

Drug Residue Testing – Industry Supervisor Responsibilities

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

Fall 2025 Workshop

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TRAINING ANALYSTS

- · New hires before they start testing loads
- · All analysts annually
- "Training" includes:
- $\scriptstyle \alpha$ Knowledge of General Requirements 2400 form
- □ Instruction of all QC forms used in your lab
- ${\scriptstyle \blacksquare}$ Instruction in using the PDRRF
- ${\tt n}$ Verify analyst testing ability with three "unknown" samples
- Document all training and testing on analyst training log
- Submit analyst training log to Laboratory Evaluation Officer (LEO)
- Set a reminder for due date of next year's training



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INTERNAL AUDIT

To be done annually (required for screening labs)

- ${\tt m}$ Use 2400 form General Requirements
- ${\tt u}$ Use 2400 form for specific test kit
- Use the forms as "checklists"
- Read each item to determine compliance
- $_{\circ}$ Checkmark/"ok"/"yes" if in compliance ("RO" on electronic fillable form)
- ∘ If not in compliance fix it!
- $_{\circ}\,\text{``NA''}$ if doesn't apply to your lab
- $_{\circ}\,$ Fill in stated information in the "blanks"
- $_{\circ}$ Contact an LEO if not understanding the requirement



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	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.	_		
	I. 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	-		
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	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 manufactures' instructions unless otherwise stated regarding	-		
	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:			
	Current and acceptable Gopy 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	_		
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	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 UPTESTING

- II. 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.
- *Screening labs mark as NA and 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
 - *Screening labs mark as NA and write in name of your confirmation lab

e 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



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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 LEO Mailbox
- Set a reminder for due date of next year's audit



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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?



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LEO CONTACT INFORMATION

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-OR-

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