



RECORD OF TRAINING FOR DRUG SCREENING ANALYSTS

State Form 56455 (R / 7-23)

INDIANA STATE BOARD OF ANIMAL HEALTH

INSTRUCTIONS: When a new analyst is trained please forward a copy of this record to the Dairy Division LEO at BOAH either by fax at 317-974-2011 or e-mail to dairyleo@boah.in.gov. Written acceptance of this form must be obtained before the analyst may officially screen raw milk for drug residues using the approved test kit. Maintain original copy.

Testing Site: _____

Name of Analyst: _____

Name of Supervisor / Trainer: _____

Training Dates (month, day, year):

From: _____

To: _____

Test Kit(s): _____

Training Checklist: *Record date (month, day, year) as completed.*

1. Sample Acceptance Requirements: _____

2. Use of Positive and Negative Controls: _____

3. Test Procedure: _____

4. Confirmation Procedure: _____

5. Reporting Requirements: _____

6. Importance of Temperature Monitoring: _____

7. Appendix N Record Keeping: _____

8. Review of FDA 2400 Form: _____

Signature of Analyst

Date (month, day, year)

Signature of Training Supervisor

Date (month, day, year)