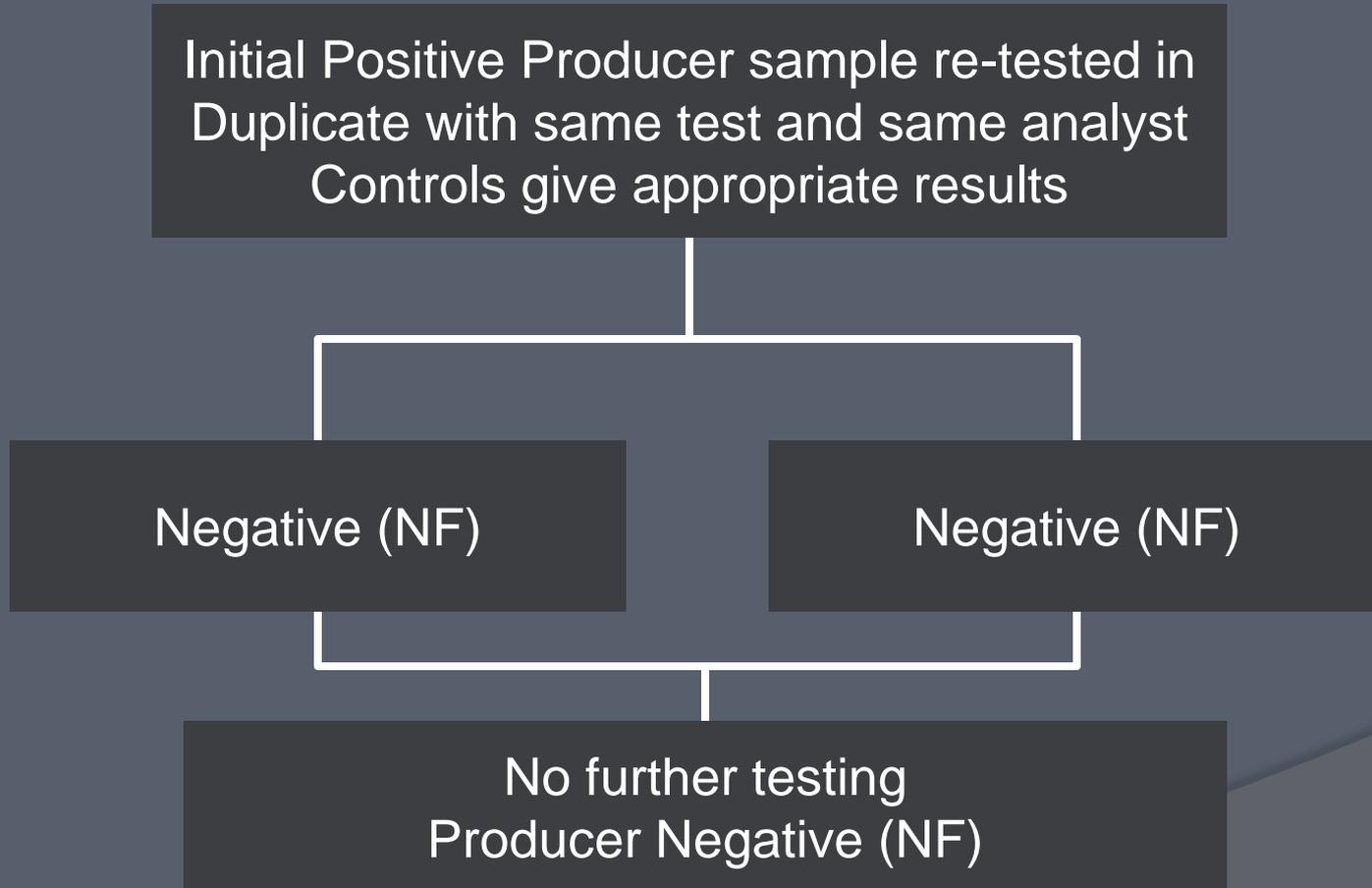


Appendix N Flow Chart



Appendix N

Flow Chart



Appendix N Flow Chart

Initial Positive Producer sample re-tested in Duplicate with same test and same analyst
Controls give appropriate results

Positive

Positive

Producer Positive
Appendix N violation
Subject to Regulatory action

Appendix N Flow Chart

Initial Positive Producer sample re-tested in Duplicate with same test and same analyst
Controls give appropriate results

Positive

Negative (NF)

Producer Positive
Appendix N violation
Subject to Regulatory action

APPENDIX N BULK MILK TANKER POSITIVE DRUG RESIDUE TEST REPORT

Receiving Location <u>Brown Cow Dairy</u>		Collection of Sample Date <u>2/4/14</u> Time <u>9:45</u> am/pm Temp. <u>38</u> °F		Owner of Milk <u>Utter's Dairy</u> FIPS # <u>42-995</u>		Route # <u>18</u> Load # <u>168123</u>	
Milk Hauler <u>My-T-Trucks</u>		Rejection Information Positive compartment: Single _____ Front <u>X</u> Rear _____		Weight of Load <u>52,269</u>		Tanker License Plate # / State <u>PT-3698F</u>	
INITIAL TEST RESULT							
Date / Time <u>2/4/14</u> <u>9:56</u> am/pm		Test Method Used <u>IDEXX Snap</u>		Test Kit Lot # <u>KD159</u> Expiration Date <u>4/2/14</u>		Initial Result (number / interpretation) FRONT <u>6.58</u> / <u>POS</u> REAR <u>0.75</u> / <u>NF</u>	
Analyst I.D./ Initials <u>JT</u>							
PRESUMPTIVE TEST RESULT**							
Temperature <u>3.2</u> °C		Test Method Used <u>IDEXX Snap</u>		Test Kit Lot # <u>KD159</u> Expiration Date <u>4/2/14</u>		Presumptive Result DUPLICATE (number / interpretation) <u>5.95</u> / <u>POS</u> <u>6.12</u> / <u>POS</u>	
Analyst I.D./ Initials <u>JT</u>							
Printout: (enclosed) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Control Results Positive <u>3.59</u> Negative <u>0.72</u>		Charm II Control Point Results Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____		Department Notification: Phone _____ Fax _____ Email <u>X</u> Date <u>2/4/14</u> Time <u>10:30</u> am/pm Reported By: <u>JT</u> Who contacted <u>M. Hydock</u>	
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>						Received <input type="checkbox"/>	
Dumped / Diverted Where? _____ Analyst <u>J. Thompson</u> Supervisor <u>F. James</u> Date <u>2/4/14</u>						Condemned <input type="checkbox"/>	
						Rejected <input checked="" type="checkbox"/>	
Comments: _____							
SCREENING TEST (CONFIRMATION) RESULTS							
Date / Time Tested <u>2/4/14</u> <u>1:45</u> am/pm Temp. Control _____ °C		Test Method Used <u>Charm SL</u>		Test Kit Lot # <u>109</u> Expiration Date <u>5/2014</u>		Confirmation Results DUPLICATE (number / interpretation) <u>+2689</u> / <u>POS</u> <u>+2548</u> / <u>POS</u>	
Analyst I.D./ Initials <u>S. M</u>							
Confirmatory Location <u>Utter's Dairy</u>		Control Results Positive <u>+1659</u> Negative <u>-1452</u>		Charm II Control Point Results Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____		Department Notification: Phone _____ Fax <u>X</u> Email _____ Date <u>2/4/14</u> Time <u>3:00</u> am/pm Reported By: <u>J. W</u> Who contacted <u>M. Hydock</u>	
Disposition of Load (secure initial test sample, secure tanker, attach weight slip) Seal numbers: <u>899, 1574</u> Sent to: <u>A. Stoltzfus manure pit</u>						Received <input type="checkbox"/>	
Dumped / Diverted Where? <u>Ronks, PA</u>						Condemned <input checked="" type="checkbox"/>	
CERTIFIED ANALYST/SUPERVISOR <u>Sam Marshal / James Williams</u> DATE <u>2/4/14</u>							

**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.

**PRODUCER TRACE-BACK FOR POSITIVE CONFIRMED LOADS
 (DRUG RESIDUE) TEST REPORT**

Confirmatory Location <u>Utter's Dairy</u>	Collection of Sample Date <u>2 / 4 / 14</u> Time <u>9 : 45 am/pm</u> Temp. <u>2.6</u> °C	Owner of Milk <u>Utter's Dairy</u> FIPS # <u>42-995</u>	Route # <u>18</u> Load # <u>168123</u>		
Laboratory ID # <u>42-399</u> Printout (enclosed): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Test Method(s) Used <u>Charm SL</u>	Test Kit Lot # <u>109</u> Expiration Date <u>5/2014</u>	Department Notification: Phone ___ Fax <input checked="" type="checkbox"/> Email ___ Date <u>2 / 4 / 14</u> Time <u>3 : 00 am/pm</u> Reported By: <u>J. W</u> Who contacted <u>M. Hydock</u>		
Comments:					
Samples Received: Date: <u>2 / 4 / 14</u> Time: <u>1 : 30 am/pm</u> Temp.: <u>2.5</u> °C. Analyst Initials <u>SM</u> Samples Tested: Date: <u>2 / 4 / 14</u> Time: <u>2 : 00 am/pm</u> Temp.: <u>2.3</u> °C. Analyst Initials <u>SM</u>					
PRODUCER TRACE-BACK INFORMATION TEST RESULTS					
Sample #	FIPS #	Producer #	Result (#)	Interpretation (POS or NF)	Control Results
1	42-995	26995	-1459	NF	Positive Control <u>+1699</u>
2	42-995	26845	-1589	NF	Negative Control <u>-1544</u>
3	42-995	26541	+4239	POS	
4	42-995	26854	-1259	NF	
5	42-995	56771	-2095	NF	Charm II Control Point Results Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____
Producer Confirmation					
Positive Producer(s)					
DUPLICATE RESULTS (number / interpretation) <u>+4369 / POS</u> <u>+4254 / POS</u>					
Positive Control <u>+1854</u>					
Negative Control <u>-1584</u>					
CERTIFIED ANALYST / SUPERVISOR <u>Sam Marshal / James Williams</u> DATE <u>2/4/14</u>					

**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.

Please email

QUESTIONS OR
COMMENTS to
mhydock@pa.gov