

FORM DR 92-4

REPORT OF POSITIVE DRUG RESIDUE TEST RESULT & MILK
DISPOSITION FOR BULK MILK PICKUP TRUCKS/TANKERS*

RECEIVING PLANT NAME: _____ DATE: _____
PLANT ADDRESS: _____
SOURCE OF MILK FIPS NO.: _____ LBS. OF MILK REJECTED: _____
TRUCK #: _____ HAULER: _____

Screening Test Analyst: _____ Type of Drug Found _____
Test Method: _____ Test Result: _____ +/- Control Results _____/_____

Presumptive Positive Test Analyst _____
Test Method: _____ (Sample Run in Duplicate with +/- Controls)
Test Result 1: _____ 2: _____ +/- Control Results _____/_____

Final Confirmation Analyst: _____ Certified Facility _____
Test Method: _____ (Sample Run in Duplicate with +/- Controls)
Test Result 1: _____ 2: _____ +/- Control Results _____/_____

Final Confirmation of Positive Producer Analyst _____
Test Method: _____ (Sample Run in Duplicate with +/- Controls)
Test Result 1: _____ 2: _____ +/- Control Results _____/_____

DISPOSITION OF MILK*: _____

LBS. OF MILK DISPOSED: _____

DISPOSITION CERTIFIED BY: _____
(signature) (date)

NAME/ADDRESS/ID# OF POSITIVE PRODUCER(S)

REPORT TO VERMONT AGENCY OF AGRICULTURE, FOOD & MARKETS
CALL THE DAIRY DIVISION (802) 828-2433 Email: AGR.Dairy@vermont.gov

CALLER NAME/PHONE# _____

PERSON NOTIFIED: _____

TIME/DATE OF NOTIFICATION: _____

EMAIL COMPLETED REPORT FORM TO THE DAIRY DIVISION. MAINTAIN A
COPY OF COMPLETED REPORT FORM FOR YOUR RECORDS.

*A copy of this form shall travel with the rejected milk to its final disposition.