



## REPORT OF INITIAL POSITIVE THAT CONFIRMS NEGATIVE

State Form 57307 (7-23)

INDIANA BOARD OF ANIMAL HEALTH

### TANKER SCREENING

All testing must be performed using the same test as was used to identify the initial presumptive positive.

\* Record actual numbers generated by the test whenever possible.

Plant or Testing Site	Date (month, day, year)	Time
Test Method	Presumptive Analyst	
Original Positive Test Result		
* Pos Control	* Neg Control	
* Presumptive Pos Test Result #1	* Result #2	

### LOAD INFORMATION

*This section must be completed by the Screening Test Site.*

BTU Number	Route
Route Affiliation	Pounds on Load

### DISPOSITION OF LOAD

Was load retained by testing facility and unloaded and used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was load sent elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and Address of Receiving Site (if different from testing site)		

### REGULATORY AGENCY NOTIFICATION

Call 317-544-2392 or 877-747-3038 if no answer leave message. Fax 317-974-2011.

Fax this sheet plus the load ticket. Or email to [dairyleo@boah.in.gov](mailto:dairyleo@boah.in.gov).

Date and Time of Notification
Person Notifying Agency
Person Notified at Agency