

**FEDERAL RAILROAD ADMINISTRATION
POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)**

NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting the chain of custody for the blood and urine specimens, as applicable.

Employee Identification Number or Social Security Number	Sample Set Identification Number (Pre-printed)
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STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name <i>Print (last, first, mi)</i>	Name of Employing Railroad
Home Address	Name of Home terminal

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>	Date	Collection	Time	Remarks:
	/			

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided to me.

I HAVE COMPLETED THE REQUIRED ENTRY IN STEP 5 BELOW,
AS EXPLAINED IN THE INSTRUCTIONS GIVEN TO ME.

Signature of Collector

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>	Date	Collection	Time	Remarks:
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Temperature of Specimen was read within 4 minutes ☐ Yes ☐ No	Temperature was within range of 32°– 38°C / 90°– 100°F ☐ Yes ☐ No	If not, actual temperature was _____ °
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I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided to me.

I HAVE COMPLETED THE REQUIRED ENTRY IN STEP 5 BELOW,
AS EXPLAINED IN THE INSTRUCTIONS GIVEN TO ME.

Signature of Collector

STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which have the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner, that each container has a tamper-evident seal that was applied by the collector in my presence, and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS _____
Signature of Employee

STEP 5. COMPLETED IN SEQUENCE BY COLLECTORS AND OTHERS TAKING POSSESSION ON SPECIMENS (Including Laboratory)

DATE MO. DAY YR.	SPECIMEN RELEASED BY	TYPE OF FLUID(S)		SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
		BLOOD	URINE		
/ /	DONOR- NO SIGNATURE			Signature ----- Name	PROVIDE SPECIMEN FOR TESTING
/ /	Signature ----- Name			Signature ----- Name	
/ /	Signature ----- Name			Signature ----- Name	
/ /	Signature ----- Name			Signature ----- Name	

STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA Authority? ____ Yes ____ No
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Public reporting burden for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0526. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1120 Vermont Ave., N.W., Washington, D.C. 20590.

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219) *NOTE: This form is to completed in accordance with instructions contained in 49 CFR 219, Control of Alcohol and Drug Use in Railroad Operations, and supplemental instructions that accompany the specimen collection materials in the FRA Post-Accident Toxicology Kit.*

_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION URINE BOTTLE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. A No 112181	KIT CUSTODY SEAL Federal Railroad Administration
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION URINE BOTTLE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. B No 112181 -S	
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION BLOOD TUBE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. A No 112181	
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION BLOOD TUBE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. B No 112181 -S	