

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

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:	_____ _____ _____	

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