NEBRASKA
Good Life. Great Roots.
DEPARTMENT OF AGRICULTURE

Record of Positive Load and Producer Responsible

Food Safety and Consumer Protection

Milk Company _____ Test Site _____

Identity of Positive Load _____ Pounds of Milk _____

Date Reported _____ Time Reported _____ By Whom? _____

PRODUCERS ON LOAD (* = producer with positive results)

TEST METHOD

Presumptive Positive _____ Result _____ Analyst _____ Date _____ Time _____

Screening test positive load confirmation _____ Result _____ Analyst _____ Date _____ Time _____

Destination and/or disposition of the milk:

_____

_____

_____

_____

Direction of the Nebraska Department of Agriculture:

_____

_____

PRODUCER INFO

Name of Producer _____ Route # _____ Inspector _____ Offense # _____

SUSPENSION INFO

Date Suspended _____ Date of Negative Results _____ Test Method _____ Analyst _____