



Motor Carrier Attachment 42:

MTA Transit Bus Driver Drug Testing Records

Baltimore, MD; 11/1/2016

HWY17MH007

(7 pages)

sas2k ByPass Key Disabled - (Safety Sensitive Employee Testing Information)

File Edit Tools Window Type a question for help

Total of Records: 7652 **SELECTED EMPLOYEE** **EXIT**

Required fields Add New Employee

SSN: [REDACTED] Birth Date: [REDACTED] Service Date: 6/24/2005 Payroll No: 74815 **REHABILITATION**

REQUEST FOR TEST No. 89482 Employee No: [REDACTED]

Rehab No. 0 Add New Request for Test

* Request Category PE Prior Positive Test Y/N: (FOR PE USE ONLY) Selected by amolina

* Empl Status AP * Request Test for PH * Request Status Quality Selected on 6/7/2005 9:59:49 AM

* FTA Category N1 EmployeeName SPENCE EBONEE D Entered by amolina

Random No. 0 EmployeeTitle FARE INSPECTOR/P/T Entered on 6/7/2005 9:59:49 AM

To Be Tested on 2005-06-09 Cost Cntr Dept Co Updated by amolina

Supervisor Initials Badge No Occup Co 8052 Updated on 6/14/2005

Date/Time Collected CMC PRCD Work Hours

Issued: Accident Date and Time:

Collected: 2005-06-09 09:00:00 Comments Pre/Post Emp Ltr Sent:

Arrived: 06/14 - ADVISED EMPLOYMENT, QUALIFIED

Departed:

Request ID	Test ID	Test Date	Test Type	Test Result	Test Comment
▶ 89482	(AutoNumber)				

Record: 14 4799 NUM

Social Security No. Unique Identifier for each record

Maryland Transit Administration
FEDERAL TRANSIT ADMINISTRATION REQUIRED
RANDOM DRUG TEST APPOINTMENT

Employee Name: Ebonee Baker
Social Security # - / - / -

Badge/Payroll # [REDACTED]

INSTRUCTIONS TO EMPLOYEE:

1. You **must immediately proceed and report without delay** to the appropriate collection site, *(See note on reverse) for an FTA Random Drug Urinalysis Test today 3 / 9 / 2016 at 9 : 13 AM PM.
2. You must alert the test site personnel of your arrival and present your official photo identification card. Failure to provide positive photo ID is a refusal to test and will be cause for termination action.
3. Failure to keep this appointment **for any reason**, including illness, will be considered a refusal to test and will be cause for termination action.
4. While you are waiting to provide a sample for your drug and/or alcohol test, you are **NOT** permitted to leave the testing facility. You must stay within the designated waiting area; you are not permitted to go outside or beyond the entrance doors for any reason (cigarette breaks, telephone calls, fresh air, etc.). If you leave the testing site for any reason during the testing process, it will be considered a refusal to test and will be cause for termination action.

[REDACTED]
Employee Signature

3/9/16
Date

INSTRUCTIONS TO SUPERVISOR:

1. Establish the appointment time by determining the minimum travel time for the employee to arrive at the testing site in the most immediate and direct route. Complete the MTA Supervisor's Section.
2. Notify the employee of their selection and **direct them to immediately proceed to the collection site**.
3. Separate and place the supervisor's copy in the employee's department file.
4. Hand the employee pages 1,2,3. Instruct the employee to provide the collection site personnel with the **OHR/Medical Services-Page 1 (White)** copy; **Collection Site-Page 2 (Green)** copy; and **Employee-Page 3 (Yellow)** copy. The **employee must return his copy** completed by the collection site **for travel time payment**.
5. You must investigate and submit a written report to your Division Director and OHR/Medical Services Section for any employee who had a recorded travel time in excess of one (1) hour.

SUPERVISOR'S SECTION AND ATTESTATION:

1. I have delivered a copy of this appointment form by hand to the above named employee.
2. Considering all factors, it will take the employee approximately { 60 } minutes to arrive to the testing site utilizing the most immediate and direct route.
3. The employee's work schedule for today is { 4:22 AM/PM to 9:58 AM/PM } and { 2:35 AM/PM to 4:09 AM/PM }

[REDACTED]
MTA Supervisor's Signature

8:13 AM/PM
Time Form Issued to Emp.

3 / 9 / 2016
Date

TESTING SITE SECTION:

Complete the employee arrival and departure times on pages 1,2,3. Give the Employee the completed page 3 (Yellow) copy. Attach the OHR/Medical Services copy (top-White) to the Employer's Copy of the Chain of Custody

Employee arrived at: 3 / 9 / 2016
Date

8:58 AM/PM
Arrival Time

9:10 AM/PM
Specimen Collection

9:15 AM/PM
Departure Time

Reverse Side: General Employee Information

Distribution: HRD/Medical Services - **White** Copy
Collection Site - **Green** Copy

Employee - **Yellow** Copy
Department File - **Pink** Copy

10528624 5920450 SPECIMEN ID NO. 10528624 5920450

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. D. Specify Testing Authority: E. Reason for Test: F. Drug Tests to be Performed:

G. Collection Site Name: Concentra Medical Center 700 S. Charles St - Ste 150 Baltimore, MD 21201

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)

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, sealed, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

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: Ector Baker (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.): 3/9/16

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: ADULTERATED (adulterant/reason): SUBSTITUTED OTHER TEST CANCELLED

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 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.):



Federal Regulated
FTA

CONCENTRA
118 PORTSMOUTH AVE
BLDG B UNIT 202
STRATHAM, NH 03885
(603) 929-1648

TO: MARYLAND TRANSIT ADMIN MDOT (SMD)
6 SAINT PAUL ST
STE FL 5
BALTIMORE, MD 21202

MARYLAND TRANSIT ADMIN MDOT (SMD)
6 SAINT PAUL ST
STE FL 5
BALTIMORE, MD 21202

Medical Review Officer Report

-Confidential-

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

Individual Tested:	EBONEE BAKER	Reason for Test:	Random
Donor ID:	[REDACTED]	Specimen ID#:	5920450
Collection Site:	Concentra Baltimore 2114 100 South Charles Street Suite #150 Baltimore, MD 21201 (410) 752 - 3010	Date of Collection:	03/09/2016 Time: 0910
		Lab Accession#:	055408L
		Lab Reported Date:	03/10/2016 Time: 1119
		MRO:	Paul Teynor, MD
Laboratory:	QUEST DIAGNOSTICS	MRO Received Date:	
		MRO Report Date:	03/10/2016 Time: 1044
		MRO Date CCF2:	
		Specimen Type:	Urine
		Drug Panel:	45304N

Substances included in test profile:

Drug	Screen	Confirm	Drug	Screen	Confirm
HEROIN	10	10	Adulterants		
amphetamines	500	250	Cocaine	150	100
MDA	500	250	Nitrite		
Opiates	2000	2000	Phencyclidine	25	25
Marijuana	50	15			

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

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

Comments:

Paul Teynor, MD

03/11/2016

Maryland Transit Administration
FEDERAL TRANSIT ADMINISTRATION REQUIRED
RANDOM ALCOHOL TEST APPOINTMENT

Employee Name: Ebonee Baker Badge/Payroll # [REDACTED]
 Social Security # — 1 — —

INSTRUCTIONS TO EMPLOYEE:

1. You **must immediately proceed and report without delay** to the appropriate collection site. *(See note on reverse) for an FTA Random Alcohol Test today 7/13/2016 at 9:05 AM/PM.
2. You must alert the test site personnel of your arrival and present your official photo identification card. Failure to provide positive photo ID is a refusal to test and will be cause for termination action.
3. Failure to keep this appointment **for any reason**, including illness, will be considered a refusal to test and will be cause for termination action.
4. While you are waiting to provide a sample for your drug and/or alcohol test, you are **NOT** permitted to leave the testing facility. You must stay within the designated waiting area; you are not permitted to go outside or beyond the entrance doors for any reason (cigarette breaks, telephone calls, fresh air, etc.). If you leave the testing site for any reason during the testing process, it will be considered a refusal to test and will be cause for termination action.

[Signature] Employee Signature 7/13/16 Date

INSTRUCTIONS TO SUPERVISOR:

1. Establish the appointment time by determining the minimum travel time for the employee to arrive at the testing site in the most immediate and direct route. Complete the MTA Supervisor's Section.
2. Notify the employee of their selection and **direct them to immediately proceed to the collection site.**
3. Separate and place the supervisor's copy in the employee's department file.
4. Hand the employee pages 1,2,3. Instruct the employee to provide the collection site personnel with the **OHR/Medical Services-Page 1 (White) copy; Collection Site-Page 2 (Green) copy; and Employee-Page 3 (Yellow) copy.** The **employee must return his copy completed by the collection site for travel time payment.**
5. If the Alcohol Test Result is .02 or greater the employee may not return to work, and you must contact the Medical Services Section. If the result is .04 or greater the employee must be offered transportation home. When transportation is offered, please indicate the employee's response. [] accepted [] declined
6. You must investigate and submit a written report to your Division Director and OHR/Medical Services Section for any employee who had a recorded travel time in excess of one (1) hour.

SUPERVISOR'S SECTION AND ATTESTATION:

1. I have delivered a copy of this appointment form by hand to the above named employee.
2. Considering all factors, it will take the employee approximately { 60 } minutes to arrive to the testing site utilizing the most immediate and direct route.
3. The employee's work schedule for today is { 8:00 AM/PM to — AM/PM } and { — AM/PM to 4:00 AM/PM }

[Signature] MTA Supervisor's Signature 410-454-7682 Phone # 8:05 AM/PM Time Form Issued to Emp. 7/13/2016 Date

TESTING SITE SECTION:

If the employee's test result is .02 or greater, please advise the supervisor at the phone number above. Complete the employee arrival and departure times on pages 1,2,3. **Give the Employee the completed page 3 (Yellow) copy. Attach the OHR/Medical Services copy (top-White) to the US Department of Transportation Alcohol Testing Form (ATF)**

Employee arrived at: 7/13/2016 Date 8:59 AM/PM Arrival Time 9:40 AM/PM Collection Time 9:18 AM/PM Departure Time

Reverse Side: General Employee Information
Distribution: HRD/Medical Services – White Copy
 Collection Site – Green Copy Employee Yellow Copy
 Department File Pink Copy

