

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
LABORATORY DIVISION

APPENDIX N TRAINING SESSION
APPROVAL REQUEST FOR NEW ANALYST

The following individuals have participated in training at: (Facility) _____ in (Town) _____ PA, concerning the Appendix N Testing Program for Drug Residues for (test) _____.

This training was held on _____, 20____ by _____
Information and materials presented dealt with the review of the (current) Pasteurized Milk Ordinance (PMO) - Appendix N Testing Program for Drug Residues, Industry Analyst, Industry Supervisor and Certified Industry Supervisor responsibilities. FDA 2400 forms and product inserts, along with quality control records, were used to evaluate approved methods for testing for animal drug residues. Each analyst properly demonstrated testing procedure of approved Appendix N method used at this facility.

The undersigned have been trained in the Appendix N requirements. They understand the responsibilities associated with this testing procedure.

DETERMINED BY FACILITY TRAINER			DETERMINED BY LABORATORY EVALUATION OFFICER		
Name of Participant (print)	SIGNATURE of Participant	Date Trained	Classification	Status	PDA #

Classification: IA= Ind. Analyst, IS = Ind. Supervisor, CIS = Certified Ind. Supervisor Status: F^A-Fully Approved, C^A = Conditionally Approved, P^A = Provisionally Approved

Facility Supervisor Signature

Date

State Laboratory Evaluation Officer Signature

Date Approved