

MOSELEY LABORATORIES, INC

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

Customer Information				PO #: N/A		Report #: MOS130032				
Company Name: Camel Milk Association						Date of Submission: 9-10-13				
Contact Name: Marlin Troyer						Date Rcvd: 9-11-13 3:00 PM				
Address: 6757 19 Mile Rd.						Date Reported: 9-16-13				
Marion, IN 49665										
Phone/Fax: 1-231-878-6528				Testing Required						
Email:				Please choose method below						
Sample Number (For Lab Use)	Sample Description	Other	Aerobic Plate Count – Pour Plate AOAC 996.23 WI 5.4-02	Coliform – Pour Plate BAM-4 WI.5.04-04	Salmonella BAM 5	E.coli WI.5.05.04-15	Listeria sp. – Reveal 2.0 AOAC RI 041101 WI.5.04-06	DMSCC ISBOAH FormFDA 2400		
37483	Raw Milk Sample		1400 cfu/ml	<1 cfu/ml	Negative/10g	Negative/10g	Negative/25g	110,000		
	Time/Date Sample Taken: 10:00 AM 9-10-13									
	Temp: 34 F									
Comments (For Lab Use Only):		*Sample tested at 3:15PM on 9-11-13 at 1.0 C								
For Lab Use: Condition of all samples upon receipt. Good <input checked="" type="checkbox"/> Other <input type="checkbox"/> If other, Describe:										
<p style="font-size: small;">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.</p> <p style="text-align: center;">Providing Microbiological and Chemical Testing for the Food and Dairy Industry</p>										

Approved By: Stephanie Gray
Stephanie Gray, Laboratory Manager