



Effective June 23, 2011

### TOXIN TESTING POLICY - WHEAT

Heritage Cooperative, Inc. will be testing for Vomitoxin levels in all wheat delivered to Heritage Cooperative, Inc. Test equipment will be located at all Heritage Cooperative branch locations.

A composite sample of each producer's daily loads will be collected for testing. The vomitoxin test results of the sample will be applied to each ticket associated with the sample and discounts will apply per the schedule noted below. No testing fees will be charged for composite sampling. Customers may request one retest at a charge of \$10.00.

The composite sample will be used to determine Vomitoxin only. All other grade factors will be determined per load. Vomitoxin results will be posted to the scale ticket as soon as they are determined.

If Customer requests results before dumping he will be asked to pull aside from the line allowing loads being composite sampled to go around until his test result is known. The customer requesting results prior to unload will be charged a \$10.00 testing fee. The charge will be deducted from his settlement.

Wheat testing over 4 PPM will not be accepted for Regular Storage or Warehouse Receipt Storage.

The following discount schedule will apply to the various levels found:

<u>Vomitoxin Level (ppm)</u>	<u>Discount</u>
Less than 2.0	No Discount
2.1 – 2.9	.15
3.0 – 3.9	.30
4.0 – 4.9	.50
5.0 – 5.9	.75
6.0 – 6.9	1.00
7.0 – 10.0	1.50
10.1 and Over	Rejection

Heritage Cooperative reserves the right to Reject loads or future loads from the same source when individual or composite samples are over 10 PPM vomitoxin.

I, \_\_\_\_\_ agree to the testing and discount terms for Vomitoxin listed above for my scale ticket numbers listed below.

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

I, \_\_\_\_\_ wish to have test results prior to off loading grain and understand loads doing composite sampling may go around me while waiting for my test results. I understand a testing fee of \$10.00 will be deducted from settlement.

Signature/Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Vomitoxin Level Found: \_\_\_\_\_ Discount per bu. \_\_\_\_\_