# Employee Drug Screen Checklist

Donor's Name: SS/ID#:

CCF Specimen ID#: Date:

**ALL TESTS YES NO N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Did donor furnish valid picture\* ID? |  |  |  |
| Was donor offered a choice of collection kits? |  |  |  |
| Was a sealed testing kit examined and opened by donor? |  |  |  |
| Was donor notified concerning medication issues and MRO? |  |  |  |
| Did donor sign the authorization statement on the Custody and Control Form? |  |  |  |

**URINE DRUG SCREENING TEST YES NO N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Was all unnecessary outerwear removed (Coats and hats, etc.) and pockets emptied? |  |  |  |
| Did the donor wash hands before collection? |  |  |  |
| Was bluing placed in the toilet? |  |  |  |
| Was donor informed not to flush toilet or wash hands after voiding? |  |  |  |
| Were all cleansing agents removed? |  |  |  |
| Was the sample taken from only one void? |  |  |  |
| Was sample split into two bottles? |  |  |  |
| Was the temperature strip checked for compliance? {90-100°F) |  |  |  |
| Was the ID# sticker-seal placed on specimen bottle? |  |  |  |
| Did the ID# on the bottle match the ID# on the custody form? |  |  |  |
| Did donor initial the specimen bottle seal? |  |  |  |
| Did donor have sight of sample until it was sealed in security bag? |  |  |  |

**Collector:**

*I verify that these events took place as marked.* Date

**Donor:**

 *I verify that these events took place as marked.* Date

\*Employees/Donors immediate supervisor may ID donor. Write Supervisor name and have them initial here when applicable.

Supervisor Name: Supervisor Initials:

# Insufficient Specimen Form

Donor Name: Date:

Collector Name:

*In accordance with drug testing standards set forth by federal regulations, the donor has three (3) hours from* the time of the first attempt to provide a suitable specimen for testing. During the 3-hour period the donor may drink up to 40 ounces of fluid, but not to exceed 40 ounces, each container of liquid consumed needs to be documented on this form.

Donor Must Remain in the Collection Area  *(donor initials)*

Drink Up to 40 oz.  *(donor initials)*

Provide Valid Specimen Within 3 Hours  *(donor initials)*

If You Leave, the Test Will be Considered a Refusal  *(donor initials)*

Time of initial attempt to provide a specimen *(time am/pm)*

3-hour time limit expires at *(time am/pm)*

### Liquids Consumed:

Cup #1 *(fluid amount) (time am/pm)*

Cup #2 *(fluid amount) (time am/pm)*

Cup #3  *(fluid amount) (time am/pm)*

Cup #4 (*fluid amount) (time am/pm)*

### Final result of collection:

 🞏Suitable specimen was obtained at (*time am/pm)*

🞏 Three-hour time limit expired, and the Designated Employer Representative (DER) was notified.

 *(name of DER)*

Donor Signature:

I *certify* that *the above events took place as documented*

Collector Signature:

I *certify that the above events took place as documented*

## **Collector:** This form should be retained as documentation of the events that took place.