

Attachment 7

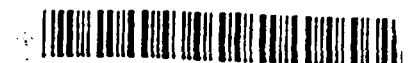
**Addendum 1 to Group Chairman's Factual Report
Operational Factors / Human Performance**

DCA00MA026



80062097

1938562
SPECIMEN ID NO.



061406H
LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. **ENC/MIAMI AIRCRAFT SUPP**
RANDY HUCKS
3350 NW 22ND TERR, #300-B
POMPANO BEACH, FL 33069

B. MRO Name and Address **JOHN EUSTACE, MD**
ENC
3350 NW 22ND TERR #300-B
POMPANO BEACH, FL 33069

FORN ID: SAP5000

C. Donor SSN or Employee I.D. No. [REDACTED] Donor Name **Winston Harris**

D. Reason for Test: Pre-employment Random Periodic Reasonable susp/cause Post Accident Other _____ specify _____

E. Donor I.D. Verified: Photo I.D. Employer Representative _____

F. Tests to be performed: _____ signature of employer representative _____

() 6633H SAP 10-50 CC/MS

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: Yes, 90° - 100° F/32° - 38°C No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal to bottle. Collector dates seal (2X). Donor initials seal

STEP 4: TO BE COMPLETED BY DONOR - Go to copy 2 (pink page); STEP 4

STEP 5: TO BE COMPLETED BY COLLECTOR

COLLECTION SITE LOCATION: **BCL** [REDACTED]

Collection Facility [REDACTED] Collector's Business Phone No. [REDACTED]

5301 F Street #208 Address City **SAC** State **CA** Zip/Zip Code **92108**

REMARKS:
 I certify that the specimen identified on this form is the specimen presented to me by the employee identified in Step 1 above, and was collected, labeled & sealed in the donor's presence.

Kestine Madsen (PRINT) Collector's Name (First, MI, Last) Signature of Collector **[Signature]** Date (Mo./Day/Yr.) **2/22/00** Time **4:10**

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
2/22/00	DONOR Signature: [Signature] Name: [REDACTED]	Signature: [Signature] Name: KESTINE MADSEN	PROVIDE SPECIMEN FOR TESTING
2/22/00	Signature: [Signature] Name: KESTINE MADSEN	Signature: [Signature] Name: JSSK	TO LAB
02/24/00	Signature: [Signature] Name: Courier	Signature: [Signature] Name: MINH BUI	Seal/Bag Intact ID Verified
1/1	Signature: [Signature] Name: _____	Signature: [Signature] Name: _____	

STEP 7: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER (if required)

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable requirements. My determination/verification is:

Negative Positive Test Not Performed Test Cancelled

REMARKS: _____

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

EMC/MIAMI AIRCRAFT SUPP
RANDY HUCKS
3250 NW 22ND TERR, #300-B
POMPANO BEACH, FL 33069

(now part of Quest Diagnostics)

PATIENT NAME	PATIENT ID	ROOM NO.	AGE	SEX	PHYSICIAN	
	HARRIS, WINSTON					
PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN DATE	REPORT DATE & TIME
	193056	061406		02222000 04:10PM	02242000	03082000 07:18A

REMARKS

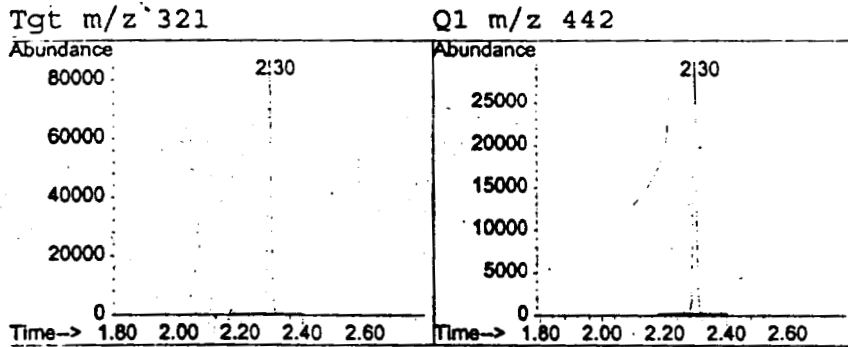
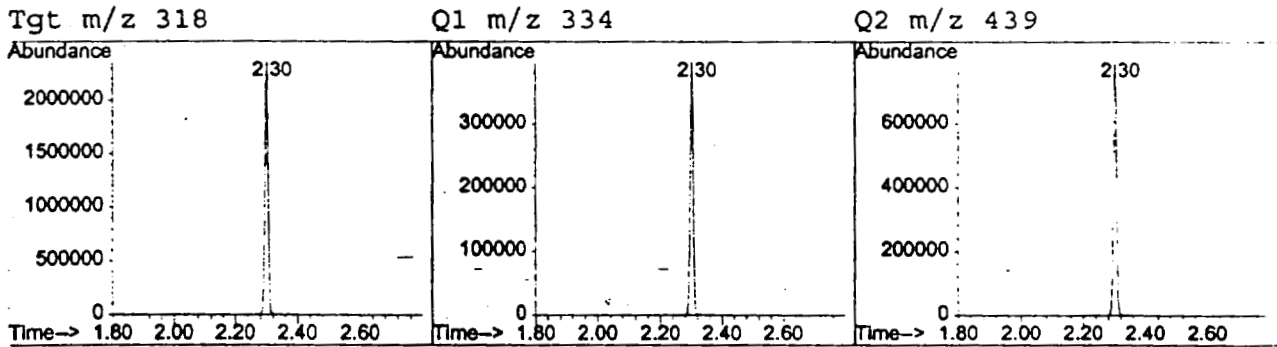
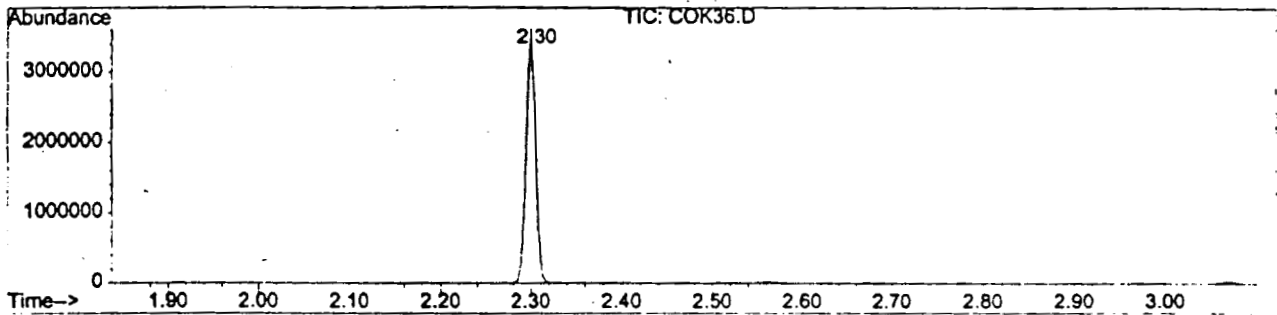
REASON FOR TEST: RANDOM
DUI/DWI: IL VERIFIED; PHOTO I.D.

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SIT COD
FINAL		IN RANGE / OUT OF RANGE			
*** POSITIVE/ABNORMAL REPORT ***					
Tests Ordered: 64304 (SAP 10-50 GC/MS) AMFG (AMPHETAMINE SAP GNT) 0606 (COCAINE METAB QUANT)					
Substance Abuse Panel					
		Initial Test Level	GC/MS Confirm Test Level		
AMPHETAMINES		1000 ng/mL			
AMPHETAMINE	POSITIVE		500 ng/mL		
METHAMPHETAMINE	POSITIVE		500 ng/mL		
BARBITURATES	Negative	300 ng/mL	200 ng/mL		
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL		
COCAINE METABOLITES	POSITIVE	300 ng/mL	150 ng/mL		
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL		
METHADONE	Negative	300 ng/mL	200 ng/mL		
METHAQUALONE	Negative	300 ng/mL	200 ng/mL		
ORIPAVIRINE	Negative	2000 ng/mL	2000 ng/mL		
ORIPAVIRINE	Negative	25 ng/mL	25 ng/mL		
PROPXYPHENE	Negative	300 ng/mL	200 ng/mL		
Quantitative Results					
AMPHETAMINE		1039 ng/mL			
METHAMPHETAMINE		ng/mL			
METHAMPHETAMINE		5094 NG/ML			
COCAINE METABOLITES		ng/mL			
BENZYLECOCODINE		GREATER THAN 10,000 NG/ML			
CERTIFYING SCIENTIST: DOROTHY QUINTO					
SPECIMEN RECEIVED AND PROCESSED IN THE VAN NUYS DHHS CERTIFIED LABORATORY.					
END OF REPORT					

Data File : C:\HPCHEM\1\DATA\COK36.D
 Acq Method Name : COK.M Calib date : 24 Feb 00 11:13 am
 Sample Name : 061406H
 Acquisition Date : 24 Feb 2000 2:12 pm
 Operator : NCR

Compound	Mass	Area	Target Range	RT
BE	318	1678647	(2.25 - 2.34)	2.30
	334	278588	(13.1 - 19.6)	16.6
	439	547252	(24.4 - 36.7)	32.6
BE D3	321	67484		100.0
	442	22178	(24.4 - 36.6)	32.9

Concentration = 10407.84 NG/ML BE





80062097

1938565
SPECIMEN ID NO.



050110H
LABORATORY ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

ENC/MIAMI AIRCRAFT SUPP
RANDY HUCKS
3350 NW 22ND TERR, #300-B
POMPANO BEACH, FL 33069

B. MRO Name and Address

JOHN EUSTACE, MD
ERIC
3350 NW 22ND TERR #300-B
POMPANO BEACH, FL 33069

FORM ID: SAP500020

C. Donor SSN or Employee I.D. No. [REDACTED]

Donor Name Richard Knippschild

D. Reason for Test: Pre-employment Random Periodic Reasonable susp/cause Post Accident Other _____ specify _____

E. Donor I.D. Verified Photo I.D. Employer Representative _____ signature of employer representative

F. Tests to be performed:

6633H SAP 10-50 GC/MS

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: Yes, 90° - 100° F/32° - 38°C No, Record specimen temperature here _____

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal to bottle. Collector dates seal (2X). Donor initials seal (2X).

STEP 4: TO BE COMPLETED BY DONOR - Go to copy 2 (pink page); STEP 4

STEP 5: TO BE COMPLETED BY COLLECTOR

COLLECTION SITE LOCATION:

SBC
Collection Facility
S301 F St
Address

[REDACTED]
Collector's Business Phone No.
SC CA PC
City State Zip/State Code

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the employee identified in Step 1 above, and was collected, labeled and sealed in the donor's presence.

Richard Knippschild (PRINT) Collector's Name (First, MI, Last) [Signature] Signature of Collector 2/18/00 Date (Mo./Day/Yr.) 4:45 AM PM Time

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
<u>2/18/00</u>	DONOR	<u>[Signature]</u> Name <u>Richard Knippschild</u>	PROVIDE SPECIMEN FOR TESTING
<u>2/18/00</u>	<u>[Signature]</u> Name <u>Richard Knippschild</u>	<u>[Signature]</u> Name <u>[Signature]</u>	TO LAB
<u>02 19 00</u>	Courier	<u>[Signature]</u> Name <u>HARMONY SHAW</u>	Seal/Bag Intact ID Verified
<u>11</u>			

STEP 7: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER (if required)

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable requirements. My determination/verification is:

Negative Positive Test Not Performed Test Cancelled

REMARKS _____

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

COPY 1 - ORIGINAL - MUST ACCOMPANY SPECIMEN TO LABORATORY

BROWNSVILLE AIRPORT
 BARRY HICKS
 2550 NW 25th TERR
 FORT LAUDERDALE, FL 33309



17000 0011 OF 0127 01/28/00 10:15

PATIENT NAME ██████████		PATIENT ID ██████████		ROOM NO	AGE	SEX	PHYSICIAN	
AGE	REQUISITION NO. 1138567	ACCESSION NO. 050110M	LAB REF #	COLLECTION DATE & TIME 02182000 04:45PM		LOG-IN-DATE 02192000	REPORT DATE 03092000	& TIME 11:18AM

REMARKS

REASON FOR TEST - 10M
 DONOR ID VERIFIED - 10M

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
FINAL	TEST	IN RANGE / OUT OF RANGE			
POSITIVE/ABNORMAL REPORT ***					
TEST: 01/18/00 (02182000) (050110M) (04:45PM) (1138567) (050110M) (04:45PM) (02192000) (03092000) (11:18AM)					
ANALYTES: AMPHETAMINE (SAP) (QNT)					
Sample Name: Abuse Panel					
		Initial Test Level		QC MS Confirmation Test Level	
	AMPHETAMINE	POSITIVE	1000 ng/mL	100 ng/mL	
	METHAMPHETAMINE	POSITIVE		100 ng/mL	
	COCAINE	Negative	500 ng/mL	200 ng/mL	
	BARBITURATES	Negative	500 ng/mL	500 ng/mL	
	BENZODIAZEPINES	Negative	500 ng/mL	100 ng/mL	
	BUTYRPHENOL	Negative	50 ng/mL	10 ng/mL	
	BUPROPION	Negative	500 ng/mL	200 ng/mL	
	QUINIDINE	Negative	500 ng/mL	200 ng/mL	
	TRICHLORFLUOROMETHANE	Negative	2000 ng/mL	1000 ng/mL	
	PROPRANOLOL	Negative	25 ng/mL	50 ng/mL	
	PROPRANOLOL	Negative	500 ng/mL	200 ng/mL	
Percentages:					
	METHAMPHETAMINE	84 %			
	AMPHETAMINE	13 %			
	COCAINE	100 %			
	BARBITURATES	0 %			
Qualitative Results:					
	AMPHETAMINE	998 ng/mL			
	METHAMPHETAMINE	2882 ng/mL			
QUALITY CONTROL: 10M BY DOROTHY BLIND					
REASON FOR RECEIVING AND TESTING IN THE VAN NUYS DHS CERTIFIED LABORATORY					