

Federal Transit Administration Drug and Alcohol Program


UNEVENTFUL URINE COLLECTION – Did the collector ...

- Require employee to provide positive identification (Part 40.61(c)).
- Explain basic collection procedure, show employee instructions on back of CCF (Part 40.61(e)).
- Direct the employee to remove outer clothing (jacket, hat) and to leave these garments and other personal items (briefcase, purse, etc.) in a mutually agreeable location (Part 40.61(f)).
 - o Advises employee that failure to comply constitutes a refusal to test.
 - o Allows employee to keep wallet (40.61(f)(2)).
- Direct employee to empty pockets and display items in them (Part 40.61(f)(4)).
 - o If no potential adulterants are found, allow employee to return items to pockets.
- Use the Federal Drug Testing Custody and Control Form (OMB No. 0930-0158) (40.45(a)).
- Complete Step 1 of CCF (Part 40.63(a)).
 - o Ensures that the name and address of the drug testing laboratory appears at the top of the CCF.
 - o Ensures that the Specimen ID at the top of the CCF matches the Specimen ID on labels/seals.
 - o Checks the Reason for Test box (Pre-Employment, Random, Post-Accident, etc.).
 - o Checks the Drug Tests to Be Performed box (THC, COC, PCP, OPI, AMP for DOT).
- Instruct employee to wash/dry hands and not to wash hands again until delivering specimen to collector (Part 40.63(b)).
- Ensure collection container is selected and unwrapped in presence of employee (Part 40.63(c)).
- Secure urination facility before the collection (If single-toilet room with a full-length privacy door) (Parts 40.41 & 43).
 - o Secures any water sources or make them unavailable to employees (e.g., turn off water inlet, tape handles to prevent opening faucets).
 - o Ensures that the water in the toilet tank contains bluing agent.
 - o Ensures that soap, disinfectants, cleaning agents, or other possible adulterants are not present.
 - o Inspects the site to ensure that no foreign or unauthorized substances are present.
 - o Tapes or otherwise securely shuts any movable toilet tank or puts bluing agent in the tank.
 - o Ensures that undetected access (e.g., through a door not in your view) is not possible.
 - o Secures areas and items (e.g., ledges, trash receptacles, paper-towel holders, under-sink areas, drop-down ceiling panels) that appear suitable for concealing contaminants.
- Direct employee to go into room used for urination and instruct employee to:
 - o Provide at least 45 ml of urine.
 - o Not flush the toilet.
 - o Return specimen to the collector as soon as the void is complete.
 - o Set a reasonable time limit for voiding (Part 40.63(d)(2)).
 - o Allow only the employee into the room used for urination (40.41(d)(1)).
- Check that the specimen:
 - o Contains at least 45 ml of urine. If not, follow shy bladder procedure (Part 40.65(a)).
 - o Reads temperature strip within 4 minutes (Part 40.65(b)).
- Mark appropriate box in Step 2 of CCF (Yes = between 90 and 100 degrees).
- Check specimen for signs of tampering (Part 40.65).
- Check specimen for unusual color, foreign objects/material, or other signs of tampering (odor).
- Mark box in Step 2 of the CCF indicating a split specimen collection (Part 40.71(b)(1)).
- Pour at least 30 ml of urine into the primary specimen bottle (Part 40.71(b)(2)).
- Pour at least 15 ml of urine into the secondary specimen bottle (Part 40.71(b)(3)).
- Secure the lids or caps on the specimen bottles (Part 40.71(b)(4)).
- Place the tamper-evident seals on the specimen bottles (Part 40.71(b)(5)).
 - o Dates the specimen bottle seals (Part 40.71(b)(6)).
 - o Ensures that the employee initials specimen bottle seals (Part 40.71(b)(7)).
- Direct employee to read and sign certification statement on Copy 2, Step 5 of CCF and to provide date of birth, printed name, day and evening contact telephone numbers (Part 40.71(a)(1)).
- Print collector name in Copy 1, Step 4 of CCF; record the date and time of collection; sign statement; enter actual name of delivery service transferring the specimen to laboratory (Part 40.73(a)(2)).
- Ensure that all copies of the CCF are legible and complete (Part 40.73(a)(3)).
- Remove Copy 5 of the CCF and give it to the employee (Part 40.73(a)(4)).
- Place specimen bottles and Copy 1 of CCF in plastic bag and secure both pouches of plastic bag (Part 40.73(a)(5)-(a)(6)).
- Advise employee that he/she may leave the site (Part 40.73(a)(7)).
- Place plastic bag in shipping container and seal container as appropriate (Part 40.73(a)(8)(i)-(ii)).
- Recheck the urination facility, performing all steps as was done prior to the collection to ensure the site's continued integrity.
- Conduct the collection for only one employee at a time (40.43(d)(1)).

For additional information, go to www.fta.dot.gov (Click on SAFETY & SECURITY)

Example of a correctly completed Federal Drug Testing Custody and Control Form for a non-eventful DOT urine specimen collection.

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **1234567** LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address, I.D. No. ACME Transit 55 Broadway Springfield, NE 99919</p> <p>C. Donor SSN or Employee I.D. No. 123 45 6789</p> <p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____</p> <p>E. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____</p> <p>F. Collection Site Address: Geturco 4301 powers Road Smithfield, NE 99724</p>	<p>B. MRO Name, Address, Phone and Fax No. Dr. Edward McGillicuddy 655 Main Street Omaha, NE 99876</p> <p>Collector Phone No. (555) 403-1655 Collector Fax No. (505) 403-1919</p>
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STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

<p>I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.</p> <p><input checked="" type="checkbox"/> Richard K. Anderson <u>10:17 AM</u> <small>Signature of Collector Time of Collection</small> Richard K. Anderson <u>8/17/2007</u> <small>(PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)</small></p>	<p>SPECIMEN BOTTLE(S) RELEASED TO: FEDX - UPS Co. <small>Name of Delivery Service Transferring Specimen to Lab</small></p>
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<p>RECEIVED AT LAB: <input checked="" type="checkbox"/> _____ <small>Signature of Accessioner</small> _____ <small>(PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)</small></p>	<p>Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____</p>
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STEP 5: COMPLETED BY DONOR

<p>I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.</p>		
<p><input checked="" type="checkbox"/> Randall Clark <small>Signature of Donor</small></p>	<p>Randall Clark <small>(PRINT) Donor's Name (First, MI, Last)</small></p>	<p><u>8/17/2007</u> <small>Date (Mo./Day/Yr.)</small></p>
Daytime Phone No. (555) 494-1313	Evening Phone No. (555) 617-4424	Date of Birth <u>6/28/74</u> <small>Mo. Day Yr.</small>

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

<p>In accordance with applicable Federal requirements, my determination/verification is:</p> <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> TEST CANCELLED <input type="checkbox"/> REFUSAL TO TEST BECAUSE: <input type="checkbox"/> DILUTE <input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED		
REMARKS _____		
<p><input checked="" type="checkbox"/> _____ <small>Signature of Medical Review Officer</small></p>	<p>_____ <small>(PRINT) Medical Review Officer's Name (First, MI, Last)</small></p>	<p>_____ <small>Date (Mo./Day/Yr.)</small></p>

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

<p>In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:</p> <input type="checkbox"/> RECONFIRMED <input type="checkbox"/> FAILED TO RECONFIRM - REASON _____		
<p><input checked="" type="checkbox"/> _____ <small>Signature of Medical Review Officer</small></p>	<p>_____ <small>(PRINT) Medical Review Officer's Name (First, MI, Last)</small></p>	<p>_____ <small>Date (Mo./Day/Yr.)</small></p>

COPY 4 - EMPLOYER COPY

Drug Form Part 4
Face Inks: 000 BLK / 000 RED
Date: 05/09/00
Not To Use For Colormatch
Follow PMS Guide For Colors

The Federal Drug Testing Custody and Control Form (COPY 4 Employer Copy), or a copy must be faxed or transmitted to the Designated Employer Representative (DER) within 24 hours or the next business day (40.73(a)(9)).