

# Compliance in Drug Testing

## Quarterly Drug Testing Forum – June 2024

### Statewide Substance Abuse Testing Program

Presented by Gail Stowers  
HRA - Policy Unit

June 13, 2024

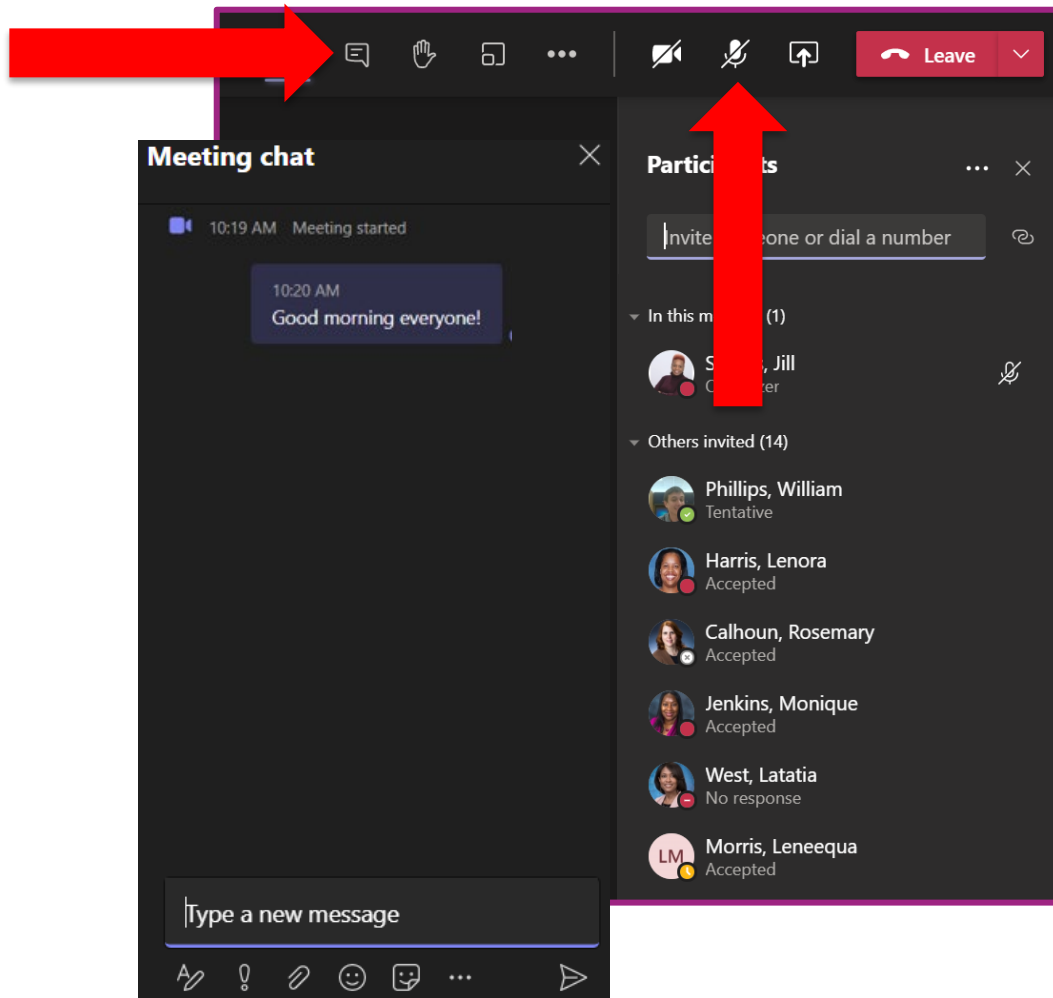


Your Presenter:  
Gail Stowers



Statewide Substance Abuse Testing Coordinator  
Senior Policy Analyst  
DOAS HRA-Policy Unit

# MS TEAMS Housekeeping: Attendee Participation



## Your Participation

- You were automatically muted and cameras disabled when entering our meeting.
- Utilize CHAT for your questions and comments.
- Close out MS Outlook and other internet sites being accessed to support your TEAMS' connectivity.
- Recording link and today's slides will be provided after the session.

# Compliance in Drug Testing

## Agency Errors in Drug Testing Programs



# Agenda

Guest Speaker: Shawn O'Neil  
Compliance & Privacy Officer  
Vault Workforce Screening, A Sterling Company

Issue One: Errors on the CCF

Issue Two: CDL Error Report

Issue Three: Onsite Testing Submissions

Issue Four: Resources & Training





a Sterling company


**Guest Speaker: Shawn O'Neil**  
**Compliance and Policy Officer Vault**  
**Workforce Screening, a Sterling Company**


# Issue One:

## Chain of Custody Form Errors

### *Filling out the CCF incorrectly*

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

 Quest Diagnostics  
800-877-7484

☒ 

10330192 5172029 SPECIMEN ID NO.

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

A. Employer Name, Address, I.D. No.  
GURA - ADMINISTRATION  
TALORA JOHNSON  
200 PIEDMONT AVE SE FL 10  
ATLANTA GA 30334  
PH: 770-359-3760 FAX: 770-359-3760

B. MRO Name, Address, Phone and Fax No. FORM ID: SAPH500020  
NATALIE HARTENBAUM, MD  
FIRSTSOURCE SOLUTIONS  
100 HIGHPOINT DR STE 102  
CHALFONT PA 18914  
PH: 215-396-5500 FAX: 215-396-5610

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

D. Donor Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

E. Donor ID Verified: ☐ Photo ID ☐ Emp. Rep. \_\_\_\_\_

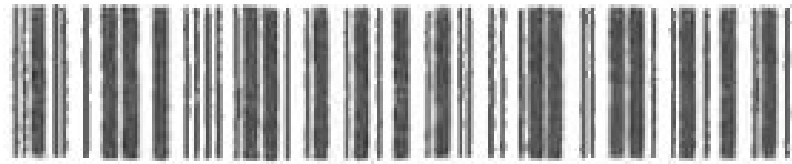
F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)  
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99) \_\_\_\_\_

G. Drug Tests to be Performed:  
( ) 6405H SAP 5-50/2000

H. Collection Site Name: \_\_\_\_\_ Collection Site Code: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_ Collector Phone No.: \_\_\_\_\_  
Collector Fax No.: \_\_\_\_\_

STEP 2: COMPLETED BY COLLECTOR

Quest Diagnostics Incorporated. © Quest Diagnostics Incorporated. All rights reserved. 02/2015-3M. Revised 2/15. SZC-110809



10330192

5172029

SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

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Last:

First:

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☐ Photo ID☐ Emp. Rep.

**F. Reason for Test:**

☐ Pre-employment (1)☐ Random (3)☐ Reasonable Suspicion/Cause (5)☐ Post-Accident (2)Promotion ☐ Return to Duty (6)☐ Follow-up (23)☐ Other  91

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( ) 6405H SAP 5-50/2000



# Issue One:

## Chain of Custody Form Errors

*Failure to Provide a Directive to the Employee*

## Directive for Substance Abuse Testing

[Agency Logo]

**To:** (Name of Employee)

Report by Time &amp; Date: \_\_\_\_\_

**From:** (HR Contact)

Telephone: \_\_\_\_\_

**Report To:** (Collection Site name, address, and telephone number)

### Instructions – Donor in Office

1. Report to the designated testing location by the time and date listed above. Take this from, the attached Chain of Custody Form (CCF) and a photo ID.
2. Return the blue ("Employer") copy of the CCF to the HR office from which it was obtained.
3. Keep the green ("Donor") copy of the CCF for your records.

### Instructions – Donor Receive CCF Electronically

1. If receiving this Chain of Custody Form by email, you may print a copy of your Chain of Custody Form to take with you to the designated collection site with your photo ID. However, the collection site will already have a copy on file.

**You are advised that if:**

- A. you expressly decline to submit to alcohol or other drug testing;
- B. you fail to appear at the testing location by the specified time;
- C. you engage in conduct that clearly obstructs the testing process;
- D. you fail to provide adequate urine for testing (45 ml.) and/or breath for alcohol testing without an

# Directive for Substance Abuse Testing

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# Issue Two:

## Failure to keep your federally regulated (CDL) employee's information Current

**Driver's License Data**

Person ID [REDACTED]

**Driver's License Information** Find | View All First 1 of 1 Last

\*Driver's License Nbr [REDACTED] ☐ License Suspended

Country USA United States

State [REDACTED]

Issue Location [REDACTED] Issuing Authority [REDACTED]

Valid from [REDACTED] Valid To [REDACTED]

Number of Violations 0 Number of Points 0

Comment [REDACTED]

**License Type** Find | View All First 1 of 1 Last

License Type [REDACTED]

## Driver's License Data

Person ID

### Driver's License Information

[Find](#) | [View All](#)

First



1 of 1



Last

\*Driver's License Nbr



License Suspended



Country

USA



United States

State



Issue Location

Issuing Authority

Valid from



Valid To



Number of Violations

Number of Points

Comment



### License Type

[Find](#) | [View All](#)

First



1 of 1



Last

License Type






# Issue Three:

## Onsite Testing & Submission of CCF

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 0000001 ACCESSION NO.

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. *(We are adding COL, State and No. as an option for donor identification here)*

D. Specify Testing Authority: ☐ HHS ☐ MRO 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, COG, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) \_\_\_\_\_

G. Collection Site Address: Collector Contact Info: Phone \_\_\_\_\_ Fax \_\_\_\_\_ Other \_\_\_\_\_

STEP 2: COMPLETED BY COLLECTOR (Make remarks when appropriate). ☐ URINE ☐ ORAL FLUID

COLLECTION: ☐ Split ☐ Single ☐ None Provided, Enter Remark *(We are adding a horizontal line to separate COLLECTION and URINE entries here)*

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark ☐ Observed, Enter Remark

ORAL FLUID: Split Type: ☐ Serial ☐ Concurrent ☐ Subdivided Each Device Within Expiration Date? ☐ Yes ☐ No ☐ Volume Indicator(s) Observed

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

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 6 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.

☒ Signature of Collector \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
(PRINT) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_ Time of Collection \_\_\_\_\_

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: \_\_\_\_\_  
Name of Delivery Service \_\_\_\_\_

RECEIVED AT LAB OR RTP: ☒ Signature of Accessioner \_\_\_\_\_  
(PRINT) Accessioner's Name (First, MI, Last) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Primary/Single Specimen Device Expiration Date: \_\_\_\_\_ (MM/DD/YY) \_\_\_\_\_ Split Specimen Device Expiration Date: \_\_\_\_\_ (MM/DD/YY) \_\_\_\_\_

STEP 5A: PRIMARY SPECIMEN REPORT - COMPLETED BY TEST FACILITY

☐ NEGATIVE ☐ DILUTE ☐ REJECTED FOR TESTING ☐ ADULTERATED ☐ SUBSTITUTED ☐ INVALID RESULT

☐ POSITIVE for: \_\_\_\_\_  
Analyte(s) in matrix: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
Test Facility (if different from above): \_\_\_\_\_  
I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable federal requirements.

☒ Signature of Certifying Technician/Scientist \_\_\_\_\_ (PRINT) Certifying Technician/Scientist's Name (First, MI, Last) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_


STEP 5b: COMPLETED BY SPLIT TESTING LABORATORY


☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON: \_\_\_\_\_  
I certify that the split specimen analyzed on this form was examined upon receipt, handled using chain of custody procedures, analyzed and reported in accordance with applicable federal requirements.

☒ Signature of Certifying Scientist \_\_\_\_\_ (PRINT) Certifying Scientist's Name (First, MI, Last) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

\_\_\_\_\_  
Laboratory Name

\_\_\_\_\_  
Laboratory Address

 0000001 SPECIMEN A \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_ PLACE OVER CAP

 0000001 SPECIMEN B \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_ PLACE OVER CAP

COPY 1 - TEST FACILITY COPY

Vertical text on right margin: CHS No. 0000-0106

Vertical text on left margin: Version C 1 (December 2019)

# Issue Four:

## Failure to Use Available Resources and Training



 **DEPARTMENT of ADMINISTRATIVE SERVICES**

State Agencies & Employees ▾ Acquire/Buy Surplus Property ▾ Divisions ▾ Resources ▾ Education and Training ▾ Strategic Priorities

 > [Human Resources Administration](#) > [Statewide Substance Abuse Testing Program](#) > [Resources and Training](#)

Statewide Substance Abuse Testing Program

Introduction

## Resources and Training



# Marijuana, Medical Marijuana, and CBD Products: Trends and Their Impact on Drug Testing Results

Next Drug  
Testing  
Forum:

September  
17, 2024

10 AM





## Trainings & Forums

# Future Quarterly Drug Testing Forums

*Hosted by HRA-Policy*

- September 17, 2024
- November 14, 2024

*All Forums are virtual and will be held from  
10 AM to 11 AM.*





## **Trainings & Forums**

# **New Training Hosted by HRA-Policy**

## **Monthly Substance Abuse Testing Onboarding Training**

- June 27, 2024
- July 18, 2024
- August 22, 2024

*All training will be held from 10 AM to 12 PM.*



## Trainings & Forums

### Current Trainings Available Through Vendor, Vault Health

#### **FirstRequest Portal Training** “Electronic Chain of Custody Form and Electronic Scheduling”

- July 15, 2024 2 PM
- November 5, 2024 10 AM
- November 7, 2024 2 PM



## **Trainings & Forums**

### **Current Trainings Available Through Vendor, Vault Health**

#### **US DOT Reasonable Suspicion Training for Supervisors**

- Wed., August 28, 2024 10 AM
- November 12, 2024 2 PM



## **Trainings & Forums**

# **Current Trainings Offered by HRA-Policy**

HRA-Policy offers customized training in numerous areas.

- Reasonable Suspicion for Supervisors
- Determining Position Eligibility for Drug Testing
- Current Trends in Drug Testing



# Questions ???



# Survey Link for Audience Feedback on this Forum

Link to the survey:

<https://survey.alchemer.com/s3/7886985/Quarterly-Drug-Testing-Forum-Survey-Q2>





Human Resources Administration



## Gail Stowers

Senior Policy Analyst

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**Email:** [Gail.Stowers@doas.ga.gov](mailto:Gail.Stowers@doas.ga.gov)

**Website:** [doas.ga.gov](http://doas.ga.gov)

**Lead. Empower. Collaborate.**