DOT Urine & Oral Fluid Collector Training – Online/Webcam

Please have the below items ready for your mock training session:

- Collection kits
  - Urine Mocks – Have at least 6 urine collection kits available
  - Oral Fluid Mocks – Have at least 6 oral fluid kids available
- DOT CCFs
  - Have at least 15 DOT CCFs available for the mock testing scenarios
- A pitcher of room temperature water or a mixture of water mixed with bluing or other substance to simulate urine specimens during the mock tests.
- An external **adjustable** webcam
  - *The trainer must be able to see a wide angle view of the form and the specimen bottles, and may need to have the student move the camera positioning to adequately monitor the mock tests.*
- High speed Internet connection (check with your IT Department for assistance)
- A partner/subject to act as the employee during the mocks (for the entire duration of the mock portion)

Your Trainer will send you the video conference invitation.

Intoximeters will you send you these items before the webcam session:

- Online DOT Collector Course
  - This must be completed prior to the start of the webcam training session.
- *Acknowledge of Responsibilities forms (**for UDS and Oral Fluid**)*
- *Performance Check Sheet and DOT mock tests/scripted statements **(for UDS and Oral Fluid**)*
- *Collection Checklist **(for UDS and Oral Fluid**)*
- *Water Log **(for UDS and Oral Fluid**)*

The italicized items will need to be printed out and available for your mock testing session.

Scan and email the below items after the webcam session:

- Performance Check Sheets ***(for UDS and Oral Fluid**)*
- Acknowledgment of Responsibilities form ***(for UDS and Oral Fluid**)*
- MRO copy (Copy 2) of the CCFs from all 5 mock tests ***(for UDS and Oral Fluid**)*
- Water Log ***(for UDS and Oral Fluid**)*

Intoximeters cannot issue a certificate without completed paperwork.

NOTE: Failure to complete any of the above requirements, including having the appropriate training materials ready for your mock session, will result in cancellation of the webcam session and a charge of $275 to reschedule. All self-study and webcam sessions must be completed within 30 days or they will have to be repeated per DOT requirements.

Please initial to indicate acknowledgement and completion of above requirements: _____

Complete and return this sheet to Intoximeters Training Department at training@intox.com.

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 for:

Circle One:

Oral Fluid Urine Oral Fluid & Urine

I hereby attest and agree that I have:

1. Read 49 CFR part 40, Subparts C, D, E and I 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**)** _____

Unique ID # (employee ID or last 4 of SSN) _____

Company Name: _____

Company Address: _____

City _____ State _____ Zip_____

Phone Number _____E-mail Address _____

Fax Number _____

Trainer Name _____ Location of Class _____

Urine Collector

Training Documentation

Proficiency Demonstration

Student Name: _____

Date of Training _____ Instructor Training? Yes No

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

I (the Trainer) 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.

_____	_____	_____
Trainer's Printed Name	Signature of Trainer	Date

_____	_____	_____
Instructor Trainer's Printed Name	Signature of Instructor Trainer	Train-the-Trainer Date

PRACTICAL EXAMINATION URINE COLLECTION SCENARIOS

Scenario 1
Name: John Doe
Scenario Outcome: Uneventful
ID Information: CDL # - 231645897 CA
Reason for Test / DOT Agency: Pre-employment / FMCSA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: FEDEX
Remarks: None

Scenario 2
Name: Jane Doe
Scenario Outcome: Uneventful
ID Information: CDL # - 5550218 OR
Reason for Test / DOT Agency: Random / FMCSA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: STAT Courier
Remarks: None

Scenario 3
Name: Bill Issue
Scenario Outcome: Refuses to sign CCF and initial seals
ID Information: Employee ID # - 1159077-26
Reason for Test / DOT Agency: Post Accident / FTA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: ABC Courier
Remarks: Declined to initial the bottle seals and sign step 5 of CCF

Scenario 4
Name: Sally Dipper
Scenario Outcome: Cold blue specimen / 2nd specimen observed
ID Information: SSN 987-65-4321
Reason for Test / DOT Agency: Reasonable Suspicion / FRA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: FEDEX
Remarks: Spec#1: Out of temp blue specimen, <90, 1 of 2 (ID #2 0000000002)
Remarks: 2 of 2 (ID #1 – 0000000001) First specimen out of temp blue specimen, <90

Scenario 5
Name: Mike Dribble
Scenario Outcome: Insufficient quantity / Consumes fluids / No specimen
ID Information: CDL # - 555654132 NY
Reason for Test / DOT Agency: Random / FMCSA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: DHL
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.

Urine Collection Check List

- Step 1 of CCF
  - Donor ID
  - Explain process
    - Show donor ODAPC CCF Instructions
  - Empty pockets
  - Remove outer clothing (hat, coat, etc.)
  - Donor washes hands
  - Donor selects kit
  - Instruct donor to:
    - Provide at least 45 ml of specimen
    - No further access to water until specimen has been provided
    - Do not flush toilet
  - Allow reasonable time to void bladder
- Step 2 of CCF
  - Check temperature of specimen using strip
    - Temp should be (90 – 100 degrees Fahrenheit)
    - Check volume of specimen (minimum 45 mL)
    - Check specimen for signs of tampering
      - Color, smell, foam, floaters, etc.
    - Check restroom for signs for tampering
      - Sample must remain in sight of donor
- Step 3 of CCF
  - Collector pours urine into specimen bottles
  - Collector attaches labels/seals to specimen bottles
  - Collector dates labels
  - Donor initials labels
  - Double check labels – insure bottles are securely closed and sealed
  - Read certification statement in Step 5 to donor
  - Donor prints/signs and provides contact info in Step 5 (MRO copy)
- Step 4 of CCF
  - Collector prints and signs name
  - Enter date and time of collection
  - Enter “released to” information (who is transporting specimen to the lab?)
- Double check paperwork
- Seal Copy 1 (Lab copy) in leak resistant plastic bag with specimen bottles
- Secures completed specimen
- Distribute remaining copies
  - Donor copy (copy 5)
  - MRO copy (copy 2)
  - Employer copy (copy 4)
  - Collector copy (copy 3)
- Double check restroom – prepare for next donor

WATER LOG

Donor Name: _____ Date: _____

Specimen ID # Listed on CCF: _____

Collector Name: _____

Start time: _____ a.m./p.m.

Collection End Time: _____ a.m./p.m.

Observed by: _____

Time	Amount of fluid in ounces

Oral Fluid Collector

Training Documentation

Proficiency Demonstration

Student Name: _____

Date of Training _____

	Student Initials	Trainer Initials
1. Uneventful Collection	_____	_____
2. Insufficient Volume Collection	_____	_____
3. Interference with Collection	_____	_____
4. Attempt to Tamper with Specimen Collection	_____	_____
5. Refusal to Sign Collection	_____	_____

I (the Trainer) 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 40.35 and that all such collections were error-free.

_____	_____	_____
Trainer's Printed Name	Signature of Trainer	Date

ORAL FLUID PRACTICAL EXAMINATION COLLECTION SCENARIOS

Scenario 1
Name: John Doe
Scenario Outcome: Uneventful
ID Information: CDL # - 231645897 CA
Reason for Test / DOT Agency: Pre-employment / FMCSA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: FEDEX
Remarks: None

Scenario 2
Name: Jane Doe
Scenario Outcome: Insufficient volume / Dry Mouth Procedure
ID Information: CDL # - 756484329 MI
Reason for Test / DOT Agency: Random / FMCSA
DER / Employer Info: Phone - 800-451-8639 Fax - 314-429-4170
Shipping / Courier: STAT Courier
Remarks: 1st attempt 08:00 QNS / 2nd attempt 08:30 QNS / Final attempt 09:00 QNS (8 oz consumed)

Scenario 3
Name: Bill Issue
Scenario Outcome: Object that could interfere with collection is in the subject's mouth. After removed/inspection scenario will be uneventful.
ID Information: SSN 123-45-6789
Reason for Test / DOT Agency: Post Accident / FTA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: ABC Courier
Remarks: None

Scenario 4
Name: Sally Dipper
Scenario Outcome: Tampered specimen / 2 collections
ID Information: SSN 987-65-4321
Reason for Test / DOT Agency: Reasonable Suspicion / FRA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: DHL
Remarks: *First Specimen:* Subject chewed on device while providing specimen. (1 of 2 – 2nd specimen ID# 0000000002)
Second Specimen: 2 of 2 (1st Specimen ID# 0000000001)

Scenario 5
Name: Mike Dribble
Scenario Outcome: Refusal to Sign Step 5 and initial seals
ID Information: CDL # - NY 918273645
Reason for Test / DOT Agency: Random / FMCSA
DER / Employer Info: Phone: 800-451-8639 Fax: 314-429-4170
Shipping / Courier: DHL
Remarks: Subject declined to initial seals and sign Step 5

Scripted Statements – Oral Fluid Collections
Explaining the test process:

Your employer has asked us to conduct an oral fluid collection today. This is the form where we will document the process. As you can see, the instructions for completing this form are on listed here. (provide oral fluid instructions) You will receive a copy of this form 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.

Inspect the employee's oral cavity:
I need to inspect your mouth. Please open your mouth, lift your tongue, and separate your cheek from your gums. We will now begin the 10-minute wait period, then you will provide your specimen.

During the 10-minute wait period, review the procedures required for a successful oral fluid specimen collection, as stated in the manufacturer's instructions for the specimen collection device that will be used.

Explain to the employee how to provide a sample in accordance with the manufacturer's instructions for the collection device.

After the sample is provided:
I'm just going to check the amount provided is sufficient (usually an indicator strip on the device) and verify there is nothing unusual with the specimen.

After employee/subject washes hands:
Please observe me as I split 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 split your specimen into the bottles and seal them. You may now wash your hands after you have initialed the bottles.

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 specimen

and that you saw me split it into the specimen bottles and seal them up.

Oral Fluid Collection Check List

- Step 1 CCF
    - Donor provides ID
    - Explain collection process
    - Provide access to the written instructions on the HHS and DOT websites or provide printed SAMSHA instructions
    - Remove outer clothing (hat, overcoat)
    - Empty pockets
        - Currency and billfold to be returned after inspection
    - Donor opens their mouth so the collector can inspect their oral cavity
        - If an item is present, request the subject remove it
    - Donor and collector wait 10 minutes prior to the collection
        - During the 10-minute wait period the collector should explain the instructions for the oral fluid device according to the manufacture's process
    - Donor or collector select collection device
    - Collector checks the expiration date and marks Steps 2 & 4 on the CCF
    - Instruct donor to wash hands
    - Collector performs the collection following the manufacturer's instructions
- Step 2 CCF – After collecting the oral fluid the collector must:
    - Check volume of specimen according to device
    - Check specimen for signs of adulteration or substitution
- Step 3 CCF
    - Collector splits specimen into bottles
    - Collector attaches labels/seals to specimen bottles
    - Collector dates labels
    - Donor initials labels
    - Double check labels – insure bottles are securely closed and sealed
- Step 5 CCF
    - Direct donor to read certification statement in Step 5
    - Donor prints/signs and provides contact info in Step 5 (MRO copy)
- Step 4 CCF
    - Collector completes Step 4
    - Enter date and time of collection
    - Enter "released to" information (who is transporting specimen to lab?)
    - Double check paperwork
        - Seal Copy 1 (Lab copy) in leak resistant plastic bag with specimen bottles (If paper CCF)
    - Secure completed specimen
    - Distribute remaining copies:
        - Donor copy (copy 5)
        - MRO copy (copy 2)
        - Employer copy (copy 4)
        - Collector copy (copy 3)

WATER LOG

Donor Name: _____ Date: _____

Specimen ID # Listed on CCF: _____

Collector Name: _____

Start time: _____ a.m./p.m.

Collection End Time: _____ a.m./p.m.

Observed by: _____

Time	Amount of fluid in ounces