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.

OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
ACME Transit
55 Broadway
Springfield, NE 99919

B. MRO Name, Address, Phone and Fax No.
Dr. Edward McGillicuddy
655 Main Street
Omaha, NE 99876

C. Donor SSN or Employee I.D. No. 123 45 6789

D. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify)

E. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify)

F. Collection Site Address:
Geturco
4301 Powers Road
Smithfield, NE 99724

Collector Phone No. (555-403-1655
Collector Fax No. (505) 403-1919

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection: ☒ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

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

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.

x Richard K Anderson — Signature of Collector
Richard K Anderson — (PRINT) Collector's Name (First, MI, Last)
10:17 (AM PM) — Time of Collection
8/17/2007 — Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
FEDX - UPS Co. — Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:
X _____ Signature of Accessioner
_____ (PRINT) Accessioner's Name (First, MI, Last)
/ / Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

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.

x Kandall Clark — Signature of Donor
Kandall Clark — (PRINT) Donor's Name (First, MI, Last)
8/17/2007 — Date (Mo. / Day / Yr.)

Daytime Phone No. (555) 494-1313 Evening Phone No. (555) 617-4424 Date of Birth 6/28/74 (Mo. Day Yr.)

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

In accordance with applicable Federal requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS _____

X _____ Signature of Medical Review Officer
_____ (PRINT) Medical Review Officer's Name (First, MI, Last)
/ / Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

X _____ Signature of Medical Review Officer
_____ (PRINT) Medical Review Officer's Name (First, MI, Last)
/ / Date (Mo./Day/Yr.)

0000-0000-0225

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)).