



Collector Proficiency Certification
D.O.T. Mock Urine Collections

Collector Name _____
 Company _____
 Street _____
 City _____ ST _____ Zip _____
 Ph _____ Fax _____
 Email _____

	Proficiency Demonstrations	Collector Initials	Monitor Initials
1	Uneventful Collection		
2	Uneventful Collection		
3	Refusal to Initial/Sign		
4	Insufficient Specimen		
5	Out of Temperature Range		

I certify that I conducted the five consecutive, error-free mock collections noted above.

Today's Date _____ Signature of Collector _____

Instructor / Monitor Certification

Monitor Name _____
 Company _____
 Street _____
 City _____ ST _____ Zip _____
 Ph _____ Fax _____
 Email _____

I certify that I am a Qualified Monitor, I have verified the Collector's Qualification Training, and I have observed the Collector conduct five consecutive, error-free mock collections as required by the DOT regulations. Check if non-DOT _____

Today's Date _____ Signature of Monitor _____

MONITORS/COLLECTORS: KEEP FOR YOUR RECORDS

Produced by: Alpha Pro Solutions, Inc. www.alphapro-solutions.com Email: Trainer @alphapro-solutions.com
 28967 State Road 54 - Wesley Chapel, FL 33543 Phone (800) 277-1997 Fax (775) 871-8538

- 1. Prepare collection site.
- 2. Begin collection without delay. Alcohol test first, when practicable.
- 3. Check photo identification.
- 4. Explain basic collection procedures
- 5. Complete Step 1 of CCF.
- 6. Direct employee to remove outer clothing and leave purse/backpack/briefcase (may keep wallet).
- 7. Direct employee to empty pockets.
 - Refusal to empty pockets = refusal to test
- 8. Instruct employee to wash and dry hands, under observation.
 - Refusal to wash hands = refusal to test
- 9. Select or allow donor to select collection kit. Open and provide only collection cup to employee.
- 10. Direct the employee as follows:
 - Provide at least 45ml of urine into cup.
 - Do not flush toilet or wash hands.
 - Return as soon as possible with specimen due to temperature requirements.
- 11. Receive specimen and check the following:
 - Temperature 90-100 degrees F. Check Yes in Step 2 of CCF. If outside range, second collection required under direct observation, regardless of volume.
 - Volume at least 45ml. Check Split in Step 2 of CCF. If less than 45ml, initiate shy bladder procedures.
 - Signs of tampering/adulteration. If signs of tampering/adulteration, second collection required under direct observation, regardless of volume.
 - Admission of adulteration/substitution = refusal to test
 - Confrontational behavior or disruption of the collection process = refusal to test
- 12. Open/unwrap specimen bottles.
- 13. Pour specimen into bottles in front of employee. Minimum 30 ml in bottle A and minimum 15 ml in bottle B.
- 14. Verify specimen ID number on seals matches barcode on CCF and attach seals to bottles.
 - Collector dates seals on bottles.
 - Employee initials seals on bottles. If employee refuses to initial bottle seals, note in remarks on CCF. Donor may wash hands and flush toilet.
- 15. Direct employee to read and complete Step 5 on Copy 2 of CCF. If refusal to sign, collector prints employee's name in Step 5 on Copy 2 and notes refusal to sign in remarks on Copy 1 of CCF.
- 16. Collector completes Step 4 on Copy 1 of CCF.
- 17. Check legibility and completeness of all copies of CCF and provide Copy 5 to employee.
- 18. Place sealed specimen bottles and Copy 1 of CCF in laboratory bag and seal bag. Date/initial bag, if applicable. The employee may leave the collection site.
- 19. Discard leftover urine.
- 20. Prepare specimen for shipment to laboratory.
- 21. Distribute copies of CCF.
 - MRO and Employer copies transmitted within 24 hours or next business day
 - Collector retains copy for minimum 30 days
- 22. Ship specimen to laboratory within 24 hours or next business day.
- 23. Secure unshipped specimens.



Breath Alcohol Technician (BAT)
Proficiency Certification (Mock Collections)

BAT Name _____
 Company _____
 Street _____
 City _____ ST _____ Zip _____
 Ph _____ Fax _____
 Email _____

EBT Make/Model: _____

	<u>ACTIVITY</u>	<u>TEST TYPE</u>	<u>SUBJECT</u>	<u>RESULT</u>
1	Screening Test	Negative	Partner	
2	Screening Test	Negative	Partner	
3	Screening Test	Insufficient Breath	Partner	
4	Screening Test	Manual Sample	Partner	
5	Screening Test	Positive	Partner	
	Confirmation Test	Positive	Partner	
	Accuracy Check	Expected Value		
6	Screening Test	Positive	Partner	
	Confirmation Test	Negative	Partner	
	Accuracy Check	Expected Value		
7	Screening Test	Refusal	Partner	
Opt	Calibration	Set Value		
Opt	Accuracy Check	Expected Value		

I certify that I have conducted seven consecutive, error-free mock tests. I understand that the device manufacturer may have additional requirements for conducting calibrations.

Today's Date _____ Signature of BAT _____

Instructor / Monitor Certification

Monitor Name _____
 Company _____
 Street _____
 City _____ ST _____ Zip _____
 Ph _____ Fax _____ Email _____

I certify that I am a Qualified Monitor, I have verified the BAT's Qualification Training, and I have observed the BAT conduct seven consecutive, error-free mock tests as required by the DOT regulations. I understand that I must meet device manufacturer requirements to conduct calibration training.

Check if non-DOT _____

Today's Date _____ Signature of Monitor _____

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