

# Industry's Record of Positive Load and Producer Responsible

Submit to:

Nebraska Department of Agriculture  
Food Safety and Consumer Protection  
P.O. Box 95064  
Lincoln, Nebraska 68509  
(402) 471-3422  
(402) 471-2759 (fax)

Milk company:	Date of report:
Identity of positive load:	Pounds of milk:

**Producers on Load** *(place an asterisk (\*) behind producers who have positive results)*


**Test Method**

## PRESUMPTIVE POSITIVE

Test: \_\_\_\_\_ Result: \_\_\_\_\_ Analyst: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who was notified? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ How? \_\_\_\_\_ By whom? \_\_\_\_\_

## SCREENING TEST POSITIVE LOAD CONFIRMATION

Test: \_\_\_\_\_ Result: \_\_\_\_\_ Analyst: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who was notified? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ How? \_\_\_\_\_ By whom? \_\_\_\_\_

Destination and/or disposition of milk:		
Direction of the Bureau:		
Name of Producer:	Route #:	Offense #:
Penalty assessed (attach documentation):		
Date of negative result:	Test method:	Analyst:
		Date of resumed shipment:

\*\*\* A copy of this record must be kept for a minimum of six months at the location where the tests were ran \*\*\*