



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

ADAM H. PUTNAM
COMMISSIONER

**FEED COLLECTION / ANALYSIS REPORT
NUTRIENTS**

Submit Results to:
Florida Department of Agriculture
and Consumer Services
Feed Section
3125 Conner Blvd., Bldg. 7, L7
Tallahassee, FL 32399-1650

Rule 5E-3.003, F.A.C.
Telephone: (850) 617-7830; Fax (850) 617-7843

Sample No.: _____ Method of Sampling: Hand Probe Sterile Cup Bottle
 Other _____

Laboratory No.: _____ Date Received: ____/____/____ Date of Analysis: ____/____/____
Mo. Day Year Mo. Day Year

Tonnage: _____ Place/Time
Sampler: _____ Date Collected: _____ Collected: _____
(A copy of the feed analysis tag **must** be attached to this report)

Product Name & Type: _____ Inv./Del.: _____

GUARANTEED ANALYSIS

	Completed by Sampler	Completed by Certified Laboratory	Method # / Source
Moisture	Guarantee: _____ %	Found: _____ % D L E	_____
Crude Protein (Min)	Guarantee: _____ %	Found: _____ % D L E	_____
Crude Fat (Min)	Guarantee: _____ %	Found: _____ % D L E	_____
Crude Fiber (Max)	Guarantee: _____ %	Found: _____ % D L E	_____
Ash	Guarantee: _____ %	Found: _____ % D L E	_____
Equiv-Protein (Min)	Guarantee: _____ %	Found: _____ % D L E	_____
(Max)	Guarantee: _____ %	Found: _____ % D L E	_____
Sugar - Invert	Guarantee: _____ %	Found: _____ % D L E	_____
Brix	Guarantee: _____ %	Found: _____ % D L E	_____
Calcium (Min)	Guarantee: _____ %	Found: _____ % D L E	_____
(Max)	Guarantee: _____ %	Found: _____ % D L E	_____
Phosphorus	Guarantee: _____ %	Found: _____ % D L E	_____
Salt (Min)	Guarantee: _____ %	Found: _____ % D L E	_____
(Max)	Guarantee: _____ %	Found: _____ % D L E	_____
Cobalt	Guarantee: _____ %	Found: _____ % D L E	_____
Copper	Guarantee: _____ %	Found: _____ % D L E	_____
Iron	Guarantee: _____ %	Found: _____ % D L E	_____
Magnesium	Guarantee: _____ %	Found: _____ % D L E	_____
Manganese	Guarantee: _____ %	Found: _____ % D L E	_____
Potassium	Guarantee: _____ %	Found: _____ % D L E	_____
Sodium	Guarantee: _____ %	Found: _____ % D L E	_____
Zinc	Guarantee: _____ %	Found: _____ % D L E	_____

INDICATE COMPLIANCE BY CIRCLING

D = DEFICIENT L = LEGAL E = EXCESSIVE

Signature of Sampler

Signature of Laboratory Director/Telephone Number

Feed Distributor Name / Address

Laboratory:

Consumer Name:

Address:

Address:

Signature of Authorized Representative