

State of New York  
 Department of Agriculture and Markets  
 Division of Milk Control and Dairy Industry Services  
 10B Airline Drive  
 Albany New York 12235-0001  
 518-457-1772

Report of Positive Appendix-N Drug Test and Load Information  
 (To Be Completed By Receiving Plant)

**Date of Positive Load** \_\_\_\_\_ 1 \_\_\_\_\_ **Tracking Number** \_\_\_\_\_ 2 \_\_\_\_\_

Plant Name \_\_\_\_\_ 3 \_\_\_\_\_

Plant address \_\_\_\_\_ 4 \_\_\_\_\_

**Haulers name, State & load ID** \_\_\_\_\_ 5 \_\_\_\_\_

Name of Dealer That Was Notified \_\_\_\_\_ 6 \_\_\_\_\_ Contact Person \_\_\_\_\_ 7 \_\_\_\_\_

Pounds of milk rejected \_\_\_\_\_ 8 \_\_\_\_\_ **FIPS / BTU Number** \_\_\_\_\_ 9 \_\_\_\_\_

**Disposition of Milk** \_\_\_\_\_ 10 \_\_\_\_\_ Person Completing Report \_\_\_\_\_ 11 \_\_\_\_\_

**Test Method Used** \_\_\_\_\_ 12 \_\_\_\_\_ Control Results Pos. \_\_\_\_\_ Neg. \_\_\_\_\_

Sample Test Results 1<sup>st</sup> \_\_\_\_\_ 13 \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Technician Name and Number \_\_\_\_\_ 14 \_\_\_\_\_ Test Date \_\_\_\_\_ 15 \_\_\_\_\_

Positive Producer Name & ID Number \_\_\_\_\_ 16 \_\_\_\_\_

Producer(s) Pounds on Load \_\_\_\_\_ 17 \_\_\_\_\_

Producer Test Method \_\_\_\_\_ 18 \_\_\_\_\_ Control Results Pos. \_\_\_\_\_ Neg. \_\_\_\_\_

Producer Sample Results 1<sup>st</sup> \_\_\_\_\_ 19 \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

NYSDAM Person Notified & Date \_\_\_\_\_ 20 \_\_\_\_\_

**Producer Follow up Information**

(To be completed by DPS)

Number of Violations in Previous 12 Months \_\_\_\_\_ 21 \_\_\_\_\_ Exclusion # of Days or Pounds \_\_\_\_\_ 22 \_\_\_\_\_

Monetary Penalty \_\_\_\_\_ 23 \_\_\_\_\_ Recheck: Date / Method / Result \_\_\_\_\_ 24 / \_\_\_\_\_ / \_\_\_\_\_

Was the Appropriate Information in the Producers Quality Control Records \_\_\_\_\_ 25 \_\_\_\_\_

DPS Signature \_\_\_\_\_ 26 \_\_\_\_\_ Date \_\_\_\_\_ 27 \_\_\_\_\_

Remarks \_\_\_\_\_ 28 \_\_\_\_\_

Instruction Sheet for  
Report of Positive Appendix-N Drug Test and Load Information

→ Please note that items on the top of the form that are bolded is the information that will be needed when calling the Central Office to get your Tracking Number. 518-457-1772

- 1) Date of Positive load is the date which the load was initially tested.
- 2) Tracking number is the number provided by NYSDAM Central Office when positive load is reported. Be sure to request the number when calling in.
- 3) Record the name of the facility which rejected the load.
- 4) The address of facility that rejected the load.
- 5) The name of the milk hauling company, the State in which the milk originated from and the assigned ID number of the load. Also include which compartment(s) were positive if applicable.
- 6) The name of the dealer is the owner and or handler of the milk.
- 7) Contact person is whom you talked with when contacting the owner of the milk.
- 8) The pounds of milk on the load and or the compartment that was rejected.
- 9) The FIPS number of the shipper i.e. 36-000 which is normally found on the loads weight sheet and the producers BTU number.
- 10) Where the owner or handler of the milk directed the load to be dumped; i.e. Hainsworth Calf Management facility or McCue farm manure pit.
- 11) The name of the person who is completing the report on behalf of the receiving plant.
- 12) The Appendix-N procedure that was used to test the load of milk, i.e. Snap, Charm SL-BL or Charm SL-6. Please be sure to include results for new positive and negative controls.
- 13) The three results, if the procedure has a numeric value please include that also i.e. + 105 or NF 155.
- 14) The name and license number of the analyst(s) doing the testing.
- 15) The date which the testing was done.
- 16) The name and identification number of the producer that was found to have contaminated the load. Indicate if producer was split between compartments.
- 17) Pounds of milk that the producer had on the load or compartment.
- 18) The Appendix-N procedure that was used to test the producer sample(s). Please be sure to include results for new positive and negative controls.
- 19) The three results, if the procedure has a numeric value please include that also i.e. +105 or NF 155.
- 20) List the name of the Dairy Products Specialist that was notified, please include date and time.
- 21) Based on QC records how many positive drug residue tests has the producer had in the previous 12 months.
- 22) Indicate the producer's exclusion information, number of days, total pounds and or paid for load.
- 23) Indicate any monetary penalty if exclusion of milk did not cover the penalty. We need to see copies of payment stub, spreadsheets, notice of deductions, insurance checks or other positive evidence that the penalty was actually paid. Use the remarks section to describe the specific details.
- 24) Record the producers recheck / reinstatement sample data. Include the specific test method, date of testing and results need to be included.
- 25) Confirm all the appropriate information and reports are in the producers QC records.
- 26) DPS signature
- 27) Date that the report was completed.
- 28) Use the remarks section to elaborate on details relating to the producers penalty action and any relevant information not covered by the general questions. i.e. Dump load proof, confirm you saw a signed statement form hauler or check from shipper. A signed statement could be proof only if it shows where the load was dumped and is signed by the milk hauler or milk receiver.