NOTIFICATION OF RESIDUE DETECTION

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| Clause 71 of the NSW Food Regulation 2015 requires that notification must be made: |
| * + Orally within 24 hours
 | * + **AND** in writing within 7 days
 |
| after the holder of the licence becomes aware of the results of the analysis.Notifications are to be sent to the Food Authority’s on:Phone: 1300 552 406 email: food.contact@dpi.nsw.gov.au  |

**Manufacturer information:**

|  |  |
| --- | --- |
| Name of dairy processor: |  |
| Address: |  |
| NSW Food Authority licence number: |  |
| Name of person completing notification: |  |
| Position: |  |
| Phone:  |  |
| Mobile: |  |
| Email: |  |
| AQIS registration for dairy export? | 🞏 Yes 🞏 NoAQIS number\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Notification information**

|  |  |
| --- | --- |
| Date of notification: |  |
| Type of residue:  | 🞏 Antibiotics 🞏 other (please state) |

**Dairy transport business**

|  |  |
| --- | --- |
| Licence name: |  |
| Licence number: |  |
| Tanker run: |  | Load volume: |

**Residue analysis**

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| --- | --- | --- | --- |
| Date of collection: |  | Date of analysis: |  |
| Test methods:*Please indicate all methods used* | 🞏 Beta star | 🞏 Charm rapid | 🞏 Copan |
| 🞏 Delvo | 🞏 Other (please state) |
| State which test method(s) returned the positive result: |

**Supplier trace back**

|  |  |
| --- | --- |
| Number of farms collected in tanker load |  |
| Farm identified as responsible on trace back testing: |  |
| Name of operator: |  |
| Address: |  |
| NSW Food Authority licence number: |  |

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| Investigation summary:  |
| Probable cause: |
|  |
| Corrective action taken by farmer: |

**Disposal or processing of contaminated milk**

|  |  |
| --- | --- |
| **Was the raw milk:**Tick as appropriate | 🞏 disposed of (If ticked, you have finished the form) |
| 🞏 processed (If ticked, please complete all following questions) |
| **If processed:** | Summary of company risk assessment and management: |
| **Does the processing facility have a permission to export to the EU?** | 🞏 No🞏 Yes (please give details below) |
| **If Yes,** state batch codes of product made from the raw milk |  |

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| --- | --- | --- |
| ***Office use only*** | *Date notification received:* |  |
|  | *Byte entry:* | *DPI notification:* |