Drug Residue Testing – Industry Supervisor Responsibilities

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WISCONSIN DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP)

Fall 2023 Workshop

TRAINING ANALYSTS

- New hires before they start testing loads.
- All analysts annually.
- "Training" includes:
  - Instruction in testing procedure per 2400 form.
  - Knowledge of General Requirements 2400 form.
  - Instruction of all QC forms used in your lab.
  - Instruction in using the PDRRF.
  - Verify analyst testing ability with 3 "unknown" samples.
- Document all training & testing on analyst training log.
  - Submit analyst training log to LEO.
  - Set a reminder for due date of next year's training.

INTERNAL AUDIT

To be done annually (required for screening labs).

- Use 2400 form General Requirements.
- Use 2400 form for specific test kit.
- Use the forms as "checklists."
  - Read each item to determine compliance.
    - Checkmark/"ok"/"yes" if in compliance ("RO" on electronic fillable form).
    - If not in compliance – fix it!
    - "NA" if doesn't apply to your lab.
    - Fill in stated information in the "blanks."
    - Contact an LEO if not understanding the requirement.

THERMOMETERS

3. Temperature measuring devices
   - a. National Institute of Standards and Testing (NIST) traceable thermometer or other temperature measuring device with certificate. Must be checked annually at ice point.
     1. Reference temperature measuring device identity:

	Serial #	Date of Certificate	Ice Point Date
a:	Fill in w/ NIST info	Fill in w/ NIST info	Fill in w/ NIST info
b:	_____	_____	_____

* Calibrate all in-use/working thermometers annually (within 12 month period).
* Document calibrations.
* Tag thermometers with calibration information.

PIPETTORS

7. Pipettors, Calibrated, Fixed Volume or Electronic Only [Required for NCIMS Accredited Laboratories and Certified Industry Supervisor Facilities]

a. Pipettors etched with identification (imprinted serial numbers acceptable) and **tagged** with date accuracy checked _____
b. Appropriate tips for pipettor(s) used
c. Follow manufacturer's instructions unless otherwise stated regarding proper technique for use
d. Pipetting devices accuracy checked on-site _____
e. Pipetting devices accuracy checked at another location _____
   1. Location: _____
   2. Current and acceptable
   3. Copy of record on-site _____
f. Check accuracy with ten (10) consecutive measurements, by weight or by volume (>1.0 ml using a class A graduated cylinder), using separate tip for each measurement, **every 6 months** _____
g. Average of all 10 measurements must be ±5% of specified delivery volume; maintain records _____

PERFORMANCE TESTING

10. Performance testing

a. Run a positive and negative control before use on each new lot of kits, must give appropriate results; maintain records _____

b. Run a negative and positive control DAILY (on days testing), at each test site, must give appropriate results, if not, re-run controls (may be necessary to prepare new controls); if problem persists discontinue testing, contact State regulatory and seek technical assistance; maintain records _____

c. If available from manufacturer, check instrument calibration with check devices DAILY (on days testing), must give appropriate results, if not, discontinue testing and seek technical assistance; maintain records _____

d. If more than one analyst performs analysis, have different analyst run performance check on rotational basis _____

FOLLOW UP TESTING

11. Verification of initial positive tanker samples. _____

12. Confirmation of presumptive positive tanker samples [only in an accredited laboratory or by a CIS (refer to M-a-85 current revision for listing of test kits to assure equivalence)]. _____

**This testing is not done by screening lab.*

**Write in name of your confirmation lab.*

13. Trace back of producers on a confirmed positive tanker [only performed in an accredited laboratory or by a CIS (refer to M-a-85 current revision for listing of test kits to assure equivalence)]. _____

**This testing is not done by screening lab.*

**Write in name of your confirmation lab.*

COMMON INFO FOR ALL 2400 TEST KIT FORMS (CHARM, SNAP, DELVO)

Be sure to fill in information in all the "blanks" on the forms:

- Incubator temperature.
- Incubator time.
- Serial # of the Charm reader.
- High and low ranges for the calibrator strips.
- Lot number and expiration date for the test kit.
- Lot number and expiration date for the controls.

ALL DONE??

- Make sure the following is on the front page of your internal audit:
  - Lab name and number.
  - Date of the audit.
  - Name of Industry Supervisor that performed the audit.
- Make a copy of the internal audit for your file.
- Submit the internal audit to the LEOs.
- Set a reminder for due date of next years audit.

DAIRY SANITARIAN OBSERVATIONS

- Industry Supervisor certificate
- Analyst training log
- Incubator temperature
- Incubator thermometer calibrated (tag)?
- Pipettor calibrated (tag)?
- Daily controls run?
- Daily reader checks run?

LEO CONTACT INFORMATION

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