

Drug Residue (Appendix N) Incident Report

Screening Lab	Presumptive Positive		Drug Family - Select 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.

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

Confirming Lab	Producer Traceback:			Producer Confirmation		
	<u>Patron #</u>	<u>Result</u>	<u>Interpretation</u>	Date: _____	<u>Sample</u>	<u>Result</u> <u>Interpretation</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: _____			

Confirming Lab	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: _____	_____	_____

Screening	Department Notification: (circle methods of notification and analyst type)		
	Presumptive Positive Reported By: _____		Signature: _____ Time _____
	Phone* and	Email	Date _____
	Completed Confirmation of Presumptive Positive and Producer Traceback emailed to Regional Office By:		Time _____
	Name: _____ (CIS/CA) Signature: _____	Date _____	
	Reinstatement Results/Completed Form emailed to Regional Office By:		Time _____
Name: _____ (CIS/CA) Signature: _____		Date _____	

Regional Office Contact Information

Region: _____ **Email Address:** _____
 Central: cdfa.ahfss_mdffb_central@cdfa.ca.gov
 North Coast: cdfa.ahfss_mdffb_north_coast@cdfa.ca.gov
 Southern: cdfa.ahfss_mdffb_southern@cdfa.ca.gov
 North Valley: cdfa.ahfss_mdffb_north_valley@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 leave a message with the following information: plant name and #, date and time test conducted, tanker #, route #, pounds of milk in tanker, hauling company, handler, rejected tanker destination, name and phone number of individual reporting the presumptive positive. After leaving the voicemail, email this form to your regional office. Include "Appendix N" in subject line.