

Appendix N CIS/IS Quiz 2019

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. The lighting requirement for all work areas designated for Appendix N testing procedures is to be a minimum of 50 foot candles.

TRUE _____ FALSE _____ _____

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

TRUE _____ FALSE _____ _____

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

TRUE _____ FALSE _____ _____

4. Annual accuracy checks for laboratory thermometers are done at the temperature(s) of use for that laboratory thermometer.

TRUE _____ FALSE _____ _____

5. Laboratory thermometers need to be checked for accuracy before initial use and annually.

TRUE _____ FALSE _____ _____

6. A NIST traceable thermometer is required to perform the annual accuracy checks for laboratory thermometers.

TRUE _____ FALSE _____ _____

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

TRUE _____ FALSE _____ _____

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

TRUE _____ FALSE _____ _____

9. A 0.5° C graduation/recording interval on test thermometers is required for all facilities.

TRUE _____ FALSE _____ _____

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

TRUE _____ FALSE _____ _____

11. 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.
- b.
- c.
- d.
- e.

12. Dial thermometers may not be used in the laboratory/testing area.

TRUE _____ FALSE _____ _____

13. 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 _____ _____

14. If a freezer thermometer has a correction factor of +0.8°C, what temperature should be recorded if the thermometer reads -16.5°C?

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

TRUE _____ FALSE _____

16. The temperature for a refrigerator or freezer needs to be recorded only once week for screening only locations.

TRUE _____ FALSE _____

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

TRUE _____ FALSE _____

18. The temperature of a refrigerator or freezer must be recorded once a day for CIS locations.

TRUE _____ FALSE _____

19. Heater block/incubator temperatures can be recorded only on days of testing.

TRUE _____ FALSE _____

20. Balances should to be checked at minimum within 30 days prior of its use for pipettor checks.

TRUE _____ FALSE _____

21. Pipettors are required to be checked for accuracy every six months.

TRUE _____ FALSE _____

22. The average volume of the pipettor as determined by the accuracy check should be within 5.0 % of delivery volume of the pipettor.

TRUE _____ FALSE _____

23. According to FDA 2400 Forms, a temperature control (TC) sample shall be taken with every truck sample, if testing is not conducted without delay.

TRUE _____ FALSE _____

24. If daily calibrators/check devices test out of range, continue testing as normal.

TRUE _____ FALSE _____

25. If the positive and negative controls are tested two times and still fail to give the appropriate results, stop testing and contact the LEO and/or manufacturer.

TRUE _____ FALSE _____

26. The negative control (pretested negative raw milk) can be kept for a maximum of 72 hours when kept at 0.0-4.5°C.

TRUE _____ FALSE _____

27. Controls can be kept up to 2 months at -15.0°C or below.

TRUE _____ FALSE _____

28. Once the initial tank(er) sample tests positive, the same sample is run in duplicate.

TRUE _____ FALSE _____

29. When running the confirmation tests (second duplicates), you do not need to rerun the positive and negative controls before retesting the truck.

TRUE _____ FALSE _____

30. 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 positive.

TRUE _____ FALSE _____

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

TRUE _____ FALSE _____

32. A screening-only location is not allowed to conduct confirmation and producer traceback testing for positive tankers.

TRUE _____ FALSE _____

33. After the sample is determined to be presumptive positive, a CIS facility may allow a different person to run the confirmation and producer testing.

TRUE _____ FALSE _____

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

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

TRUE _____ FALSE _____

37. 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

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

- Ampicillin
- Amoxicillin
- Cloxacilin
- Flunixin
- Sulfamethzine
- Penicillin G
- Tetracycline
- Aflatoxin
- Cephapirin
- Ceftiofur

39. How many beta lactam antibiotics are detected at FDA tolerance/safe limits by the following assays?

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

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

(Required for CIS and IS. IA would be optional .)

41. 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.

42. (Required for CIS, only.)

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 / 16</u> Time <u>1 : 45</u> am/pm Temp. <u>37.5</u> °F	Owner of Milk <u>Utter's Dairy, DMS</u>	Route # <u>118</u>
Milk Hauler <u>My-T-Trucks</u>	Rejection Information Positive compartment: Single _____ Front _____ Rear <u>X</u>	FIPS # <u>42-995, 42-977</u>	Load # <u>168123</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 / 16</u> <u>1 : 55</u> am/pm	Test Method Used <u>IDEXX Snap</u>	Test Kit Lot # <u>EF189</u>	Expiration Date <u>3/5/17</u>	Initial Result (number / interpretation) FRONT <u>0.59</u> / <u>NF</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>3/5/17</u>	Presumptive Result (number / interpretation) <u>DUPLICATE</u> <u>2.32</u> / <u>POS</u> <u>3.42</u> / <u>POS</u>	Analyst I.D./ Initials <u>JS 09</u>
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Printout: (enclosed) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Control Results Positive <u>3.29</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 <input checked="" type="checkbox"/> Date <u>12 / 14 / 16</u> Time <u>2 : 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>12/14/16</u>	Received <input type="checkbox"/> Condemned <input type="checkbox"/> Rejected <input checked="" type="checkbox"/>
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Comments: _____

SCREENING TEST (CONFIRMATION) RESULTS

Date / Time Tested <u>12 / 14 / 16</u> <u>3 : 25</u> am/pm	Temp. Control <u>4.7</u> °C	Test Method Used <u>Charm SL</u>	Test Kit Lot # <u>151</u>	Expiration Date <u>2/2017</u>	Confirmation Results (number / interpretation) <u>DUPLICATE</u> <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>	Control Results Positive <u>+1859</u> Negative <u>-1752</u>	Charm II Control Point Results Control Point _____ Date Established _____ Positive _____ Negative _____ (Average) + _____ -- _____	Department Notification: Phone _____ Fax <input checked="" type="checkbox"/> Email _____ Date <u>12 / 17 / 16</u> Time <u>5 : 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 type="checkbox"/> Rejected <input checked="" type="checkbox"/>
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CERTIFIED ANALYST/SUPERVISOR Sam Marshal / James Williams DATE 12/16/16

**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>	7 Collection of Sample Date <u>12 / 14 / 16</u> Time <u>1 : 45</u> am/pm Temp. <u>37.5</u> °F	Owner of Milk <u>Utter's Dairy, DMS</u> FIPS # <u>42-995, 42-977</u>	Route # <u>118</u> Load # <u>168123</u>
	Laboratory ID # <u>42-C-00399</u> Printout (enclosed): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Test Method(s) Used <u>Charm SL</u>	Test Kit Lot # <u>151</u> Expiration Date <u>2/2017</u>

Comments:

Samples Received: Date: 12 / 14 / 16 Time: 3 : 00 am/pm Temp. : 3.6 °C. Analyst Initials SM 12
 Samples Tested: Date: 12 / 14 / 16 Time: 3 : 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
1	42-995	26995	+0459	NF	Positive Control <u>+0754</u> Negative Control <u>-0519</u>
2	42-995	26894	-1589	NF	
3	42-995	56744	-1298	NF	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>
4	42-995	26856	-1259	NF	
5	42-995	56771	+2095	POS	
6	42-995	46541	-1239	NF	
					Producer Confirmation
					Positive Producer(s)
					12 DUPLICATE RESULTS (number / interpretation) <u>+ 0539 / POS</u> <u>- 0154 / 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 BFSL-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.