

Daily Industry Drug Residue Test Record

Company name		
Address		
City	State	Zip
Test site location		

Submit this form at the end of each month to:
Nebraska Department of Agriculture
Food Safety and Consumer Protection
P.O. Box 95064
Lincoln, NE 68509
 Telephone: (402) 471-3422 Fax: (402) 471-2759
 www.agr.ne.gov

Pos Control *** All positive results must be immediately reported to the Food Safety and Consumer Protection ***

Neg Control **Screening Test Information**

Block Heater Temp Notify Regulatory Personnel

Collection			Bulk Milk Load ID	Result		Method	Result (circle one)	Analyst Name	Who	Date	Time	How
Date	Time <i>(military)</i>	Temp		Test Time <i>(military)</i>	Temp							
1.							Pos. NF					
2.							Pos. NF					
3.							Pos. NF					
4.							Pos. NF					
5.							Pos. NF					
6.							Pos. NF					
7.							Pos. NF					
8.							Pos. NF					
9.							Pos. NF					
10.							Pos. NF					
11.							Pos. NF					
12.							Pos. NF					
13.							Pos. NF					
14.							Pos. NF					
15.							Pos. NF					

Total Loads *** A copy of this record must be kept for a minimum of 6 months at the location where the tests were performed ***

Confirmatory Information (if positive complete NDA Form 34)

Bulk Milk Load ID	Date	Time <i>(military)</i>	Method	Result (circle one)	Analyst Name	Notify Regulatory Personnel			
						Who	Date	Time	How
				Pos. NF					
				Pos. NF					