



REPORT OF PRODUCER POSITIVE Tanker Screening (PMO Appendix N)

State Form 50910 (R3 / 7-23)

INDIANA STATE BOARD OF ANIMAL HEALTH

STEP 1. TANKER SCREENING *All testing to the completion of the PRESUMPTIVE stage must be performed by the same analyst, using the same test as was used to identify the initial presumptive positive.*

* Record actual numbers generated by the test reader (reader printouts) whenever applicable.

* Test reader printouts when applicable must accompany this submission form.

A. Plant or Testing Site: _____ Date (month, day, year): _____ Time of INITIAL positive: _____

Test Method _____ INITIAL Analyst _____

INITIAL Test Result _____

B. *Positive Control _____ *Negative Control _____

C. *PRESUMPTIVE Positive Test Result #1 _____ PRESUMPTIVE Positive Test Result #2 _____

*** If either of these two tests are positive (+) results, you are required by law to notify the regulatory agency. This load should not be received until it has been confirmed negative by STEP 1 or STEP 4.**

D. If BOTH tests produce negative (-) results, this sample is PRESUMPTIVE negative and may be processed normally.

Was this load retained by the testing facility and used? ☐ Yes ☐ No

Was the load sent elsewhere? ☐ Yes ☐ No

Name and address of receiving site (if different from testing site) _____

* Complete Step 3 of this form.

STEP 2. LOAD INFORMATION *(This section must be completed by the site performing INITIAL and PRESUMPTIVE testing)*

BTU Number: _____ Route: _____ Route Affiliation: _____

Pounds on Load: _____

Disposition of Load (Date, Time, Location, and Method of Disposal): _____

Witness to Disposition: _____

STEP 3. REGULATORY AGENCY NOTIFICATION *(Call JAMES 317-494-8019, CENTRAL OFFICE 317-544-2392, or 877-747-3038. If no answer leave message. Fax 317-974-2011. Email completed reports to: dairyleo@boah.in.gov)*

Date of Notification (month, day, year): _____ Time of Notification: _____

Person Notifying Agency: _____

Person Notified at Agency: _____

* Record the name of the person who you talked to. Prior to leaving a message, please use all provided contact numbers.

STEP 4. CONFIRMATION *Testing from this point forward must be performed by an Interstate Milk Shippers listed Laboratory or CIS site. A copy of this form must accompany the sample if tested at a different site from STEP 1. Producer samples must also accompany the presumptive positive sample to the testing site.*

Confirmation Test Site: _____ Confirmation Analyst: _____

Confirmation Method: _____ *Positive Control _____ *Negative Control _____

*Confirmation Test Result #1 _____ *Confirmation Test Result #2 _____

*** If either of these test results are positive (+) the load MUST be disposed of. Please contact the regulatory agency so an inspector may be sent to witness disposition.**

STEP 5. PRODUCER TRACEBACK List all producers on manifest of load on "Identity of Positive Producer" form

Date Tested (month, day, year): _____ Positive Producer(s): _____

Producer Permit Number: _____ Producer Route & Patron: _____

Confirmation Test Site: _____ Confirmation Analyst: _____

*Confirmation Method: _____ Positive Control _____ Negative Control _____

*Confirmation Test Result #1 _____ Test Result #2 _____

Pounds Contributed to Load by Positive Producer(s): _____

** Submit Form 50911 "Identity of Positive Producer" when submitting Form 50910 "Report of A Producer Positive Tanker Screening (PMO Appendix N)" after completing STEP 5.*

** Once a producer is found to be positive, they may not resume outgoing milk shipments until STEP 6 has been completed.*

STEP 6. RECORD OF PRODUCER NEGATIVE (Prior to resuming milk shipments)

Date of Sample (month, day, year): _____ Date of Analysis (month, day, year): _____

Test Method: _____ Testing Site: _____

Analyst: _____ *Test Result _____

*** ALL APPENDIX N TESTING MUST BE PERFORMED WITH APPROVED METHODS IN M-a-85 CURRENT EDITION. CONFIRMATIONS MUST BE PRERFORMED WITH AN APPROVED METHOD AS FOUND IN M-I-96-10.**