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Florida Department of Agriculture and Consumer Services
Food Laboratories, Division of Food Safety

REPORT OF PROFICIENCY TEST RESULT ANALYSIS

Circle One: Proficiency Sample Exercise Other (Specify) _____

Submission to A2LA needed? Yes No

TEST PROVIDER:		TEST PROGRAM:	
PROVIDER SAMPLE NUMBER:		MATRIX:	
REPORT DATE:	Lab ID:	ANALYST ID(s):	

SUMMARY OF RESULTS: (alternate formats can be used so long as the data specified is included):

METHOD	ANALYTE	ANALYST RESULT(s)

RESULT ANALYSIS:

SUBMITTED BY (attach copy of provider report):

Signature

Date

REVIEWED BY:

Quality Manager

Date

Bureau Chief

Date