



Wisconsin Department of Agriculture,
Trade & Consumer Protection
Division of Food Safety
PO Box 8911, Madison, WI 53708
Telephone (608) 224-4712

APPENDIX N ANALYST TRAINING REPORT

Wis. Stats. s. 97.22 & 97.20

1. IS _____ CERTIFICATE EXPIRATION DATE _____

2. IS _____ CERTIFICATE EXPIRATION DATE _____

FACILITY _____ PLANT # _____

ADDRESS _____

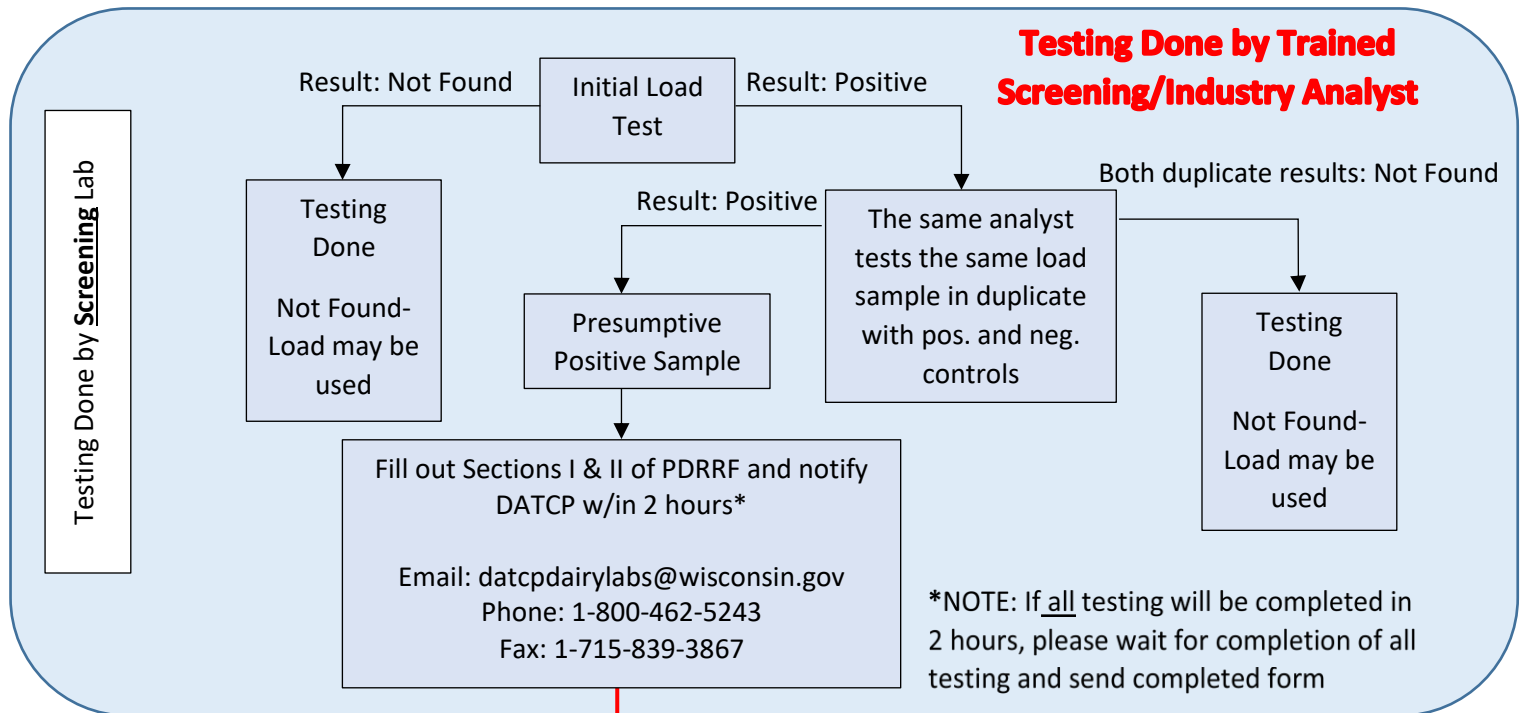
CITY/STATE _____

FACILITY INTERNAL AUDIT DATE: _____

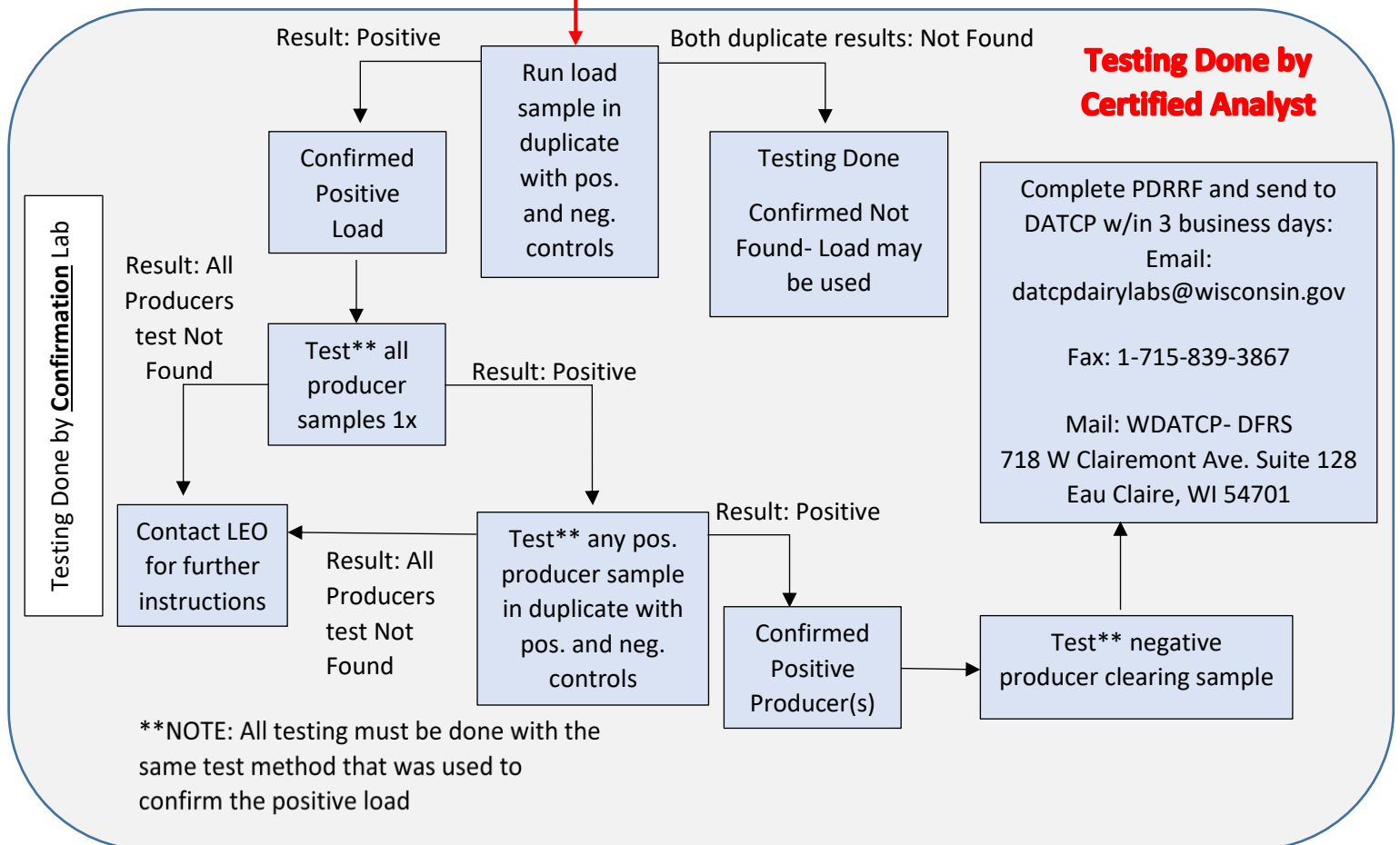
ANALYST NAME	DATE TRAINED	TEST METHOD	PROFICIENCY TEST RESULT P=PASS F=FAIL	DATE OF PROFICIENCY TEST	IS INITIALS

Instructions: All industry analysts must be trained and run proficiency tests at least annually. The screening facility needs to keep this original form for their records and submit a photocopy of this form, along with the Internal Audit Report to the address above. **Please mark the envelope to the attention of the Laboratory Evaluation Officers.**

Appendix N Testing Flowchart



Transfer Load/Producer Samples to Certified Lab for testing





Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety

718 W. Clairemont Ave., Ste. 128, Eau Claire, WI 54701

Phone: (715) 839-3844 Fax: (715) 839-3867

POSITIVE DRUG RESIDUE REPORT FORM

Wis. Stat. §§ 97.22 and 97.20

REPORT LOADS OF MILK CONTAINING DRUG RESIDUE ON THIS FORM

Complete the information in sections I and II immediately (within 2 hours) and provide this information to the Department's Division of Food and Recreational Safety by telephone, fax or e-mail. Then, complete the rest of the form and submit within 3 business days to: WDATCP, Division of Food and Recreational Safety, 718 W. Clairemont Ave., Ste. 128, Eau Claire, WI 54701. Retain a copy for your records.

HOT LINE NUMBER: (800) 462-5243 **FAX NUMBER:** (715) 839-3867 **E-MAIL:** datcpdairy@wisconsin.gov

I. LOAD IDENTIFICATION							
RECEIVING PLANT:						PLANT NUMBER:	
PLANT ADDRESS/LOCATION:				CITY:		STATE:	ZIP:
TANKER LICENSE NUMBER:	WEIGHT OF LOAD:		LOAD NUMBER:	NAME OF HAULER:			
ORIGINATING PLANT NAME (if different from receiving plant):						PLANT NUMBER:	
II. LOAD SCREENING TEST INFORMATION							
DATE LOAD SCREENED POSITIVE:		TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	TEST METHOD:		TEST KIT LOT #:	
SCREENED POSITIVE FOR: <input type="checkbox"/> BETA LACTAMS <input type="checkbox"/> TETRACYCLINES			DATE POSITIVE RESULT PHONED, FAXED, EMAILED TO DATCP:			TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME OF PERSON REPORTING:						PHONE NUMBER:	
III. LOAD CONFIRMATION TEST							
TESTING SITE:	SAMPLE RECEIVED:			<input type="checkbox"/> AM <input type="checkbox"/> PM		TEST STARTED:	
	DATE:	TIME:	TEMP:	DATE:	TIME:	TEMP:	
TEST METHOD:		TEST KIT LOT #:		TEST RESULT #1:		TEST RESULT #2:	
				<input type="checkbox"/> POS <input type="checkbox"/> NF		<input type="checkbox"/> POS <input type="checkbox"/> NF	
CERTIFIED WI LAB LICENSE #: 105 -		NAME OF CERTIFIED INDIVIDUAL:				CERTIFIED LAB ANALYST LICENSE #:	
IV. DISPOSITION OF MILK							
<input type="checkbox"/> DUMPED** <input type="checkbox"/> USED IN PROCESSING <input type="checkbox"/> LOAD REJECTED & RETURNED TO SELLER**							
**Complete Tanker Disposal Report Form and maintain on file.							
NAME OF SELLER CONTACT PERSON - Reporting plant must notify supplying plant IMMEDIATELY. (ONLY FOR LOAD REJECTED):						DESTINATION STATE:	
V. POSITIVE PRODUCER SAMPLE & TEST DATA							
PLANT # - PATRON #:	PRODUCER NAME:			PRODUCER GRADE:		DIRECT SHIPPER:	
				<input type="checkbox"/> A <input type="checkbox"/> B		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SAMPLE COLLECTION:			<input type="checkbox"/> AM <input type="checkbox"/> PM		SAMPLE COLLECTED BY - BMWS NAME & LICENSE #:		
DATE:	TIME:	TEMP:					
TEST STARTED:		<input type="checkbox"/> AM <input type="checkbox"/> PM	TEST METHOD:		TEST KIT LOT #:	TEST RESULT #1:	TEST RESULT #2:
DATE:	TIME:				<input type="checkbox"/> POS <input type="checkbox"/> NF	<input type="checkbox"/> POS <input type="checkbox"/> NF	
CERTIFIED WI LAB LICENSE #: 105 -				CERTIFIED LAB ANALYST LICENSE #:			
VI. NEGATIVE RECHECK/RESUME SHIPPING							
SAMPLE COLLECTION:			<input type="checkbox"/> AM <input type="checkbox"/> PM		SAMPLE COLLECTED BY - BMWS NAME & LICENSE #:		
DATE:	TIME:	TEMP:					
TEST STARTED:		<input type="checkbox"/> AM <input type="checkbox"/> PM	TEST METHOD:		TEST KIT LOT #:	TEST RESULT:	
DATE:	TIME:				<input type="checkbox"/> NF		
CERTIFIED WI LAB LICENSE #: 105 -				CERTIFIED LAB ANALYST LICENSE #:			

POSITIVE DRUG RESIDUE REPORT FORM

INSTRUCTIONS

All tanker loads of milk, including direct ship tankers from single producers, received by a dairy plant shall be tested for drug residue. If the screening site gets a positive test result on the first test of the load, the screening site must test the same sample, in duplicate, with positive and negative controls.

All positive test results, including direct ship tankers from single producers, must be reported to the Department using this form.

All confirmed positive tankers must be disposed of properly. The disposal is the responsibility of the dairy plant.

1. The information in Sections I and II must be completed IMMEDIATELY (within 2 hours) and this information is reported to the Division of Food and Recreational Safety.

By Telephone: 1-800-462-5243
By FAX: 1-715-839-3867
By E-mail: datcpdairylibs@wisconsin.gov

2. The dairy plant screening the load positive is responsible for assuring that the confirmation testing is done on the load and all patron samples for that load are tested. Complete the remainder of the form as follows:
 - A. If load confirms NEGATIVE, complete Sections III and IV. Sections V and VI apply if there was a positive producer.
 - B. If load confirms POSITIVE, complete entire form, including Sections V and VI. Provide all the information needed for lab results on the individual producer. No other paperwork on the producer (s) is necessary.

Mail, fax or e-mail the completed form within 3 business days to:

WDATCP - DFRS
718 W Clairemont Ave. Suite 128
Eau Claire, WI 54701

****Retain a copy of form and the Tanker Milk Disposal Report for your records**



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety

PO Box 8911, Madison, WI 53708-8911

Phone: (608) 224-4683 Email: datcpleo@wisconsin.gov

TANKER MILK DISPOSAL REPORT

Wis. Stat. §§ 97.20 & 97.22

Disposition of all tanker loads of milk that test positive for drug residues must be thoroughly documented. Complete this form and maintain on file at the plant.

I. BULK LOAD IDENTIFICATION			
RECEIVING DAIRY PLANT:			PLANT NUMBER:
PLANT ADDRESS/LOCATION:		CITY:	STATE:
TANKER LICENSE NUMBER:	WEIGHT OF LOAD:	LOAD NUMBER:	NAME OF HAULER THAT DELIVERED LOAD :
<input type="checkbox"/> YES <input type="checkbox"/> NO PLANT TO PLANT TRANSFER LOAD REJECTED & RETURNED TO SELLER (If YES, fill out seller information)			
NAME OF SELLER CONTACT PERSON:			
PLANT ADDRESS/LOCATION:		CITY:	DESTINATION STATE:
II. TRANSPORTATION OF MILK FOR DISPOSAL			
DATE OF TRANSPORTATION:		TIME OF TRANSPORTATION:	
NAME OF HAULER (Please Print):			
SIGNATURE:			
III. DISPOSAL OF MILK			
NAME OF DISPOSAL SITE:			
DISPOSAL ADDRESS/LOCATION:		CITY:	STATE:
DISPOSAL METHOD <input type="checkbox"/> VEAL OPERATION <input type="checkbox"/> MUNICIPAL SEWER <input type="checkbox"/> FIELD SPREAD <input type="checkbox"/> MANURE PIT <input type="checkbox"/> OTHER (Please Explain):			
DATE RECEIVED:		TIME RECEIVED:	
NAME OF PERSON RECEIVING MILK (Please Print):			
SIGNATURE:			

Wisconsin Appendix N Personnel Chart

	Screen Loads	Confirm Loads	Train Industry Analyst(s) (IA)	Test** Industry Analyst(s) (IA)	Attend IS Workshop	Unknown/PT Samples		Evaluation	
						In-house (3 unknowns)	State Provided	Internal Audit	LEO On-site
Industry Supervisor (IS) doing Reader Printer Test	X		Initial & Annual	Initial & Annual	Biennial			Annual	
Industry Supervisor (IS) doing Visual Read Test	X*		Initial & Annual		Biennial		Annual	Annual	Initial
<u>Certified</u> Industry Supervisor (CIS)	X	X	Initial & Annual	Initial & Annual	Biennial		Annual		Biennial
Industry Analyst (IA) doing Reader Printer Test	X					Initial & Annual			
Industry Analyst (IA) doing Visual Read Test	X*						Annual		Initial
<u>Certified</u> Analyst (CA)	X	X					Annual		Biennial

Certified Analysts and **Certified** Industry Supervisors MUST work at a Certified Lab

*NOTE: Industry Supervisor (IS) or Industry (IA) doing a Visual Read Test must pass an on-site evaluation by an LEO **before** screening any loads of milk.

NOTE: Certified Industry Supervisor (CIS) or Industry Supervisors doing Reader Printer test (IS) must create at least 3 unknown samples for only **non-certified Industry Analyst(s) doing Reader Printer test (IA)

Visual Read Test

- Delvotest P mini
- Delvotest 5 Pack
- Charm BsDA

Reader Printer Test

- Charm SL, 3 SL3, BL30SEC
- Idexx SNAP BL & Tetra
- Charm II
- Charm Tetra, Sulfa, TRIO