

Drug Testing Custody and Control Form (CCF) Review Checklist

- Does the form read “*Federal Drug Testing Custody and Control Form*” at the top?
- **In Step 1:**
 - ☐ Is the correct employer name and address listed? (The employer’s name must be listed here, not the C/TPA.)
 - ☐ Is the correct MRO’s name, address, phone, and fax number listed?
 - ☐ Is the correct employee ID number or SSN listed?
 - ☐ Is the FTA box marked?
 - ☐ Is the reason for the test marked correctly?
 - ☐ Is the box indicating this is a five-panel test marked?
 - ☐ Is the collection site address indicating the location where the test was actually performed and the site’s telephone numbers completed accurately?
- **In Step 2:**
 - ☐ Is the “urine” box marked?
 - ☐ Is the “Split” collection box marked?
 - ☐ Is the Temperature between 90° and 100°F marked (‘Yes’ or ‘No, Enter Remark’)?
 - ☐ If it was an observed collection, is the “Observed” box marked? (This box should not be marked if an observed collection was not performed.)
 - ☐ Is there an appropriate comment included in the Remarks Section? The most common need for remarks include: Temperature Out of Range; Insufficient Volume; Adulteration; and Employee Refuses to Sign.
- **In Step 3:**
 - ☐ Even though there is no information provided in Step 3 of the form, look at the bottom of the CCF in the Step 7 portion of the Employer’s copy for a faint shadow, imprint, or traces of carbon ink of a date or the employee’s initials.
 - During the collection process, the collector dates, and the employee initials, the bottles seals **after** they have been affixed to the bottles. Carbon shadows in Step 7 indicate the date and/or initials were written on the bottle seals **before** they were affixed to the bottles. **This practice is unacceptable.**
- **In Step 4:**
 - ☐ Has the collector printed their name and signed?
 - ☐ Is the time and date correct? Make sure the appropriate AM or PM time is indicated. (If an alcohol test was also performed, compare the time on the ATF with the time on the CCF to make sure the alcohol test was completed first.)
 - ☐ Is the delivery service name clearly identified in the “Specimen Bottles Released To” box?
- **In Step 5:**
 - ☐ Are the employee’s name, telephone number(s), and date of birth provided?
 - ☐ Is the date provided?
 - ☐ Did the employee sign the form? If not, is this documented in the Remarks Section of Step 2?

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

0000001

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. ABC Transit 55 Broadway Street Boston, MA 02101 ID#19272064		B. MRO Name, Address, Phone No. and Fax No. Dr. Jack Jefferson 227 Lexington Place Washington, DC 13202 Phone: 315-443-1242 Fax: 315-4432351	
C. Donor SSN, Employee I.D., or CDL State and No. <u>123-45-6789</u>			
D. Specify Testing Authority: ☐ HHS ☐ NRC Specify DOT Agency: ☐ FMCSA ☐ FAA ☐ FRA ☒ FTA ☐ PHMSA ☐ USCG			
E. Reason for Test: ☐ Pre-employment ☒ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____			
F. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____			
G. Collection Site Address: DOT Testing, Inc. 421 Cambridge Court Boston, MA 02111		Collector Contact Info: Phone <u>617-494-1234</u> Fax <u>617-494-4567</u> Other _____	

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUID

COLLECTION: ☒ Split ☐ Single ☐ None Provided, Enter Remark.	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark ☐ Observed, Enter Remark	
ORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided Each Device Within Expiration Date? ☐ Yes ☐ No ☐ Volume Indicator(s) Observed	
REMARKS:	

STEP 3: Collector affixes seal(s) to bottle(s)/tube(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 TEST FACILITY

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.		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:	
☒ <u>Mario Swift</u> Signature of Collector		<u>FedEx - UPS</u> Name of Delivery Service	
<u>Mario Swift</u> (PRINT) Collector's Name (First, MI, Last)		<u>2, 28, 23 07:15</u> Date (Mo/Day/Yr) Time of Collection	

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube 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/tube is correct.			
☒ <u>Demi Kimmel</u> Signature of Donor		<u>Demi Kimmel</u> (PRINT) Donor's Name (First, MI, Last)	
Email address: <u>Demi.Kimmel</u>		Date of Birth <u>2, 28, 23</u> (Mo/Day/Yr)	
Daytime Phone No. <u>617-234-1111</u>		Evening Phone No. <u>(SAME)</u>	
After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may 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

☐ URINE☐ ORAL FLUID

In accordance with applicable federal requirements, my verification is:	
☐ NEGATIVE ☐ POSITIVE for: _____	
☐ DILUTE	
☐ REFUSAL TO TEST because - check reason(s) below: ☐ TEST CANCELLED	
☐ ADULTERATED (adulterant/reason): _____	
☐ SUBSTITUTED	
☐ OTHER: _____	
REMARKS: _____	
☒ <u>Signature of Medical Review Officer</u> (PRINT) Medical Review Officer's Name (First, MI, Last)	
<u>Date (Mo/Day/Yr)</u>	

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

☐ RECONFIRMED for: _____		☐ TEST CANCELLED	
☐ FAILED TO RECONFIRM for: _____			
REMARKS: _____			
☒ <u>Signature of Medical Review Officer</u> (PRINT) Medical Review Officer's Name (First, MI, Last)		<u>Date (Mo/Day/Yr)</u>	

COPY 4 - EMPLOYER COPY

OAS No 0830-0158