

# MOSELEY LABORATORIES, INC

6108 W. Stoner Dr. Greenfield, IN 46140 Phone: 317-866-9528 Fax: 317-866-8450

<b>Customer Information</b>				<b>PO #: N/A</b>		<b>Report#MOS140121</b>			
Company Name: Camel Milk Association						Date of Submission: 2/6/2014			
Contact Name: Marlin Troyer						Date Rcvd: 2/6/2014			
Address: 6757 19 Mile Rd.						Date Reported: 2/11/2014			
Marion, IN 49665									
Phone/Fax: 231-878-6528				<b>Testing Required</b>					
Email: mialpaca@hotmail.com				Please choose method below					
Sample Number (For Lab Use)	Sample Description	Other	Aerobic Plate Count – Pour Plate AOAC 996.23 W1.5.4-02	Coliform – Pour Plate BAM-4 W1.5.04-04	Salmonella BAM 5	E.coli W1.5.05.04-15	Listeria sp. – Reveal 2.0 AOAC RI 041101 W1.5.04-06	DMSCC ISBOAH FormFDA 2400	
39179	Raw Milk		3700 cfu/ml	<1 cfu/ml	Negative/10ml	Negative/10ml	Negative/25ml	190,000	
	Time/Date Sample Taken: 10:00AM on 2-4-14								
	Temperature: 34 F								
<b>Comments (For Lab Use Only):</b>									
Sample Tested at 12:40 PM on 2/6/14 at 3.5 C									
For Lab Use: Condition of all samples upon receipt. Good <input checked="" type="checkbox"/> Other <input type="checkbox"/> If other, Describe:									
Warranty Disclaimer: The goods and services sold under this contract are purchased by buyer "as is". The description of the samples of the product tested is that provided by the customer. Company does not guarantee the accuracy of its test results, which results are necessarily subject to the limitations of the test procedures employed. Test results on products other than those of the customer may be used for the customer's internal purposes only. Customer shall not be entitled to any consequential or incidental damages of any kind due to erroneous test results.									
<b>Providing Microbiological and Chemical Testing for the Food and Dairy Industry</b>									

Approved By: Stephanie A. Gray  
Stephanie Gray, Laboratory Manager