Daily Industry Drug Residue Test Record

Company name		
Address		
City	State	Zip
Test site location		

Submit this form at the end of each month to:
Nebraska Department of Agriculture
Agriculture Laboratories
3703 South 14th Street
Lincoln, NE 68502-5399
Email: kathy.pieper@nebraska.gov Phone: 402-471-8161

Pos Control	
Neg Control	
Block Heater Temp	

****** All positive results must be immediately reported to your State Dairy Inspector******

Screening Test Information

	Collection				Testing						Notify Regulatory Personnel			
	Date	Time *(military)*	Temp	Bulk Milk Load ID	Test Time *(military)*	Temp	Method	Result (check one)	Analyst Name	Who	Date	Time	How
1.								Pos. ☐ NF ☐					
2.								Pos. ☐ NF ☐					
3.								Pos. ☐ NF ☐					
4.								Pos. ☐ NF ☐					
5.								Pos. ☐ NF ☐					
6.								Pos. ☐ NF ☐					
7.								Pos. ☐ NF ☐					
8.								Pos. ☐ NF ☐					
9.								Pos. ☐ NF ☐					
10.								Pos. ☐ NF ☐					
11.								Pos. ☐ NF ☐					
12.								Pos. ☐ NF ☐					
13.								Pos. ☐ NF ☐					
14.								Pos. ☐ NF ☐					
15.								Pos. ☐ NF ☐					

Total Loads

****** A copy of this record must be kept for two years, from last Laboratory evaluation. ******

Confirmatory Information (if positive complete NDA Form 34)

Bulk Milk Load ID	Date	Time *(military)*	Method	Result (check one)	Analyst Name	Notify Regulatory Personnel			
						Who	Date	Time	How
				Pos. ☐ NF ☐					
				Pos. ☐ NF ☐					