

CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE
MILK AND DAIRY FOODS CONTROL BRANCH
BULK RAW MILK TANKER DRUG RESIDUE TESTING
FOR ____ QUARTER – 20__

INDUSTRY TANKER SCREENING NAME / LOCATION _____

PLANT # 06- _____

SUPERVISOR _____

BETA LACTOM SCREENING				
SCREEN TEST METHOD _____			GRADE OF MILK REC'D _____	
MONTH	# TANKERS SCREENED	TOTAL LBS. OF MILK	# TANKERS SCREENED POSITIVE	TOTAL LBS. OF MILK POSTIVE
QTR. TOTAL				

SULFONAMIDES SCREENING				
SCREEN TEST METHOD _____			GRADE OF MILK REC'D _____	
MONTH	# TANKERS SCREENED	TOTAL LBS. OF MILK	# TANKERS SCREENED POSITIVE	TOTAL LBS. OF MILK POSTIVE
QTR. TOTAL				

TETRACYCLINE SCREENING				
SCREEN TEST METHOD _____			GRADE OF MILK REC'D _____	
MONTH	# TANKERS SCREENED	TOTAL LBS. OF MILK	# TANKERS SCREENED POSITIVE	TOTAL LBS. OF MILK POSTIVE
QTR. TOTAL				

IDENTIFICATION OF TANKERS AS POSITIVE BY SCREENING TEST

TANKER ID DATE LBS. MILK CONFIRMED OR RETURNED TO SUPPLIER*

*IF CONFIRMED COMPLETE BACK OF FORM – IF RETURNED, IDENTIFY SUPPLIER

SCREENING SUPERVISOR SIGNATURE _____ DATE _____

PLEASE COMPLETE APPENDIX N ANALYST UPDATE

DUE BY END OF CURRENT QUARTER