

DRUG RESIDUE PRODUCER CLEARING REPORTING FORM
OHIO DEPARTMENT OF AGRICULTURE.....PHONE (614)466-5550 / FAX (614) 728-2652

PRODUCER NAME

PRODUCER ID #

SAMPLER NAME

SAMPLE COLLECTED

SAMPLE TESTED

DATE: _____

DATE: _____

TIME: _____

TIME: _____

SAMPLE TEMP: _____

SAMPLE TEMP: _____

TEST METHOD

DAILY SETUP

High Calibrator: _____

Low Calibrator: _____

Positive Control: _____

Negative Control : _____

SAMPLE RESULT (Numerical result): _____

SAMPLE REPORT (Positive or Not Found): _____

ANALYST SIGNATURE:

FAX this form
and printout
documenting all test results
IMMEDIATELY
to the
Ohio Department of Agriculture
Phone: 614-466-5550 Fax: 614-728-2652

Faxed: Date _____ Time _____ AM/PM

Analyst Signature: _____