

Drug Residue (Appendix N) Incident Report

Presumptive Positive		Drug Family - Circle one: Beta Lactam Sulfonamide Tetracycline Other			
Plant Rejecting: _____		Plant # 06- _____	Plant Contact: _____	Phone #: _____	
Hauling Company: _____		Phone #: _____	Handler/Broker: _____		
Tanker #: _____	Route #: _____	BTU #: _____	Load Weight: _____		
Sample Collection	Initial Test Result		Repeat in Duplicate with +/- controls		
Date: _____	Test Method Used: _____		<u>Sample</u>	<u>Result</u>	<u>Interpretation</u>
Time: _____	Test Kit Lot #: _____		- control:	_____	_____
Temp: _____	Lot Expiration Date: _____		+ control:	_____	_____
S&W #: _____	Result: _____ Interpretation: _____		Duplicate 1:	_____	_____
S&W name: _____	Analyst: _____	Signature: _____	Duplicate 2:	_____	_____
Rejected Tanker Destination: _____		Sample destination if different than tanker destination: _____			

If either duplicate is positive and controls give appropriate results the test must be confirmed by a CIS or Certified lab.

Confirmation of Presumptive Positive					
Confirming Plant/Lab: _____		Lab # _____	Plant # _____	Phone # _____	
Test Method Used: _____		Date: _____		<u>Sample</u>	<u>Result</u>
Test Kit Lot # _____		Time: _____		- control:	_____
Lot Expiration Date: _____		Sample Temp: _____		+ control:	_____
CIS/CA: _____	Signature: _____		Duplicate 1:	_____	_____
Disposition of Tanker: _____			Duplicate 2:	_____	_____
			1/100 Dilution*:	_____	
<small>* beta lactams only for 1/100 dilution</small>					

Producer Traceback:			Producer Confirmation		
<u>Patron #</u>	<u>Result</u>	<u>Interpretation</u>	Date: _____	<u>Sample</u>	<u>Result</u>
_____	_____	_____	Time: _____	- control:	_____
_____	_____	_____	Test Method Used: _____	+ control:	_____
_____	_____	_____	Test Kit Lot #: _____	Duplicate 1:	_____
_____	_____	_____	Lot Expiration Date: _____	Duplicate 2:	_____
CIS/CA Name: _____			Signature: _____		
Positive Producer Patron # _____		Dairy Name: _____		County: _____	
Market Milk Permit # _____		Address: _____			

Follow Up Sample for Reinstatement		S&W Name: _____		S&W #: _____	
Test Method Used: _____		Date: _____	<u>Patron #</u>	<u>Result</u>	<u>Interpretation</u>
Test Kit Lot # _____		Time: _____	_____	_____	_____
Lot Expiration Date: _____		Sample Temp: _____	_____	_____	_____
CIS/CA: _____		Signature: _____			

Department Notification: (circle methods of notification)					
Presumptive Positive Reported By: _____		Signature: _____		Time _____	
Phone* and		Fax _____	Email _____	Date _____	
Confirmed Positive and Producer Traceback Reported by: _____				Time _____	
(CIS/CA)	Fax _____	Email _____	Signature: _____	Date _____	
Reinstatement Results/Completed Form sent to Regional Office by: _____				Time _____	
(CIS/CA)	Fax _____	Email _____	Signature: _____	Date _____	

Regional Office Contact Information

	Fax Numbers	Email
Fresno:	(559) 445-5909	fmdfs@cdfa.ca.gov
Oakland:	(510) 622-4808	oakmdfs@cdfa.ca.gov
Ontario:	(909) 923-0359	ontmdfs@cdfa.ca.gov
Stockton:	(209) 466-1738	stomdfs@cdfa.ca.gov



California Department of Food & Agriculture
Milk and Dairy Food Safety Branch

* **Immediately** upon completion of required tests for a reportable presumptive positive **phone MDFS HQ at: 916-999-3019** and provide rejecting plant name and #, individual reporting presumptive positive and contact #, date and time incident reported, hauling company, tanker #, route #, load wt, and disposition of tanker. Then Fax and/or email this form to your regional office. If emailed, use the email addresses above and **include "Appendix N" in subject.**