HUMAN PERFORMANCE FACTORS GROUP CHAIRMAN'S FACTUAL REPORT

Human Performance Attachment – Schneider Driver DOT Toxicology Results

Elmhurst, Illinois

HWY18MH007

(5 pages)

03/02/2018 00:53 CONCENTRA/BRIDGEVIEW (FAX)17084302372 P.002/002

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. 0078911875 ACCESSION NO. 0078911875

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

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

C. Donor SSN or Employee I.D. No.: [redacted]

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT – 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:

Collector Phone No.

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature Between 90° and 100° F? ☒ Yes ☐ No, Enter Remark | 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 TEST FACILITY

I certify that the specimen given to me by the donor identified in this collection 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) RELEASED TO:

Signature of Collector | (PRINT) Collector's Name (First, MI, Last) | Date (Month/Day/Year) | Time of Collection | Name of Delivery Service

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 (Month/Day/Year)

Daytime Phone No. [redacted] Evening Phone No. ( ) Same Date of Birth [redacted]

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 these 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

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: _____

Signature of Medical Review Officer | (PRINT) Medical Review Officer's Name (First, MI, Last) | Date (Month/Day/Year)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen is: Natalie Hartenbaum 03/04/18

☐ RECONFIRMED for: _____ ☐ TEST CANCELLED

☐ FAILED TO RECONFIRM for: _____

REMARKS: _____

Signature of Medical Review Officer | (PRINT) Medical Review Officer's Name (First, MI, Last) | Date (Month/Day/Year)

COPY 2 - MEDICAL REVIEW OFFICER copy

CONFIDENTIAL & PROPRIETARY BUSINESS INFORMATION MUST BE RETURNED AFTER USE BY NTSB ONLY. NOT FOR PUBLIC RECORD.

U.S. Department of Transportation (DOT)
Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

[redacted]AN

A: Employee Name [redacted]

B: SSN or Employee ID No. [redacted]

C: Employer Name: Schneider Nat'l
Street: P.O Box 2545
City, State, Zip: Green Bay, WI 54306

DER Name and Telephone No.: Nam-Hyung 800 (610-9373
DER Name / DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on this form is true and correct.

[redacted] 3/1/18
Signature of Employee — Date: Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☐ BAT ☐ STT DEVICE: ☐ SALIVA ☑ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (*For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: *Results MUST be affixed to each copy of this form or printed directly onto the form.*

REMARKS:

CMK — 8788 S Harlem
Alcohol Technician's Company — Company Street Address
(PRINT) Alcohol Technician's Name (First, M.I., Last) — Company City, State, Zip — Phone Number

[redacted]
Signature of Alcohol Technician — 3/1/18 Date: Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee — Date: Month Day Year

Form DOT F 1380 (Rev. 5/2008) — OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Intoximeters, Inc.

Print Screening Results Here or Affix with Tamper Evident Tape

Test Number: 6007
Serial Number: 7533
Test Date: 03/01/2018
Test Time: 21:37:52
Test Temperature: 23.5°C

Test Type: Screening
Reason for Test: Post Accident

Type	g/210L	Time
BLNK	0.000	21:38:24
SUBJ	0.000	21:38:45

Test Status: Success

Print Confirmation Results Here or Affix with Tamper Evident Tape

Print Additional Results Here or Affix With Tamper Evident Tape

Result Report

Final Verification:

Negative

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DONOR INFORMATION

Donor ID:	[redacted]
Donor Name:	[redacted]
Test Type:	Post-Accident
Employer:	Schneider National Inc.
Entity	42
OC	Van Truckload - Green Bay OO Choice
Board	
Account Number	SNI42

SPECIMEN INFORMATION

Accession ID:	0078311875
Specimen ID:	0078311875
Laboratory:	LabCorp
Test Panel:	Urine
Collected Date:	03/01/2018 09:41 AM
Account Type:	DOT - FMCSA

MRO INFORMATION

Rec'd MRO CCF:	03/02/2018 01:56 AM
MRO Verification/Release:	03/04/2018 1:15 PM
MRO Signature:	[redacted] MD, MPH
Client Access Date:	03/05/2018 09:21 AM
Released By:	Diana Stiteler

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Alcohol Test Information

DONOR INFORMATION
Donor ID: [redacted]
Donor Name: [redacted]
Employer: Schneider National Inc.
Account Number SNI42
Board
Entity 42
OC

TEST INFORMATION
Test Reason: Post-Accident
Test Type: DOT
Test Facility: Concentra Medical Center - Bridgeview
Technician: Michelle G

RESULT INFORMATION - SCREENING
Test Date: 03/01/2018 9:38 PM
Test #: 6007
Result: 0.000
Device Type: Breath
Device Name: Other
Test Entered on 03/02/2018 12:23 PM

* This report does not meet DOT record requirements. Employers must maintain the employer copy of the DOT Alcohol Test Form.

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