Fax						L ALCOHO Springs, AR 71913 Am	· · · ·					S, LLC	Dispate 274 (COLLE
ONL				"	LCOH	OL & DRUG		ING	REPO)RT			US
Collect	or's ID	NJPK	01 Colle	ctor's Name:			-	····	Date: 4	/3/20	16 Stati	on Code	
Street		V	ANDEVE		N BASE	City		Wilm	ington		State: DE	Zip: [9	802_
Schedu	led Test	Гime (24	-hour)	12:12 A	vrrival Time	(24-hour): (૧.	<u>30</u> Depar	ture Tir	ne (24-hou	r)	1530 0	lient ADTS	
est Code		- Urine Or	nly; UL - Urine	w/Lab:	oùrier Sei	vice: Quest Fed	-E≫DHL U	JPS T	racking#_		0877691	4876 🖵	
	H - Hair; P			· ·	- Comp	Complete First and Last Name and ID# (if known) of Cancelled Tests							
Test Type	Mode	CAN Code	Client-ID		_ast ame	First Name	ID#	BAT#	Test Time (24 Hour)	Te: Coo		F# Tes	t Time (24 E Hour) OI
RV	LA							1148	1455	ü) 1893	186 13	520
RV	CA.							1146	1447	000			513
RV	CA . (A							<u>। 1147</u>	1457	ىر ئان			502 507
Test Ty	Pe: R - R PE - I		FU - Fo loy RTD - F		Al - Acciden RV - Rule Vi		FRA (DOT) A (DOT) CA DOT)	N				SI - Sick SC - DS - Hrs. of Servi	
lm	portant: C	all ADTS	3 and the DE	R immediately	upon ANY	positive breath test r	esult C	O N F	IDEN	TIA	L Release only	to ADTS author	ized personnel
Specin Cour	1	neter Readi Reimbui	ing Require for rsment	Misc. Expense Requ		Notification Date Dispatch by ADTS	On-Site Manage		fested During Of Shift	Sho	rt Notice Check if Yes	After Hours Check If Yes	Special Instruction
	4	Start	2-17121	Parking Tolls	5	4/3/2016	JOHN FIE	LD	Start		×		Short Notice: Less than 24 hrs
Urine	Ч	Finish	2-17189	Lodging Approval req'd		Notification Time 24 Hour Format	Dispatche	er	Mid-Shift.		Walt Time START	Manager Contact i	After Hours:
Urine Alc.		Miles	63	Per-dem Approval req ¹ d		12:12	ARBL01	ı	End of Shift	X	Wält Time END	(302) 293-1169	1900-0659 Mon 1900 Fri - 0659 M
		Driven											
Alc. Conf.		<u>المحمد تحمد :</u> ۱۱	Irine and Alc	sohol									<u> </u>

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UNIVERSITY SERVICES MRO

Toxicology Services Group

* Medical Review Officer Final Report *

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

Date Reported: 04/05/2016

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

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

Name of Individual Tested: Daytime Foreman	
Identification Number:	
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.



RANDY BARNETT, DO

Drug Panel: 40145N Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES, MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE, PHENCYCLIDINE (PCP)

MPANY POLICY I	DRUGTESTING CUSTODY AND) CONTROL FORM (N	ION FEDERALTESTING	a Amtrak	Quest
					Diagnostic 800-877-74
40029124	6464462 SPECIMEN II	D NO.			
STEP 1: COMPLE	TED BY COLLECTOR OR EMPL	OYER REPRESENTAT		LAB ACCESSION NO.	1/15 AIRT 2005
A. Employer Nam	e, Address, I.D. No.		B. MRO Name, Address	, Phone and Fax No.	LU: OBIERS
DESAKAN -			2 早年1月2月年期時		
45的经常的行,按有 45年经常1月33月) -	自然开门站 有规则 网络 4. 西班牙马拉西西亚	-	DER DE LE DER DE LE D LE DE LE D LE DE LE D LE DE LE D LE DE LE DE		
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ſ					Ka Lee
	Employee I.D. No.			Donor I.D. Verified Photo	I.D
	t: Pre-employment (Non Hours of ation(64) D Accident/Incident (2)				
E. Drug Tests to b	Succession.	· · · · · · · · · · · · · · · · · · ·	& COC Only 🔲 Other (sp	-	
2. Drug 1000 to D		HELERAR CARE DE ADALA		Fr Fr	
	Salaman a sa s	A : •.			
F. Collection Site	Name: This on SPE SHOW	and de	-		
Address: City, State and	The attractory	19 802		ollector Phone No.: ollector Fax No.:	
STEP 2: COMPLE	TED BY COLLECTOR		SPLIT SPECIMEN RE		
	mperature within 4 minutes. Is ter 100° F? 🖾 Yes 🔲 No, Enter Re			ovided (Enter Remark)) bserved (Enter Remark)
REMARKS					
	to the Defivery Service noted in accordance with Amtrak p 	Time of Collection	SPECIMEN BOT Quest Diagnostic Other 30	TLE(S) RELEASED TO:	ièn to Lab
RECEIVED AT LAB: X		Þ	Primary Specime Bottle Seal Intac		S) RELEASED TO:
	Signature of Accessioner		Yes		· · · · ·
(Print) Access	sioner's Name (First, MI, Last)	Date (Mo./Day/Yr.)	No, Enter Remark		· · · · · · · · · · · · · · · · · · ·
I certify that I provid	led my urine specimen to the collector	; that I have not adulterate	ed it in any manner; each spe	cimen bottle used was sealed wi	h a tamper evident seal
in ny nano in ny		tarm and on the label atti	xed to each specimen bottle	IS COTTECT.	1 - 11
X				<u></u>	413/10
			(PRINT) Donor's Name (First, I SAME	(ii, Last)	Date (Mo./Day/Yr.)
Daytime Phone I		Evening Phone No.) JITMIT	Date of Birth	Mo. Day Yr.
and over-the-cour	Review Officer receives the test re ter medications you may have ta	ken. Therefore, you may	y want to make a list of t	nose medications for your ow	n records. THIS LIST
THIS INFORMATI	RY. If you choose to make a list, d ON ONTHE BACK OF ANY OTHER	COPY OF THE FORM.	TAKE COPY'5 WITH YOU.	to back of your copy (copy b)	
STEP 6: COMPLE	TED BY MEDICAL REVIEW OF	FICER - PRIMARY SP	'ECHMEN	· · · · · · · · · · · · · · · · · · ·	<u> </u>
			TOTEST BECAUSE:		
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			na na seanna an tha seanna Tablacadh an tha seanna an		
	re of Medical Raview Officer	· · · · · · · · · · · · · · · · · · ·	Madical Review Officer's Name (Fire	st, Ml, Last)	Date (Mo/Day/Yr)
DILUTE REMARKS X Signatu STEP 7: COMPLE	TED BY MEDICAL REVIEW OF	(PRINT)	······	i, Ml, Laśt)	Date (Mo./Day/Yŕ,)
DILUTE REMARKS X Signatu STEP 7: COMPLE		(PRINT)	······	st, Ml, Laśt)	/ / Date (Mo./Day/Yr.)
DILUTE REMARKS X Signatu STEP 7: COMPLE	TED BY MEDICAL REVIEW OF	(PRINT) FICER - SECONDARY	······	st, Ml, Laśt)	/ / Date (Mo//Day/Yr)
DILUTE REMARKS Signatu STEP 7: COMPLE My determination/veria RECONFIRMED X	TED BY MEDICAL REVIEW OF	(PRINT) FICER - SECONDARY	······		

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.)

Nam	e 🛛 I	Employee or Contractor	Employee ID Number	Contractor Social Security Number	Hours of Service	CDL	
					🗌 Yes 🛛 No	🗋 Yes 📋 No	
Empl	oyee/Cor	ntractor Job Title	Amtrak Organization		Commuter Service (N	A if not applicable)	
For	eman		Operations Engir	neering	N/A		
		: Testing Criteria (Resource-					
The v	violatior	ı of an Amtrak rule may provid	e cause for an alcohol a	nd drug test. The following is a list of r	ule violations for wh	ich an alcohol and	
drug	test is a		-	ted. HOS maybe exceeded for all rule vi	olation events if nece	ssary.	
1		Exceeding maximum authorized s	peed by at least 10 MPH.				
2		Tampering with a safety device.					
3		Failing to stop for a signal that rec					
4				n, such as a bumping post, resulting in an FR	A Reportable Accident	or Incident.	
5		Failing to properly secure equipm	ent left unattended.				
6		Leaving equipment in the foul of	a connecting track.				
7		Failing to make a required air bra					
8		Failure to restore and properly see	cure a main track, hand-ope	rated switch to normal position, when requir	ed.		
9		Operating a main track switch wit	hout proper authority.				
10	Running through an improperly lined main track switch.						
11		Failing to apply or stop short of a	derail, when required.		<u>.</u>		
12	\boxtimes	Occupying or fouling a segment of	of track without proper auth	ority or protection.			
13		Failing to apply or request blue si	gnal protection, when requ	ired.	· · · · · · · · · · · · · · · · · · ·		
14	\boxtimes	Failing to issue or deliver a writte	n or oral directive required	to ensure safety			
15	\boxtimes	Issuing a written or oral directive	that creates an unsafe cond	lition.			
16		Failing to properly protect a train	or track car, when required	•			
17		Failing to apply or maintain block	ting device protection, whe	n required.			
18		Establishing a route that fails to p	rovide proper protection.				
19		Operating a switch under a train of	or track car.				
20	\boxtimes	Failure to provide proper protecti	on for on-track employees	(RWP).			
21		Failure to comply with an Operat	ing Rule or Air Brake Instr	uction, resulting in a derailment or an FRA B	Reportable Accident or I	ncident.	
22				ndards (MW 1000 or other MW instructions)			
23		Failure to comply with AMT-23, Reportable Accident or Incident.		procedures as they relate to the protection of	f personnel or which res	ults in an FRA	
		Operating an Amtrak owned or le	ased vehicle or equipment,	other than on-track equipment negligently, r	esulting in:	: 2013년 - 2013년 - 2014년 - 고전 1973년 - 2014년 - 2014년 - 고전 1973년 - 2014년 - 2	
24		a. Damage to Amtrak property of		· · · · · · · · · · · · · · · · · · ·	Employee or Passenger	injury	
25				nic Device when performing service. 1-24 or there is reasonable suspicion.			

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

Time	of Violation		Date Collection Perform	ned	Time Collec	tion Perforn	ned			
50	🛛 AM	🗌 PM	04/031/2016	2	: 30	AM	🖾 PM			
Reason Collection Was Canceled or Delayed										
□ Alcohol										
Drug										
					Cell Phone N	umber				
	D	eputy Ch	ef Engineer Maint							
esults					Cell Phone N	umber				
	S	. Staff Of	ficer							
ndor	I				Telephone Nu	umber				
	50 elayed	50 🖾 AM relayed sults Sults Sults	50 ⊠ AM □ PM relayed Title Deputy Chi ssults Title Sr. Staff Of	50 ☑ AM □ PM 04/031/2016 Title Deputy Chief Engineer Maint Sults Title Sr. Staff Officer	50 AM PM 04/031/2016 2 relayed Title Deputy Chief Engineer Maint Sults Title Sr. Staff Officer	50 ☑ AM □ PM 04/031/2016 2 : 30 relayed Title Deputy Chief Engineer Maint Cell Phone N Sults Title Sr. Staff Officer	50 ☑ AM □ PM 04/031/2016 2 : 30 □ AM Title Deputy Chief Engineer Maint Cell Phone Number Sults Title Sr. Staff Officer			

UNIVERSITY SERVICES MRO Toxicology Services Group

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

Name of Individual Tested: Night Foreman Identification Number: 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 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.

RANDY BARNETT, DO

Drug Panel: 40145N Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES, MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE, PHENCYCLIDINE (PCP)

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Date Reported: 04/05/2016

(1)[靈] - 201	CONTROL F				Am	ntrak [®]	(C)	Quest Diagnost
	STICKE CHARTER						÷.	800-877-74
40029324 1993162 SPECIMEN ID TEP 1: COMPLETED BY COLLECTOR OR EMPLO		SENITATIV	=		LAB ACCESS			
A. Employer Name, Address, I.D. No.				Address Pk	ione and Fax No.		ANTRA	2
ARTRAN THE CAUSE (ARADI).		D.	amar on a	, Addiess, M Mail Loss, M	The and rax No.	Rownette a	ad.	
引至得到的母亲,当然的监狱之			朝朝末期を	astr wer	ITES	mark for a		
44年,对自己发展创新过程的变形象。为年轻、周延		•		stangan err				
计操作性 化化合物 化合物 化合物 化合物			Philip	UELFRIG FG	19184			
C. Donor SSN or Employee I.D. No.					nor I.D. Verified	Photo I.D	1.(2.1	5C-
D. Reason for Test: Pre-employment (Non Hours o								
Kule Violation(64) 🗌 Accident/Incident (2)						eriodic (4)		
E. Drug Tests to be Performed: 🚽 💐 THC, COC, PC	р, орі, амр 🛛] тнс & сс	OC Only	Other (specif	y)			
	11.150 SAP	NB	QA/ V8		- ,	1.	-	
F. Collection Site Name: ASTS on Site o A.	marak				4	*		
Address: 4001 Mantleve Aire				Colle	ctor Phone No.:			
City, State and Zip: half the ing has 16-1	9802			Colle	ctor Fax No.:			
TEP 2: COMPLETED BY COLLECTOR				MEN REQU	RED *			
tead specimen temperature/within 4 minutes, Is tem etween 90° and 100° F? 🔀 Yes 🗌 No, Enter Rer	nark Sp	ecimen Collec Solit 🔲		None Drovie	ied (Enter Rema		erved (En	
EMARKS				NUTHEFTUNK	teu (cille) nemai		erveu (Ell	
		nalla) Dan					1400 0	
TEP 3: Collector affixes bottle seal(s) to bottle(s). Co TEP 4: CHAIN OF CUSTODY - INITIATED BY CO	Dilector dates a	vo compl	or initials se	al(s). Donor ABORATOR	completes STEP	5 on Copy 2	(MRO Co	эру)
certify that the specimen identified on this form is the specimen presented to me by the labeled, scalad an extension of the Delbus Construction accordance with Amtrak po	donor providing the cert olicy which corresponds	tification on Copy 2 o to Federal statutes a	of this form, that it be and requirements co	ars the same specim ncemina specimen c	en identification number es ti ollection.	hat set forth above, a	nd that it has b	een collected,
X	1513	AM (PM)		<u> </u>	E(S) RELEASE	D TO:		
	Time of Collectio				ourier 🖾 Fedi	IV.		
	11.0	7. *	Quest D					
(Print) Collector's Name (First, MI. (ast)		<u>k</u>	Other_	<u> 803 7 </u>	7691 4:	376	** **	
(Print) Collector's Name (First, Mi, Last)	L//3// Date (Mo./Day/Yr	<u>k</u>	OtherN	SON 7 ame of Deliver	V91 V: v Service Transferr	376 Ing Specimen		SEDTO
ECEIVED AT LAB: X		<u>k</u>	OtherN	<u> 803 7 </u>	7691 4:	376 Ing Specimen		SED TO
		<u>k</u>	OtherN Primary S Bottle Se	्रिंदे ने ame of Deliver Specimen eal Intact	V91 V: v Service Transferr	376 Ing Specimen		SED TC
ECEIVED X Signature of Accessioner (Print) Accessioner's Name (First, MI, Last)			OtherN	्रिंदे ने ame of Deliver Specimen eal Intact	V91 V: v Service Transferr	376 Ing Specimen		SED TC
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ECEIVED X Signature of Accessioner (Print) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr		OtherN Primary { Bottle SaYesNo, Enter	303 7 ame of Deliver Specimen eal Intact	7691 Y y Service Transferr SPECIMEN E	376 ing Specimen OTTLE(S)	RELEA	
(Print) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; in my presence; and that the information provided on this f	Date (Mo./Day/Yr		OtherN Primary { Bottle SaYesNo, Enter	303 7 ame of Deliver Specimen eal Intact	7691 Y y Service Transferr SPECIMEN E	376 ing Specimen OTTLE(S)	RELEA	
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ECEIVED IT LAB: Signature of Accessioner (Print) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the collector; in my presence; and that the information provided on this f Signature of Dono? Daytime Phone Na After the Medical Review Officer receives the test real and over-the-counter medications you may have tak S NOT NECESSARY. If you choose to make a list, do THIS INFORMATION ON THE BACK OF ANY OTHER I	Date (Mo./Day/Yr / / Dete (Mo./Day/Yr that I have hot a form and on the Evening Pho sults for the sp en. Therefore, o so either on a COPY OFTHE	duiterated it i label affixed i pne No. () pecimen ide you may wa a separate p FORM. TAKE	Conter N Primary S Bottle Se Yes No, Enter in any manne, to each specin (CRINT) Donor's H CCAY ntifled by th nt to make a EcoPY 5Wi	Son 7 ame of Deliver Specimen eal Intact Remark r; each specim men bottle is co varme (First, MI, La CC is form, he/s a list of thoss a list of thoss	Yog I Y Y Service Transfer SPECIMEN E en bottle used was orrect. st) he may contact y medications for ack of your conv	376 ing Specimen OTTLE(S) sealed with a pate of Birth C A you to ask ab	RELEA tamperev -1 / 3 Date (Mo/I 2 / 2] foc Dary pout pres	rident sea //16 JayYr.) //24 yr. criptions
ECEIVED X Signature of Accessioner (Print) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR dentify that I provided my urine specimen to the collector; in my presence; and that the information provided on this f Signature of Donor Signature of Donor Daytime Phone Na After the Medical Review Officer receives the test receives the counter medications you may have tak S NOT NECESSARY. If you choose to make a list, do THIS INFORMATION ONTHE BACK OF ANY OTHER I TEP 6: COMPLETED BY MEDICAL REVIEW OFF	Date (Mo./Day/Yr / / Dete (Mo./Day/Yr that I have hot a form and on the Evening Pho sults for the sp en. Therefore, o so either on a COPY OFTHE	duiterated it i label affixed i pne No. () pecimen ide you may wa a separate p FORM. TAKE	CHRINTI Donor's H CHRINTI Dono	Son 7 ame of Deliver Specimen eal Intact Remark r; each specim men bottle is co varme (First, MI, La CC is form, he/s a list of thoss a list of thoss	Yog I Y Y Service Transfer SPECIMEN E en bottle used was orrect. st) he may contact y medications for ack of your conv	376 ing Specimen OTTLE(S) sealed with a pate of Birth C A you to ask ab	RELEA tamperev -1 / 3 Date (Mo/I 2 / 2] foc Dary pout pres	rident sea //16 JayYr.) //24 yr. criptions
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Rule Violations Alcohol/Drug Test Criteria/Notification

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

		· Employee contractor into			<u> </u>	e mana a shah			-	
Nam	e 🛛 I	Employee or 🗌 Contractor	Employee ID Number	Contractor S	ocial Security	/ Number	Hours of	fService	C	DL
							🗋 Yes	🛛 No	🗌 Yes	🗌 No
Empl	oyee/Cor	ntractor Job Title	Amtrak Organization					r Service (N	A if not app	plicable)
For	eman	Welder	Operations Engin	neering			N/A		<u>.</u>	
		: Testing Criteria (Resource								
The 1	violatior	n of an Amtrak rule may provid	de cause for an alcohol a	nd drug test. T	he following	is a list of r	ule violati	ons for wh	ich an alce	ohol and
drug	test is a	uthorized. Check each box be		ted. HOS maybe	e exceeded f	or all rule vi	olation eve	ents if nece	essary.	
1		Exceeding maximum authorized	speed by at least 10 MPH.							
2		Tampering with a safety device.								
3		Failing to stop for a signal that re								
4		Colliding with equipment or a de		n, such as a bump	ing post, resu	lting in an FR	A Reportab	le Accident	or incident.	
5		Failing to properly secure equipr								
6	Leaving equipment in the foul of a connecting track.									
7		Failing to make a required air brake test.								
8	Failure to restore and properly secure a main track, hand-operated switch to normal position, when required.									
9	Operating a main track switch without proper authority.									
10	Running through an improperly lined main track switch.									
11		Failing to apply or stop short of a								
12		Occupying or fouling a segment			n.					
13		Failing to apply or request blue s							<u> </u>	
14		Failing to issue or deliver a writt								
15		Issuing a written or oral directive								
16		Failing to properly protect a train								
17		Failing to apply or maintain bloc		in required.						
18		Establishing a route that fails to								
19 20		Operating a switch under a train Failure to provide proper protect		(P.W/P)						
20		Failure to comply with an Opera			n a derailmen	t or an FRA R	enortable A	Accident or	Incident	
21		Failing to restore a track safely,								
		Failure to comply with AMT-23						or which res	sults in an F	RA
23		Reportable Accident or Incident		1		-				
		Operating an Amtrak owned or I	leased vehicle or equipment,	, other than on-tra	ck equipment	negligently, r	esulting in:	일이 같은 가슴! 이 가슴이 가슴		
24		a. Damage to Amtrak property of	or equipment which meets F	RA monetary thr	eshold OR;	🗌 b. I	Employee o	r Passenger	injury	
		Unauthorized use of a Personal				ervice				
25		*This does not warrant D&A Ta								
Sect	ion Thr	ee: Rule Violation Testing a	nd Medical Facility/On	-Site Collection	Vendor In	formation (Mandator	v Complet	ion)	
			me of Violation		ollection Per			me Collecti		red
L Da	ie or ien		Inte of Violation	Date C	oncenon i ci	101 (110)	ere de gra fi t	ine Concen		and a state of the
04/	03/20	16 7 : 50		рм 04/031	/2016		2	: 30	🗌 AM	🛛 PM

Reason Collection Was Canceled or Delayed	같은 것은	
Alcohol		
🗍 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		

UNIVERSITY SERVICES MRO

Toxicology Services Group

* 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:							
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.

RANDY BARNETT, DO

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Drug Panel: 40145N Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES, MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE, PHENCYCLIDINE (PCP)

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V: COMPLETED BY INEDICAL REVIEW OFFICER - SECONDART SPECIFICEN			···· ·
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Signature of Medical Review Officer . (PRINT) Medical Review Officer's Name (First, Mi, East)			
COPY 2MEDICAL REVIEW OFFICER COPY		/ Date (Mo./	/Day/Yr.)



Rule Violations Alcohol/Drug Test Criteria/Notification

Section One: Employee/Contractor Information	(It is mandatory to complete all fields.)
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Nam		Employee or Contractor Infor	Employee ID Number	Contractor So		(a) 1.14 (a) 1.14 (b) 1.14 (b)	Hours of	Service	C	DL
1 vann	~ <u>~</u>	Suprojee of La Continuou			T	• • • • •				_
							Yes Yes	🛛 No	Yes 🗌	🗌 No
	-	tractor Job Title	Amtrak Organization	<u> </u>				Service (N	A if not ap	plicable)
Ass	t. Sup	ervisor	Operations Engin	neering			N/A			
		: Testing Criteria (Resource-								
The 1	piolation	of an Amtrak rule may provid	e cause for an alcohol a	nd drug test. The	e follow	ving is a list of r	ule violati	ons for wh	ich an alc	ohol and
drug	test is a	uthorized. Check each box belo		ted. HOS maybe	exceed	ed for all rule vi	olation eve	ents ij nec	essary.	
1	<u> </u>	Exceeding maximum authorized s	peed by at least 10 MPH.							
2		Tampering with a safety device.								
3	<u> </u>	Failing to stop for a signal that rea							T 1 1	
4	<u> </u>	Colliding with equipment or a del		n, such as a bumpir	1g post,	resulting in an FR	A Reportab	le Accident	or incident	
5	<u> </u>	Failing to properly secure equipm								
6	<u> </u>	Leaving equipment in the foul of								
7	<u> </u>	Failing to make a required air bra								
8		Failure to restore and properly see		erated switch to nor	mal pos	sition, when requir	red.			
9										
10	Running through an improperly lined main track switch.									
11		Failing to apply or stop short of a		······································	· · · ·					
12		Occupying or fouling a segment of			•	· · · · · · · · · · · · · · · · · · ·				
13		Failing to apply or request blue si								
14		Failing to issue or deliver a writte								
15		Issuing a written or oral directive								
16		Failing to properly protect a train								
17		Failing to apply or maintain block		, in required.						
18		Establishing a route that fails to p								
19 20		Operating a switch under a train of Failure to provide proper protecti		(RWP)						
20		Failure to comply with an Operat			a derail	lment or an FRA F	Reportable A	ccident or	Incident	
21		Failing to restore a track safely, it								
		Failure to comply with AMT-23,	AMT-2 or lock out/tag out	procedures as they	relate t	to the protection of	f personnel	or which re	sults in an H	RA
23		Reportable Accident or Incident.				-	-			
		Operating an Amtrak owned or le	ased vehicle or equipment	, other than on-trac	k equipi	ment negligently,	resulting in:			
24		a. Damage to Amtrak property o	r equipment which meets F	RA monetary thres	shold OI	R; 🗌 b. 1	Employee o	r Passenger	injury	
		Unauthorized use of a Personal o				-				
25		*This does not warrant D&A Te	sting unless combined with	h 1-24 or there is r	easonal	ble suspicion.	i			
Sect	ion Thr	ee: Rule Violation Testing an	d Medical Facility/On	-Site Collection	Vendo	r Information	Mandator	y Comple	tion)	
		le Wieletten								ned

DATE OF KILLE VIOLATION				, or violation					14 · · ·		
04/03/2016	7	:	50	🖾 AM	🗌 РМ	04/031/2016	2	:	30	☐ AM	🛛 РМ
Reason Collection Was Ca	nceled	or De	layed								
Alcohol											
Drug											
Amtrak Supervisor Administering Test				Title			Cell Phone Number				
					eputy Ch						
Amtrak Supervisor to Report Testing Results Title					le			Cell Ph	one Nu	mber	
				Sr	: Staff O	fficer					
Medical Facility/On-Site Collection Vendor							Telepho	ne Nun	nber		
ADTS											

UNIVERSITY SERVICES MRO

Toxicology Services Group

* Medical Review Officer Final Report *

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

Date Reported: 04/05/2016

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

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

Name of Individual Tested: Watchman Identification Number: 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 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.

RANDY BARNETT, DO

Drug Panel: 40145N Drugs Tested: AMPHETAMINES CLASS, BARBITURATES, BENZODIAZEPINES, COCAINE METABOLITES, MARIJUANA (THC), METHADONE, ECSTASY, OPIATES, 6-MONOACETYLMORPHINE, OXYCODONE, PHENCYCLIDINE (PCP)

1

COMPANY POLICY DRUGTESTING CUSTODY AND CONTROL FORM (NON FEDERAL TESTING)						
				PANILICIA	Diagnostics	
- -					800-877-7484	
					-	
S	キャロティング IOT 3 I Gコ STECIME STEP 1: COMPLETED BY COLLECTOR OR EN		TATIVE	LAB ACCESSION NO.		
ŕ	A. Employer Name, Address, I.D. No.	1	B. MRO Name, Address, Ph	UNG ANU LAN NU.	· · · · · · · · · · · · · · · · · · ·	
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202010	C. Donor SSN or Employee I.D. No. D. Reason for Test: Pre-employment (Non Hou	rs of Service) [1] 1, 1 Ba				
	Rule Violation(64) Accident/Incident					
	E. Drug Tests to be Performed: THC, COC		IC & COC Only 🔲 Other (specif	y)		
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	6 to	Αι				
	F. Collection Site Name: <u>ASIS DA SEC</u> Address: VO21 VD address: VO21	O Amilian				
	Address: <u>1021 Vander wy</u> City, State and Zip: <u>W-Low wStan</u>	DF 19802		ctor Phone No.: ctor Fax No.:	_	
S	TEP 2: COMPLETED BY COLLECTOR		* SPLIT SPECIMEN REQUI	<u> </u>		
	Read specimen temperature within 4 minutes. Is between 90° and 100° F? 🔀 Yes 🔲 No, Enter		en Collection: Dit 🔲 Single 🛄 None Provid	led (Enter Remark)	served (Enter Remark)	
	REMARKS					
S	TEP 3: Collector affixes bottle seal(s) to bottle(s TEP 4: CHAIN OF CUSTODY - INITIATED BY). Collector dates seal(s). Donor initials seal(s). Donor (completes STEP 5 on Copy	2 (MRO Copy)	
3	IEP 4: CHAIN OF COSTODY - INITIALED B I certify that the specimen identified on this form is the specimen presented to me I sheled, sealed and released to the Delivery Sengice noted in accordance with An	by the donor providing the certification	Ton Copy 2 of this form, that it bears the same specime ral statutes and requirements concerning specimen of	n identification number as that set forth above,	und that it has been collected,	
		1507 B				
	 Signature of Collector 	K Time of Collection	ি► □ Quest Diagnostics C □ Other ৪০	ourier 15 FedEx		
	(Print) Collector's Name (First, MI, Last)	Date (Mo:/Day/Yr.)		v Service Transferring Specimer	n to Lab	
3						
	RECEIVED AT LAB: X	· · · · · · · · · · · · · · · · · · ·	Primary Specimen Bottle Seal Intact	SPECIMEN BOTTLE(S) RELEASED TO:	
		ner	Bottle Seal Intact	SPECIMEN BOTTLE(S) RELEASED TO:	
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	AT LAB: X Signature of Accession (Print) Accessioner's Name (First, Mi, Last) STEP 5: COMPLETED BY DONOR I certify that I provided my urine specimen to the colle-		Bottle Seal Intact Seal Intac	en bottle used was sealed with		
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Rule Violations Alcohol/Drug Test Criteria/Notification

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

Name Employee or Contractor			Employee ID Number	Contractor Social Security Number			Hours of Service CDL			DL	
							🗍 Yes	🛛 No	Yes	□ No	
Employee/Contractor Job Title Trackmanr			Amtrak Organization Operations Engineering					Commuter Service (NA if not applicable) N/A			
					() ()		IN/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	1 Exceeding maximum authorized speed by at least 10 MPH.										
2	2 Tampering with a safety device.										
3	Failing to stop for a signal that requires a complete stop before passing it.										
4	4 Colliding with equipment or a deliberately placed obstruction, such as a bumping post, resulting in an FRA Reportable Accident or Incident.										
5	5 Failing to properly secure equipment left unattended.										
6	6 Leaving equipment in the foul of a connecting track.										
7		Failing to make a required air brake test.									
8	Failure to restore and properly secure a main track, hand-operated switch to normal position, when required.										
9		Operating a main track switch wi	thout proper authority.								
10	0 Running through an improperly lined main track switch.										
11	11 Failing to apply or stop short of a derail, when required.										
12	12 Occupying or fouling a segment of track without proper authority or protection.										
13	13 Image: Failing to apply or request blue signal protection, when required.										
14	\square	Failing to issue or deliver a writte									
15	\square	Issuing a written or oral directive									
16		Failing to properly protect a train or track car, when required.									
17	Failing to apply or maintain blocking device protection, when required.										
18	18 Establishing a route that fails to provide proper protection.										
19		Operating a switch under a train or track car.									
20	\boxtimes	Failure to provide proper protection for on-track employees (RWP).									
21		Failure to comply with an Operating Rule or Air Brake Instruction, resulting in a derailment or an FRA Reportable Accident or Incident.									
22		Failing to restore a track safely, in accordance with track standards (MW 1000 or other MW instructions).									
23		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 le	eased vehicle or equipment,	other than on-trad	k equip	ment negligently, r	esulting in:				
44		a. Damage to Amtrak property o	r equipment which meets FI	RA monetary thre	shold O	R; 🗌 b. I	Employee or	Passenger	injury		
25		Unauthorized use of a Personal or Railroad Supplied Electronic Device when performing service. *This does not warrant D&A Testing unless combined with 1-24 or there is reasonable suspicion.									
Sect	Section Three: Rule Violation Testing and Medical Facility/On-Site Collection Vendor Information (Mandatory Completion)										

1912 N. 193									
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Reason Collection Was Canceled or Delayed									
Alcohol									
Drug									
Cell Phone Number									
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89									