

**Student Acknowledgement of Responsibilities
And Performance Checklist**

DOT COLLECTOR TRAINING COURSE

Student name _____ Date ____ / ____ / ____

In consideration of the training provided me by Intoximeters, Inc. for the purpose of becoming certified as having successfully completed the DOT COLLECTOR TRAINING COURSE I hereby attest and agree that I have:

1. Read 49 CFR part 40, Subparts C, D and E as provided to me by Intoximeters,
2. Studied the course materials diligently,
3. Attended the class session on the date indicated above,
4. Completed the course work without the assistance of any other person except as required or allowed by the course instructor,
5. Have not falsified any information regarding my applicable work experience, my identity or any other information provided to Intoximeters to obtain a certificate of completion for this course,
6. A responsibility to conduct all specimen collection procedures for the purposes of DOT drug screening in accordance with 49 CFR part 40, Subparts C, D and E.

Student Signature _____ Date: _____

Print Name (Clearly) _____ Last 4 SSN _____

Company Name: _____

Company Address _____

City, State, Zip _____

E-mail Address _____

Phone Number _____ Fax Number: _____

Trainer Name _____

Location of Class _____

Collector
Training Documentation

Proficiency Demonstration

Student Name: _____

Date of Training: _____ Instructor Training? ()Yes ()No

	Student Initials	Monitor Initials
1. Uneventful Collection	_____	_____
2. Uneventful Collection	_____	_____
3. Refusal to Sign & Initial	_____	_____
4. Out of Temperature Range	_____	_____
5. Insufficient Quantity (shy bladder)	_____	_____

I (the Monitor) certify that I have monitored and evaluated the performance of the Collector listed above in the performance of five consecutive error-free mock collections, as required by 49 CFR 40.33 and that all such collections were error-free.

(Monitor) Print Name Signature of Monitor Date

Note: Attach copies of completed custody and control forms documenting proficiency demonstrations.

Collector Performance Checklist

Written scenarios for each simulated collection are provided. You must successfully complete the CCF, correctly communicate with the donor and correctly process the specimen for shipment.

ACTIVITY	SUBJECT	OBJECTIVE
Routine collection	John Doe	Complete a problem free collection
Routine collection	Jane Doe	Complete a problem free collection
Difficult collection	Bill Issue	Complete a difficult collection due to refusal to sign form and initial bottle labels
Difficult collection	Sally Dipper	Complete a difficult collection due to suspected adulteration, blue and cold
Difficult collection	Mike Dribble	Complete a difficult collection due to insufficient quantity of specimen

PRACTICAL EXAMINATION COLLECTION SCENARIOS

Scenario 1 - Uneventful

John Doe
ID# 231645897 (California CDL #)
Pre-employment / FMCSA
FEDEX

Scenario 2 - Uneventful

Jane Doe
ID# 5550218 (Oregon CDL #)
Random / FMCSA
STAT Courier Services

Scenario 3 - Refuses to sign CCF and initial seals

Bill Issue
ID# 1159077-26 (Employee ID #)
Post Accident / FTA
DHL Courier
Remarks: Declined to initial the bottle seals and sign step 5 of CCF

Scenario 4 - Cold blue specimen / 2nd specimen observed

Sally Dipper
SSN 987-65-4321 (SSN)
Reasonable Suspicion / FRA
FEDEX
Remarks Spec#1: Out of temp blue specimen, <90, 1 of 2 (ID #2 – 0000000002)
Remarks Spec#2: 2 of 2 (ID #1 – 0000000001)

Scenario 5 - Insufficient quantity / Consumes fluids / No specimen

Mike Dribble
ID# 555654132 (New York CDL #)
Random / FMCSA
Remarks: Insufficient quantity of specimen at 00:00, No sufficient specimen after 3 hours
Note: Use water log documenting fluid consumption. Up to 40 ounces of fluids reasonably spread out within 3 hours.

Scripted Statements – Urine Collections

Explaining the test process:

Your employer has asked us to conduct a urine collection today. This is the form where we will document the process. As you can see, the instructions for completing this form are on the reverse side. You will receive a copy when we are finished. May I please see a photo identification?

Prepare for the test:

Please remove your coat and hat (as applicable) and empty your pockets here on the table. I am required to inspect these items to insure there is nothing present that could be used to adulterate or substitute your specimen.

Please do not discuss any medications you may be taking. If there are any questions about your specimen a doctor will contact you. You might wish to list current medications on your copy of the form after we are done.

If the subject refuses to empty pockets:

The DOT regulations require that you cooperate with this process. If you do not allow me to inspect the contents of your pockets, I will have to notify your employer that you have refused to take this test.

After subject empties his/her pockets:

Please wash and dry your hands here in the sink using soap and water. You will not be able to wash your hands again until you hand me your specimen. Please select a sealed collection container.

Explain how to provide a sample:

I need you to provide a urine specimen in this cup – I don't need you to fill it up, just fill to this line. Please do not flush the toilet and be aware that there will be no further access to water until you deliver your specimen to me.

After the sample is provided:

I'm just going to check for temperature and make sure there is enough urine for testing.

After employee/subject washes hands:

Please observe me as I pour your specimen into these individual specimen bottles. I will peel the tamper-evident seals off the form and place on the bottles. I am going to write today's date on the seals and I need you to initial the seal on each bottle to show that you watched me pour your specimen into the bottles and seal them. You may now wash your hands again.

Explain Step 5:

To finish up the process, I need you to read the acknowledgement, print and sign your name here on the MRO copy of the form. As mentioned earlier, if there are any questions about your specimen a doctor will need to contact you. Please provide daytime and evening phone numbers for this purpose. Also, please write in your birthdate.

Employee asks why:

Because the DOT regulations (or your company policies) say we must follow specific procedures.

Employee won't sign in Step 5, then ask again:

It would be helpful if you could print and sign your name as acknowledgement that you provided your own urine and that you saw me pour it into the specimen bottles and seal them up.