BFSLS 528a (8/23)

pennsylvania
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY & LABORATORY SERVICES

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