

**ATTACHMENT #13**

**POST-ACCIDENT DRUG AND ALCOHOL TESTS**

**(5 Pages)**



11/19/2012  
Federal Regulated

Starr On-Site Services  
4400 North Big Spring Street, Suite B-21  
Midland, TX 79705  
(432) 620-0434

TO: Starr On-Site Services-House  
4400 N. Big Spring Street Suite B-21  
Midland, TX 79705

### Medical Review Officer Report

-Confidential-

This is a notification of a controlled substance test result on:

<b>Individual Tested:</b>	Hayden	<b>Reason for Test:</b>	Post Accident
<b>Donor ID:</b>		<b>Specimen ID#:</b>	115593243
<b>Collection Site:</b>	Starr Onsite-Onsite At Employer Address	<b>Date of Collection:</b>	11/15/2012 Time: 2027
		<b>Lab Accession#:</b>	115593243
		<b>Lab Reported Date:</b>	11/17/2012 Time: 0753
	<b>Laboratory:</b> Advanced Toxicology Network	<b>MRO:</b>	MD
3560 Air Center Cove Suite 101 Memphis, TN 38118		<b>MRO Received Date:</b>	
		<b>MRO Report Date:</b>	11/19/2012 Time:
		<b>MRO Date CCF2:</b>	11/15/2012
		<b>Specimen Type:</b>	Urine
		<b>Drug Panel:</b>	DOT Panel

**Substances included in test profile:**

<u>Drug</u>	<u>Drug</u>
Amphetamines	Cocaine
Opiates	Phencyclidine
Marijuana	

This controlled substance test was conducted in accordance with 49 CFR Part 40.

The verified result is: \*\*\* Negative \*\*\*

Comments: *Smith Ind.*

MD

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 115593243

ADVANCED TOXICOLOGY NETWORK  
3560 Air Center Cove, Suite 101, Memphis, TN 38118 (868)222-4894

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. **171604**  
**Starr On-Site Services Service Agent For:**  
**Smith Industries**  
**3509 E Hwy 158**  
**Midland, TX 79701**

B. MRO Name, Address, Phone No. and Fax No.  
**MEDICAL REVIEW OFFICE - EMILIA VIVES, MD**  
**1122 S MICHEAM RD STE D**  
**WEST MELBOURNE, FL 32904**  
 Phone: \_\_\_\_\_

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

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  151  THC & COC Only  Other (specify) \_\_\_\_\_

G. Collection Site Address: **246811**  
**STARR ON-SITE SERVICES / MAINT. W/ SUPPLIES**  
**4400 N. BIG SPRING STE B-21**  
**MIDLAND, TX 79705**

Collector Phone No. \_\_\_\_\_  
 Collector Fax No. \_\_\_\_\_

OMB No. 0930-0158

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 the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

\_\_\_\_\_ re of Collector \_\_\_\_\_

(PRINT) Collector's Name (First, MI, Last) **111512** Date (Mo/Day/Yr) **8:27** AM/PM **PM**

SPECIMEN BOTTLE(S) RELEASED TO: **Fed Ex**

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 **HAYDEN** (PRINT) Donor's Name (First, MI, Last) **111512** Date (Mo/Day/Yr)

Daytime Phone No. \_\_\_\_\_ Evening Phone No. ( ) **SAME** Date of Birth \_\_\_\_\_ (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

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 (Mo/Day/Yr) \_\_\_\_\_

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

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

RECONFIRMED for: \_\_\_\_\_  TEST CANCELLED

FAILED TO RECONFIRM for: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

COPY 3 - COLLECTOR COPY

6620  
11/16



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

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

To Reorder Forms:  
Phone: 303.431.9500  
www.lifeloc.com

Print Screening Results Here or

**Lifeloc Technologies**

### Test Result Printout

Phoenix 6.0	v2.03
Serial Number	126
Units	BAC
Test Number	01858
Test Type	Auto Test
<b>Result</b>	<b>.000</b>
Date	11/15/2012
Time	20:11
Air Blank	.000
Time	20:11

Subject

Print Confirmation Results Here or  
Affix with Tamper Evident Tape

Print Additional Results Here or  
Affix with Tamper Evident Tape

### Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Hayden  
(Print) (First, M.I. Last)

B: SSN or Employee ID No. \_\_\_\_\_

C: Employer Name Smith Industries  
Street \_\_\_\_\_  
City, State, Zip 3509 E. Hwy 158

DER Name and Telephone No. \_\_\_\_\_  
432

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 the form is true and correct.

Signature of Employee \_\_\_\_\_ Date 11/15/12  
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 # QR Lot # & Exp Date Activation Time Reading Time Results

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

REMARKS:

Alcohol Technician \_\_\_\_\_  
Company Street Address 4400 N. Big Spring St. B-71

(PRINT) Alcohol Technician \_\_\_\_\_ M.I., Last Midland, TX 79705  
Company City, State, Zip Phone Number \_\_\_\_\_

Signature of Alcohol Technician \_\_\_\_\_ Date 11/15/12  
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

W20  
350  
1116

4

Company  
who took  
drug test.

Star Onsite Services  
4400 N Big Spring  
Midland tx 79705

(Mrs)

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Midland Memorial Hospital  
West Campus

~~4214~~ 4214 Andrews Hwy  
Midland Tx 79703

→ Place where drug test was taken.