

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** \_\_\_\_\_ **Tracking Number** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**Producer Follow up Information**

(To be completed by DPS)

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

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

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

DPS Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

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