



**HUMAN PERFORMANCE FACTORS GROUP CHAIRMAN'S
FACTUAL REPORT**

Human Performance Attachment – Schneider Driver DOT Toxicology Results

Elmhurst, Illinois

HWY18MH007

(5 pages)

Image

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

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

350 First Ave., Raritan, NJ 08869
 31994 T.W. Alexander Dr., Research Triangle Park, NC 27709
 1120 Main Street, Southaven, MS 38671
 37207 North Gessner, Houston, TX 77040

Printed: 03/02/2018
 0078311875

0078311875

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employee Name, Address, ID No.
 SCHEIDT, MATTHEW
 1120 MAIN STREET
 SOUTHAVEN, MS 38671

B. MRO Name, Address, Phone No. and Fax No.
 MATTHEW SCHEIDT
 1120 MAIN STREET
 SOUTHAVEN, MS 38671
 662-555-5555
 662-555-5555

C. Donor SSN or Employee ID No. [REDACTED]

D. Specify Testing Agency: ☐ HHS ☐ NRC ☒ DOT - Specify DOT Agency: ☒ FMCSA ☐ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USDO
 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: ☒ THG, COC, PCP, OPI, AMP ☐ THG & COC Only ☐ Other (specify)
 G. Collection Site Address:
 37207 North Gessner, Houston, TX 77040
 Collector Phone No. 708-455-5555
 Collector Fax No. 708-455-5555

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). Collector reads specimen temperature within 4 minutes.
 Temperature between 10° and 100° F? ☒ Yes ☐ No, Enter Remark: [REDACTED]
 Collector: ☒ SPT ☐ Urine ☐ Hair ☐ Other (specify)
 REMARKS:

STEP 3: Collector affixes bottle seal(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 3 on Copy 2 (MRD 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, sealed, signed and released to the Delivery Service noted in accordance with applicable Federal requirements.
 [Signature] 3/1/18
 [Signature] Job Corp

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] 3/1/18
 Daytime Phone No. [REDACTED] Evening Phone No. [REDACTED] 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: [REDACTED]
☒ DILUTE
☐ REFUSED TO TEST, because - check reason(s) below: ☐ TEST CANCELLED
☐ ADULTERATED (adulterant/reason): [REDACTED]
☐ SUBSTITUTED
☐ OTHER: [REDACTED]
 REMARKS:
 [REDACTED]

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN
 In accordance with applicable Federal requirements, my verification is:
☒ RECOVERED
☐ TEST CANCELLED
☐ FAILED TO RECONFIRM for: [REDACTED]
 REMARKS:
 [REDACTED]

03/04/18

Matthie Hartenbaum

ONLY 1 MEDICAL REVIEW OFFICER COPY

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

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

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. Ngo-Hyung 800-610-9373
DER Name Ngo-Hyung **DER Phone Number** 800-610-9373
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.
[Signature] 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: ABAT DOTT **DEVICE:** OSALIVA ☒ 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 <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:
[Blank]
[Blank]
Alcohol Technology Company 8705 S. Highway
Green Bay, WI 54306
Alcohol Technician's Name (First, Last, Initial) Michael **Company City, State, Zip** Green Bay, WI 54306 **Phone Number** 705 430 2235
[Signature] 3/1/18
Signature of Alcohol Technician **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] 3/1/18
Signature of Employee **Date Month Day Year**

Print Screening Results Here or Affix with Tamper Evident Tape
Intoximeter: 6007
Test 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** 21:38:24
BLK 0.000
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

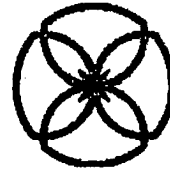
Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

Result Report

Final Verification:
Negative



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DONOR INFORMATION

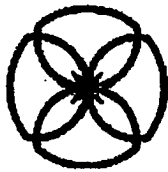
Donor ID: [REDACTED]
Donor Name: [REDACTED]
Test Type: Post-Accident
Employer: Schnelder National Inc.
Entity: 42
OC: Van Truckload - Green Bay
OO Choice
Board
Account Number: SNI42

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: ~~Handwritten Signature~~ AQW/PY
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: Schnelder 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 #: 8007
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.