



ADAM H. PUTNAM
COMMISSIONER

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

**FEED COLLECTION / ANALYSIS REPORT
MICROORGANISMS**

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: ____/____/____
Mo. Day Year

Date of Analysis: ____/____/____
Mo. Day Year

Tonnage: _____

Sampler: _____

Date Collected: _____

Place/Time
Collected: _____

Product Name & Type: _____

Inv./Del.: _____

COMPLETED BY CERTIFIED LABORATORY

SCREENS

GROUP

TYPE

METHOD # / SOURCE

Salmonella

Found: _____

Other _____

Found: _____

Found: _____

Found: _____

Found: _____

Signature of Sampler

Signature of Laboratory Director

Feed Distributor Name

Laboratory:

Feed Distributor Address

Address:

Consumer Name:

Telephone ()

Address:

Signature of Authorized Representative