

PENNSYLVANIA DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
DIVISION OF MILK SANITATION
2301 NORTH CAMERON STREET, PA 17110-9408

EMERGENCY LABORATORY REPORT
(Drug Residue/Phosphatase/ Pathogens)

Please use this form to report *all positive official monthly and semi- annual test results*, which require an **immediate report** to the Department of Agriculture. Positive phosphatase results , drug residue results **in finished products** and suspect and confirmed pathogen results **in fluid raw milk for human consumption** will require **immediate** notification by phone call (717-787-4315) along with a fax (717-787-1873) or email (mhydock@state.pa.us) copy of this report to the Harrisburg office .

In accordance the 7. Pa. Code *Section-59a.21 and 59a.408* ,you are hereby advised of the following positive result(s):

Drug Residue Test Kit Used _____ Lot # _____
Phosphatase Fluorophos _____ Charm _____
Pathogens Suspect Type(s) _____
Confirmed Type(s) _____

REPORTING INFORMATION

Producer Name / Address _____
or _____
Finished Product ID Code _____
Producer No. & Herd No. / Sell By Code _____
Date Sampled _____ Temperature Control _____
Date and Time of Analysis _____ Temperature Control _____

RESULTS FOUND

Initial Result (Values / Interpretation) _____
Confirmatory Test(s) Used _____
Confirmation Results (Values / Interpretation) _____

RECORD KEEPING INFORMATION

Date/Time PDA was notified by phone _____ Date Report was mailed _____
Approved Inspector _____
Permit Holder _____ BTU No. _____
LABORATORY _____
SIGNATURE _____

Laboratory Director