

NATIONAL MILK DRUG RESIDUE DATA BASE REPORTING FORM

1. State: _____ 2. Grade A: YES / NO 3. Analyzed By: IND / REG
4. Reporting Period: (Month/Year): _____
5. Source of Samples: **BMP** **PS** **PFM** **OTHER**
6. Total Samples Analyzed: _____ _____ _____ _____
7. Number of Positive Loads/Lots: _____ _____ _____ _____
8. Pounds of Pos. Milk (X 1000): _____ _____ _____ _____
9. Disposition in Compliance with PMO/State Regulations? YES / NO
(if no, explain) _____
10. Contact Person and Organization: _____
11. Telephone Number: _____
12. Comments: _____

BMP (Bulk Milk pickup)	Grade A: Y N	IND Reg
Test Code	Number of Tests	Number Positive Tests
TOTALS		
PS (Producer Samples)	Grade A: Y N	IND Reg
Test Code	Number of Tests	Number Positive Tests
TOTALS		
PFM (Pasteurized Fluid Milk)	Grade A: Y N	IND Reg
Test Code	Number of Tests	Number Positive Tests
TOTALS		
OTHER	Grade A: Y N	IND Reg
Test Code	Number of Tests	Number Positive Tests
TOTALS		