



**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.**