

P. 001/001

FAX No.

APR/03/2016/SUN 12:31 PM

Fax ID#  (ADTS USE ONLY)	<b>CONFIDENTIAL ALCOHOL DRUG TESTING SERVICES, LLC</b> 211 B Hobson Ave, Hot Springs, AR 71913 * Voice 501.574.9711 * Fax 501.760.2292 <b>Amtrak</b> <b>ALCOHOL &amp; DRUG TESTING REPORT</b>	Dispatch ID# 274315 (COLLECTOR USE)
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Collector's ID <u>NJPK01</u>	Collector's Name: <u>[REDACTED]</u>	Date: <u>4/3/2016</u>	Station Code <u>          </u>
Street <u>VANDEVERE AVE MW BASE</u>	City: <u>Wilmington</u>	State: <u>DE</u>	Zip: <u>19802</u>
Scheduled Test Time (24-hour) <u>12:12</u>	Arrival Time (24-hour): <u>1430</u>	Departure Time (24-hour) <u>1530</u>	Client: <u>ADTS</u>

<b>Test Code:</b> IT - Instant Test; UO - Urine Only; UL - Urine w/ Lab; O - Oral; H - Hair; PH - Physical	Courier Service: <u>Quest Fed-Ex</u> DHL UPS Tracking# <u>808776934876</u> - Complete First and Last Name and ID# (if known) of Cancelled Tests
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Test Type	Mode	CAN Code	Client-ID	Last Name	First Name	ID#	BAT #	Test Time (24 Hour)	Test Code	CCF#	Test Time (24 Hour)	Direct Observe
RV	CA			[REDACTED]	[REDACTED]	[REDACTED]	1148	1455	UO	1893186	1520	<input type="checkbox"/>
RV	CA			[REDACTED]	[REDACTED]	[REDACTED]	1146	1447	UO	1893162	1513	<input type="checkbox"/>
RV	CA			[REDACTED]	[REDACTED]	[REDACTED]	1149	1457	UO	6464462	1502	<input type="checkbox"/>
RV	CA			[REDACTED]	[REDACTED]	[REDACTED]	1147	1450	UO	1893185	1507	<input type="checkbox"/>

<b>Test Type:</b> R - Random    FU - Follow-up    AI - Accident/Incident PE - Pre-employ    RTD - Rtn to duty    RV - Rule Violation	<b>Mode:</b> FRA (DOT) FMCSA (DOT) CA (NONDOT)	<b>CAN Codes:</b> NS - No Show    CD - Crew Departed    SI - Sick    SC - Schedule change M - No Show    V - Crew Departed    HOS - Hrs. of Service Exp. O - Other
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<b>Important: Call ADTS and the DER immediately upon ANY positive breath test result</b>						<b>CONFIDENTIAL</b> Release only to ADTS authorized personnel						
Specimen Count	Odometer Reading Require for Reimbursement		Misc. Expenses Receipts Required		Notification Date Dispatch by ADTS	On-Site Manager	Tested During Of Shift		Short Notice Check if Yes	After Hours Check if Yes	Special Instructions	
Urine	4	Start	247121	Parking Tolls	5	4/3/2016	JOHN FIELD	Start	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Short Notice: Less than 24 hrs notice  After Hours: 1900-0659 Mon-Thu, 1900 Fri - 0659 Mon +Holidays	
Alc.	4	Finish	247189	Lodging Approval req'd	—	Notification Time 24 Hour Format	Dispatcher	Mid-Shift.	<input type="checkbox"/>	Wait Time START		Manager Contact #
Conf.	—	Miles Driven	63	Per-dem Approval req'd	—	12:12	ARBL01	End of Shift	<input checked="" type="checkbox"/>	Wait Time END		(302) 293-1169
Collector Comment <u>Urine and Alcohol</u>												

DID 274315

&P

# UNIVERSITY SERVICES MRO

## Toxicology Services Group

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### \* Medical Review Officer Final Report \*

TO: AMTRAK  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

FOR: AMTRAK - FOR CAUSE (NONDOT)  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

Date Reported: 04/05/2016

Date MRO Verified: 04/05/2016 05:20 PM

Name of Individual Tested: **Daytime Foreman**

Identification Number: **[REDACTED]**

Collection Date: 04/03/2016 03:02 PM

Specimen Number: 6464462

Reason for Test: RULE VIOLATION

Date Ply2 Received: 4/ 5/16

Specimen Type: URINE

Date Ply2 Entered: 4/5/16 12:06:05PM

Collection Location: ATK0102C

Lab Acct #: 40029324

Lab Accession #: 112225B

Laboratory Performing Analysis: QUEST DIAGNOSTICS LENEXA, KS

Status of Drug Test: NEGATIVE

This is a reprint.

**[REDACTED]**  
RANDY BARNETT, DO

Drug Panel: 40145N

Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES, MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE, PHENCYCLIDINE (PCP)

40029124 6464462 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

AMTRAK... WASHINGTON DC 20007

B. MRO Name, Address, Phone and Fax No.

UNIVERSITY SERVICES... PHILADELPHIA PA 19104

C. Donor SSN or Employee I.D. No.

Donor I.D. Verified  Photo I.D.

D. Reason for Test: Pre-employment (Non Hours of Service) (1) Random (3) Reasonable Suspicion (5) Rule Violation (64) Accident/Incident (2) Return to Duty (6) Follow-up (23) Fitness for Duty (21) Periodic (4)

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

F. Collection Site Name: Address: City, State and Zip:

Collector Phone No.: Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

\* SPLIT SPECIMEN REQUIRED \*

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 identified on this form is the specimen presented to me by the donor providing the certification on Copy 2 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled, sealed and released to the Delivery Service noted in accordance with Amtrak policy which corresponds to Federal statutes and requirements concerning specimen collection.

Signature of Collector Time of Collection Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO: Quest Diagnostics Courier FedEx Other Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: Signature of Accessioner Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact: SPECIMEN BOTTLE(S) RELEASED TO: Yes No, Enter Remark

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.

Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Daytime Phone Evening Phone No. Date of Birth

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

My determination/verification is: NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE: DILUTE ADULTERATED SUBSTITUTED

REMARKS 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 - SECONDARY SPECIMEN

My determination/verification for the split specimen (if tested) is: RECONFIRMED FAILED TO RECONFIRM - REASON Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

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## Rule Violations Alcohol/Drug Test Criteria/Notification

### Section One: Employee/Contractor Information *(It is mandatory to complete all fields.)*

Name <input checked="" type="checkbox"/> Employee or <input type="checkbox"/> Contractor	Employee ID Number	Contractor Social Security Number	Hours of Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee/Contractor Job Title Foreman	Amtrak Organization Operations Engineering		Commuter Service (NA if not applicable) N/A	

### Section Two: Testing Criteria *(Resource-Amtrak Drug and Alcohol Policy P/1 7.3.0)*

*The violation of an Amtrak rule may provide cause for an alcohol and drug test. The following is a list of rule violations for which an alcohol and drug test is authorized. Check each box below if that rule was violated. HOS maybe exceeded for all rule violation events if necessary.*

1	<input type="checkbox"/>	Exceeding maximum authorized speed by at least 10 MPH.
2	<input type="checkbox"/>	Tampering with a safety device.
3	<input type="checkbox"/>	Failing to stop for a signal that requires a complete stop before passing it.
4	<input type="checkbox"/>	Colliding with equipment or a deliberately placed obstruction, such as a bumping post, resulting in an FRA Reportable Accident or Incident.
5	<input type="checkbox"/>	Failing to properly secure equipment left unattended.
6	<input type="checkbox"/>	Leaving equipment in the foul of a connecting track.
7	<input type="checkbox"/>	Failing to make a required air brake test.
8	<input type="checkbox"/>	Failure to restore and properly secure a main track, hand-operated switch to normal position, when required.
9	<input type="checkbox"/>	Operating a main track switch without proper authority.
10	<input type="checkbox"/>	Running through an improperly lined main track switch.
11	<input type="checkbox"/>	Failing to apply or stop short of a derail, when required.
12	<input checked="" type="checkbox"/>	Occupying or fouling a segment of track without proper authority or protection.
13	<input type="checkbox"/>	Failing to apply or request blue signal protection, when required.
14	<input checked="" type="checkbox"/>	Failing to issue or deliver a written or oral directive required to ensure safety
15	<input checked="" type="checkbox"/>	Issuing a written or oral directive that creates an unsafe condition.
16	<input type="checkbox"/>	Failing to properly protect a train or track car, when required.
17	<input type="checkbox"/>	Failing to apply or maintain blocking device protection, when required.
18	<input type="checkbox"/>	Establishing a route that fails to provide proper protection.
19	<input type="checkbox"/>	Operating a switch under a train or track car.
20	<input checked="" type="checkbox"/>	Failure to provide proper protection for on-track employees (RWP).
21	<input type="checkbox"/>	Failure to comply with an Operating Rule or Air Brake Instruction, resulting in a derailment or an FRA Reportable Accident or Incident.
22	<input type="checkbox"/>	Failing to restore a track safely, in accordance with track standards (MW 1000 or other MW instructions).
23	<input type="checkbox"/>	Failure to comply with AMT-23, AMT-2 or lock out/tag out procedures as they relate to the protection of personnel or which results in an FRA Reportable Accident or Incident.
24	Operating an Amtrak owned or leased vehicle or equipment, other than on-track equipment negligently, resulting in:	
	<input type="checkbox"/>	a. Damage to Amtrak property or equipment which meets FRA monetary threshold OR;
	<input type="checkbox"/>	b. Employee or Passenger injury
25	<input type="checkbox"/>	Unauthorized use of a Personal or Railroad Supplied Electronic Device when performing service. <i>*This does not warrant D&amp;A Testing unless combined with 1-24 or there is reasonable suspicion.</i>

### Section Three: Rule Violation Testing and Medical Facility/On-Site Collection Vendor Information *(Mandatory Completion)*

Date of Rule Violation	Time of Violation	Date Collection Performed	Time Collection Performed
04/03/2016	7 : 50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	04/031/2016	2 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Reason Collection Was Canceled or Delayed			
<input type="checkbox"/> Alcohol			
<input type="checkbox"/> Drug			
Amtrak Supervisor Administering Test	Title	Cell Phone Number	
	Deputy Chief Engineer Maint		
Amtrak Supervisor to Report Testing Results	Title	Cell Phone Number	
	Sr. Staff Officer		
Medical Facility/On-Site Collection Vendor	Telephone Number		
ADTS			

**Supervisor Instructions:** Contact the Designated Employer Representative (DER) in the event you have questions at 202-641-0248. Fax this report to ATS 777-2786 or 202-906-2786 immediately after testing is completed.

# UNIVERSITY SERVICES MRO

## Toxicology Services Group

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### \* Medical Review Officer Final Report \*

TO: AMTRAK  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

FOR: AMTRAK -- FOR CAUSE (NONDOT)  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

Date Reported: 04/05/2016

Date MRO Verified: 04/05/2016 08:06 PM

Name of Individual Tested: Night Foreman

Identification Number: [REDACTED]

Collection Date: 04/03/2016 03:13 PM

Specimen Number: 1893162

Reason for Test: RULE VIOLATION

Date Ply2 Received: 4/ 5/16

Specimen Type: URINE

Date Ply2 Entered: 4/5/16 12:07:05PM

Collection Location: ATK0102C

Lab Acct #: 40029324

Lab Accession #: 114423B

Laboratory Performing Analysis: QUEST DIAGNOSTICS LENEXA, KS

Status of Drug Test: NEGATIVE

This is a reprint.

[REDACTED]  
RANDY BARNETT, DO

Drug Panel: 40145N

Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES, MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE, PHENCYCLIDINE (PCP)

40029824 1893162 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

AMTRAK SUR GROUP (UNION)
VERNON JONES
40-8488400000000 ONE NO
WASHINGTON DC 20062

B. MRO Name, Address, Phone and Fax No.

UNIVERSITY SERVICES
2037 VENTNORITE RD
PHILADELPHIA PA 19154

C. Donor SSN or Employee I.D. No.

Donor I.D. Verified [ ] Photo I.D. [X] license

D. Reason for Test:

- Pre-employment (Non Hours of Service) (1) Random (3) Reasonable Suspicion (5)
Rule Violation(64) Accident/Incident (2) Return to Duty (6) Follow-up (23) Fitness for Duty (21) Periodic (4)

E. Drug Tests to be Performed:

- [X] THC, COC, PCP, OPI, AMP [ ] THC & COC Only [ ] Other (specify)

F. Collection Site Name:

ASTS on Site of Amtrak

Address: 400 Ventnor Ave
City, State and Zip: Philadelphia PA 19102

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

\* SPLIT SPECIMEN REQUIRED \*

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

Specimen Collection:

- [X] 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 identified on this form is the specimen presented to me by the donor providing the certification on Copy 2 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled, sealed and stored in accordance with Amtrak policy which corresponds to Federal statutes and requirements concerning specimen collection.

[X] (Print) Collector's Name (First, MI, Last)

Time of Collection: 15:33 AM
Date (Mo./Day/Yr.): 4/3/16

SPECIMEN BOTTLE(S) RELEASED TO:

- [ ] Quest Diagnostics Courier [X] FedEx
Other: 803 7 7691 4876
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.): 4/3/16

Primary Specimen Bottle Seal Intact

- [ ] Yes [ ] No, Enter Remark

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] Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.): 4/3/16

Daytime Phone No.

Evening Phone No. ( ) Same

Date of Birth: 9/27/74

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

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.): 4/3/16

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

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.): 4/3/16

COPY 2--MEDICAL REVIEW OFFICER COPY

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## Rule Violations Alcohol/Drug Test Criteria/Notification

### Section One: Employee/Contractor Information *(It is mandatory to complete all fields.)*

<b>Name</b> <input checked="" type="checkbox"/> Employee or <input type="checkbox"/> Contractor	Employee ID Number	Contractor Social Security Number	Hours of Service	CDL
[REDACTED]	[REDACTED]		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee/Contractor Job Title <b>Foreman Welder</b>	Amtrak Organization <b>Operations Engineering</b>		Commuter Service (NA if not applicable) <b>N/A</b>	

### Section Two: Testing Criteria *(Resource-Amtrak Drug and Alcohol Policy P/1 7.3.0)*

*The violation of an Amtrak rule may provide cause for an alcohol and drug test. The following is a list of rule violations for which an alcohol and drug test is authorized. Check each box below if that rule was violated. HOS maybe exceeded for all rule violation events if necessary.*

1	<input type="checkbox"/>	Exceeding maximum authorized speed by at least 10 MPH.
2	<input type="checkbox"/>	Tampering with a safety device.
3	<input type="checkbox"/>	Failing to stop for a signal that requires a complete stop before passing it.
4	<input type="checkbox"/>	Colliding with equipment or a deliberately placed obstruction, such as a bumping post, resulting in an FRA Reportable Accident or Incident.
5	<input type="checkbox"/>	Failing to properly secure equipment left unattended.
6	<input type="checkbox"/>	Leaving equipment in the foul of a connecting track.
7	<input type="checkbox"/>	Failing to make a required air brake test.
8	<input type="checkbox"/>	Failure to restore and properly secure a main track, hand-operated switch to normal position, when required.
9	<input type="checkbox"/>	Operating a main track switch without proper authority.
10	<input type="checkbox"/>	Running through an improperly lined main track switch.
11	<input type="checkbox"/>	Failing to apply or stop short of a derail, when required.
12	<input checked="" type="checkbox"/>	Occupying or fouling a segment of track without proper authority or protection.
13	<input type="checkbox"/>	Failing to apply or request blue signal protection, when required.
14	<input checked="" type="checkbox"/>	Failing to issue or deliver a written or oral directive required to ensure safety
15	<input checked="" type="checkbox"/>	Issuing a written or oral directive that creates an unsafe condition.
16	<input type="checkbox"/>	Failing to properly protect a train or track car, when required.
17	<input type="checkbox"/>	Failing to apply or maintain blocking device protection, when required.
18	<input type="checkbox"/>	Establishing a route that fails to provide proper protection.
19	<input type="checkbox"/>	Operating a switch under a train or track car.
20	<input checked="" type="checkbox"/>	Failure to provide proper protection for on-track employees (RWP).
21	<input type="checkbox"/>	Failure to comply with an Operating Rule or Air Brake Instruction, resulting in a derailment or an FRA Reportable Accident or Incident.
22	<input type="checkbox"/>	Failing to restore a track safely, in accordance with track standards (MW 1000 or other MW instructions).
23	<input type="checkbox"/>	Failure to comply with AMT-23, AMT-2 or lock out/tag out procedures as they relate to the protection of personnel or which results in an FRA Reportable Accident or Incident.
24	Operating an Amtrak owned or leased vehicle or equipment, other than on-track equipment negligently, resulting in: <input type="checkbox"/> a. Damage to Amtrak property or equipment which meets FRA monetary threshold OR; <input type="checkbox"/> b. Employee or Passenger injury	
25	<input type="checkbox"/>	Unauthorized use of a Personal or Railroad Supplied Electronic Device when performing service. <i>*This does not warrant D&amp;A Testing unless combined with 1-24 or there is reasonable suspicion.</i>

### Section Three: Rule Violation Testing and Medical Facility/On-Site Collection Vendor Information *(Mandatory Completion)*

Date of Rule Violation	Time of Violation	Date Collection Performed	Time Collection Performed
04/03/2016	7 : 50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	04/03/2016	2 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
<b>Reason Collection Was Canceled or Delayed</b>			
<input type="checkbox"/> Alcohol			
<input type="checkbox"/> Drug			
Amtrak Supervisor Administering Test	Title	Cell Phone Number	
[REDACTED]	<b>Deputy Chief Engineer Maint</b>	[REDACTED]	
Amtrak Supervisor to Report Testing Results	Title	Cell Phone Number	
[REDACTED]	<b>Sr. Staff Officer</b>	[REDACTED]	
Medical Facility/On-Site Collection Vendor	Telephone Number		
<b>ADTS</b>	[REDACTED]		

**Supervisor Instructions:** Contact the Designated Employer Representative (DER) in the event you have questions at 202-641-0248. Fax this report to ATS 777-2786 or 202-906-2786 immediately after testing is completed.

**UNIVERSITY SERVICES MRO**  
**Toxicology Services Group**

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**\* Medical Review Officer Final Report \***

TO: AMTRAK  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

FOR: AMTRAK - FOR CAUSE (NONDOT)  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

Date Reported: 04/05/2016

Date MRO Verified: 04/05/2016 08:06 PM

Name of Individual Tested: Assistant Nighttime Supervisor

Identification Number: [REDACTED]

Collection Date: 04/03/2016 03:20 PM

Specimen Number: 1893186

Reason for Test: RULE VIOLATION

Date Ply2 Received: 4/ 5/16

Specimen Type: URINE

Date Ply2 Entered: 4/5/16 12:08:34PM

Collection Location: ATK0102C

Lab Acct #: 40029324

Lab Accession #: 114529B

Laboratory Performing Analysis: QUEST DIAGNOSTICS LENEXA, KS

Status of Drug Test: NEGATIVE

This is a reprint.

[REDACTED]  
RANDY BARNETT, DO

Drug Panel: 40145N

Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES,  
MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE,  
PHENCYCLIDINE (PCP)



COMPANY POLICY DRUGTESTING CUSTODY AND CONTROL FORM (NON FEDERAL TESTING)



40029324 1003116 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. **AMTRAK FOR CONCRETE CONDUIT**  
 B. MRO Name, Address, Phone and Fax No. **FROM TO: AMTRAK**  
**COMMERCIAL SERVICES**  
**1577 WASHINGTON RD**  
**PHILADELPHIA PA 19104**

C. Donor SSN or Employee I.D. No. [REDACTED]  Donor I.D. Verified  Photo I.D. **license**

D. Reason for Test:  Pre-employment (Non Hours of Service) (1)  Random (3)  Reasonable Suspicion (5)  
 Rule Violation (64)  Accident/Incident (2)  Return to Duty (6)  Follow-up (23)  Fitness for Duty (21)  Periodic (4)

E. Drug Tests to be Performed:  THC, COC, PCR, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

F. Collection Site Name: **AKS on site ~ Amtrak**  
 Address: **4001 Vandever Ave**  
 City, State and Zip: **Wilmington, NC 28401**  
 Collector Phone No.: [REDACTED]  
 Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR \* SPLIT SPECIMEN REQUIRED \*

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 identified on this form is the specimen presented to me by the donor providing the certification on Copy 2 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled, sealed and released to the Delivery Service noted in accordance with Amtrak policy which corresponds to Federal statutes and requirements concerning specimen collection.*

**X** [Signature] **15:20 AM** **SPECIMEN BOTTLE(S) RELEASED TO:**  
 Signature of Collector Time of Collection  Quest Diagnostics Courier  FedEx  
 (Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)  Other: **2087 Jhal 4876**  
 Name of Delivery Service Transferring Specimen to Lab

**RECEIVED AT LAB: X** **Primary Specimen Bottle Seal Intact** **SPECIMEN BOTTLE(S) RELEASED TO:**  
 Signature of Accessioner  Yes  No, Enter Remark \_\_\_\_\_  
 (Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

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** [Signature] [REDACTED] **4/13/16**  
 Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) **ica**

Daytime Phone No. [REDACTED] Evening Phone No. [REDACTED] Date of Birth: **1/14/90**  
 Mo. Day Yr.

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

My determination/verification is:

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

REMARKS \_\_\_\_\_

**X** [Signature] [REDACTED] \_\_\_\_\_  
 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 - SECONDARY SPECIMEN

My determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

**X** [Signature] [REDACTED] \_\_\_\_\_  
 Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

COPY 2--MEDICAL REVIEW OFFICER COPY

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# Rule Violations Alcohol/Drug Test Criteria/Notification

## Section One: Employee/Contractor Information (It is mandatory to complete all fields.)

Name <input checked="" type="checkbox"/> Employee or <input type="checkbox"/> Contractor [REDACTED]	Employee ID Number [REDACTED]	Contractor Social Security Number [REDACTED]	Hours of Service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CDL <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee/Contractor Job Title Asst. Supervisor	Amtrak Organization Operations Engineering	Commuter Service (NA if not applicable) N/A		

## Section Two: Testing Criteria (Resource-Amtrak Drug and Alcohol Policy P/1 7.3.0)

The violation of an Amtrak rule may provide cause for an alcohol and drug test. The following is a list of rule violations for which an alcohol and drug test is authorized. Check each box below if that rule was violated. HOS maybe exceeded for all rule violation events if necessary.

1	<input type="checkbox"/>	Exceeding maximum authorized speed by at least 10 MPH.
2	<input type="checkbox"/>	Tampering with a safety device.
3	<input type="checkbox"/>	Failing to stop for a signal that requires a complete stop before passing it.
4	<input type="checkbox"/>	Colliding with equipment or a deliberately placed obstruction, such as a bumping post, resulting in an FRA Reportable Accident or Incident.
5	<input type="checkbox"/>	Failing to properly secure equipment left unattended.
6	<input type="checkbox"/>	Leaving equipment in the foul of a connecting track.
7	<input type="checkbox"/>	Failing to make a required air brake test.
8	<input type="checkbox"/>	Failure to restore and properly secure a main track, hand-operated switch to normal position, when required.
9	<input type="checkbox"/>	Operating a main track switch without proper authority.
10	<input type="checkbox"/>	Running through an improperly lined main track switch.
11	<input type="checkbox"/>	Failing to apply or stop short of a derail, when required.
12	<input checked="" type="checkbox"/>	Occupying or fouling a segment of track without proper authority or protection.
13	<input type="checkbox"/>	Failing to apply or request blue signal protection, when required.
14	<input checked="" type="checkbox"/>	Failing to issue or deliver a written or oral directive required to ensure safety
15	<input checked="" type="checkbox"/>	Issuing a written or oral directive that creates an unsafe condition.
16	<input type="checkbox"/>	Failing to properly protect a train or track car, when required.
17	<input type="checkbox"/>	Failing to apply or maintain blocking device protection, when required.
18	<input type="checkbox"/>	Establishing a route that fails to provide proper protection.
19	<input type="checkbox"/>	Operating a switch under a train or track car.
20	<input checked="" type="checkbox"/>	Failure to provide proper protection for on-track employees (RWP).
21	<input type="checkbox"/>	Failure to comply with an Operating Rule or Air Brake Instruction, resulting in a derailment or an FRA Reportable Accident or Incident.
22	<input type="checkbox"/>	Failing to restore a track safely, in accordance with track standards (MW 1000 or other MW instructions).
23	<input type="checkbox"/>	Failure to comply with AMT-23, AMT-2 or lock out/tag out procedures as they relate to the protection of personnel or which results in an FRA Reportable Accident or Incident.
24	<input type="checkbox"/>	Operating an Amtrak owned or leased vehicle or equipment, other than on-track equipment negligently, resulting in: <input type="checkbox"/> a. Damage to Amtrak property or equipment which meets FRA monetary threshold OR; <input type="checkbox"/> b. Employee or Passenger injury
25	<input type="checkbox"/>	Unauthorized use of a Personal or Railroad Supplied Electronic Device when performing service. <i>*This does not warrant D&amp;A Testing unless combined with 1-24 or there is reasonable suspicion.</i>

## Section Three: Rule Violation Testing and Medical Facility/On-Site Collection Vendor Information (Mandatory Completion)

Date of Rule Violation 04/03/2016	Time of Violation 7 : 50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Date Collection Performed 04/31/2016	Time Collection Performed 2 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Reason Collection Was Canceled or Delayed <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug			
Amtrak Supervisor Administering Test [REDACTED]	Title Deputy Chief Engineer Maint	Cell Phone Number [REDACTED]	
Amtrak Supervisor to Report Testing Results [REDACTED]	Title Sr. Staff Officer	Cell Phone Number [REDACTED]	
Medical Facility/On-Site Collection Vendor ADTS	Telephone Number [REDACTED]		

Supervisor Instructions: Contact the Designated Employer Representative (DER) in the event you have questions at 202-641-0248. Fax this report to ATS 777-2786 or 202-906-2786 immediately after testing is completed.

**UNIVERSITY SERVICES MRO**  
**Toxicology Services Group**

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**\* Medical Review Officer Final Report \***

TO: AMTRAK  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

FOR: AMTRAK - FOR CAUSE (NONDOT)  
DEBORAH JOWERS  
405 N. KING ST 7TH FLOOR  
WILMINGTON, DE 19801

Date Reported: 04/05/2016

Date MRO Verified: 04/05/2016 05:20 PM

Name of Individual Tested: **Watchman**

Identification Number: **[REDACTED]**

Collection Date: 04/03/2016 03:07 PM

Specimen Number: 1893185

Reason for Test: RULE VIOLATION

Date Ply2 Received: 4/ 5/16

Specimen Type: URINE

Date Ply2 Entered: 4/5/16 12:05:21PM

Collection Location: ATK0102C

Lab Acct #: 40029324

Lab Accession #: 112448B

Laboratory Performing Analysis: QUEST DIAGNOSTICS LENEXA, KS

Status of Drug Test: NEGATIVE

This is a reprint.

**[REDACTED]**  
RANDY BARNETT, DO

Drug Panel: 40145N

Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES,  
MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE,  
PHENCYCLIDINE (PCP)

COMPANY POLICY DRUG TESTING CUSTODY AND CONTROL FORM (NON FEDERAL TESTING)



40029324 1894185 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.  
 AMTRAK FOR CAUSE SECURITY SERVICES UNION  
 48 HANCOCK STREET ONE FLOOR WASHINGTON DC 20004

B. MRO Name, Address, Phone and Fax No. FORM ID: 007895  
 SECURITY SERVICES UNIT Rm 7000 BOSTON MA  
 SECURITY SERVICES  
 2337 CANTONVILLE RD PHILADELPHIA PA 19104

C. Donor SSN or Employee I.D. No. [REDACTED] Donor I.D. Verified  Photo I.D.  badge

D. Reason for Test:  Pre-employment (Non Hours of Service) (1)  Random (3)  Reasonable Suspicion (5)  
 Rule Violation(64)  Accident/Incident (2)  Return to Duty (6)  Follow-up (23)  Fitness for Duty (21)  Periodic (4)

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

F. Collection Site Name: ASIS on site @ Amtrak  
 Address: 4021 Lancaster Ave  
 City, State and Zip: Wilmington DE 19802  
 Collector Phone No.: [REDACTED]  
 Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR

\* SPLIT SPECIMEN REQUIRED \*

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 identified on this form is the specimen presented to me by the donor providing the certification on Copy 2 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled, sealed and released to the Delivery Service noted in accordance with Amtrak policy which corresponds to Federal statutes and requirements concerning specimen collection.

X [REDACTED] Signature of Collector  
 (Print) Collector's Name (First, MI, Last)

Time of Collection: 15:07 AM  
 Date (Mo./Day/Yr.): 4/3/16

SPECIMEN BOTTLE(S) RELEASED TO:  
 Quest Diagnostics Courier  FedEx  
 Other: 800 777 691  
 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.): 4/3/16

Primary Specimen Bottle Seal Intact:  Yes  No, Enter Remark

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 [REDACTED] Signature of Donor  
 (PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. [REDACTED] Evening Phone No. ( ) Same

Date of Birth: 4/3/16  
3/21/80  
 Mo. Day Yr.

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

My determination/verification is:

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

REMARKS

X [REDACTED] Signature of Medical Review Officer  
 (PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.): 4/3/16

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

My determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON

X [REDACTED] Signature of Medical Review Officer  
 (PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.): 4/3/16

COPY 2 - MEDICAL REVIEW OFFICER COPY

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## Rule Violations Alcohol/Drug Test Criteria/Notification

### Section One: Employee/Contractor Information *(It is mandatory to complete all fields.)*

Name <input checked="" type="checkbox"/> Employee or <input type="checkbox"/> Contractor	Employee ID Number	Contractor Social Security Number	Hours of Service	CDL
[REDACTED]	[REDACTED]		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee/Contractor Job Title Trackmanr	Amtrak Organization Operations Engineering		Commuter Service (NA if not applicable) N/A	

### Section Two: Testing Criteria *(Resource-Amtrak Drug and Alcohol Policy P/1 7.3.0)*

The violation of an Amtrak rule may provide cause for an alcohol and drug test. The following is a list of rule violations for which an alcohol and drug test is authorized. Check each box below if that rule was violated. HOS maybe exceeded for all rule violation events if necessary.

1	<input type="checkbox"/> Exceeding maximum authorized speed by at least 10 MPH.
2	<input type="checkbox"/> Tampering with a safety device.
3	<input type="checkbox"/> Failing to stop for a signal that requires a complete stop before passing it.
4	<input type="checkbox"/> Colliding with equipment or a deliberately placed obstruction, such as a bumping post, resulting in an FRA Reportable Accident or Incident.
5	<input type="checkbox"/> Failing to properly secure equipment left unattended.
6	<input type="checkbox"/> Leaving equipment in the foul of a connecting track.
7	<input type="checkbox"/> Failing to make a required air brake test.
8	<input type="checkbox"/> Failure to restore and properly secure a main track, hand-operated switch to normal position, when required.
9	<input type="checkbox"/> Operating a main track switch without proper authority.
10	<input type="checkbox"/> Running through an improperly lined main track switch.
11	<input type="checkbox"/> Failing to apply or stop short of a derail, when required.
12	<input checked="" type="checkbox"/> Occupying or fouling a segment of track without proper authority or protection.
13	<input type="checkbox"/> Failing to apply or request blue signal protection, when required.
14	<input checked="" type="checkbox"/> Failing to issue or deliver a written or oral directive required to ensure safety
15	<input checked="" type="checkbox"/> Issuing a written or oral directive that creates an unsafe condition.
16	<input type="checkbox"/> Failing to properly protect a train or track car, when required.
17	<input type="checkbox"/> Failing to apply or maintain blocking device protection, when required.
18	<input type="checkbox"/> Establishing a route that fails to provide proper protection.
19	<input type="checkbox"/> Operating a switch under a train or track car.
20	<input checked="" type="checkbox"/> Failure to provide proper protection for on-track employees (RWP).
21	<input type="checkbox"/> Failure to comply with an Operating Rule or Air Brake Instruction, resulting in a derailment or an FRA Reportable Accident or Incident.
22	<input type="checkbox"/> Failing to restore a track safely, in accordance with track standards (MW 1000 or other MW instructions).
23	<input type="checkbox"/> Failure to comply with AMT-23, AMT-2 or lock out/tag out procedures as they relate to the protection of personnel or which results in an FRA Reportable Accident or Incident.
24	Operating an Amtrak owned or leased vehicle or equipment, other than on-track equipment negligently, resulting in: <input type="checkbox"/> a. Damage to Amtrak property or equipment which meets FRA monetary threshold OR; <input type="checkbox"/> b. Employee or Passenger injury
25	Unauthorized use of a Personal or Railroad Supplied Electronic Device when performing service. <i>*This does not warrant D&amp;A Testing unless combined with 1-24 or there is reasonable suspicion.</i>

### Section Three: Rule Violation Testing and Medical Facility/On-Site Collection Vendor Information *(Mandatory Completion)*

Date of Rule Violation	Time of Violation	Date Collection Performed	Time Collection Performed
04/03/2016	7 : 50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	04/031/2016	2 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Reason Collection Was Canceled or Delayed			
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug			
Amtrak Supervisor Administering Test	Title	Cell Phone Number	
[REDACTED]	Deputy Chief Engineer Maint	[REDACTED]	
Amtrak Supervisor to Report Testing Results	Title	Cell Phone Number	
[REDACTED]	Sr. Staff Officer	[REDACTED]	
Medical Facility/On-Site Collection Vendor	Telephone Number		
ADTS	888-242-6289		

**Supervisor Instructions:** Contact the Designated Employer Representative (DER) in the event you have questions at 202-641-0248. Fax this report to ATS 777-2786 or 202-906-2786 immediately after testing is completed.