DRUG AND ALCOHOL TESTING PROGRAM

PROGRAM EVALUATION AND AUDIT

METROPOLITAN COUNCIL

May 2013

INTRODUCTION

Background

All Metropolitan Council employees are subject to drug testing upon hire, as required by the Council's policies. The Metropolitan Council employs approximately 2,635 safety-sensitive employees within the Environmental Services division and Metro Transit. All safety-sensitive employees are subject to drug and alcohol testing under any of the following circumstances: pre-employment, random, post-accident, reasonable suspicion, return-to-duty, and follow-up testing. Further, Metropolitan Transportation Services (MTS), a division of the Metropolitan Council, oversees the participation of its contract and suburban transit providers in an FTA Substance Abuse Management Program. As of August 2012, the Council, together with MTS's contract and suburban providers, works with 12 different collection sites for all of its drug and alcohol testing needs. The Occupational Health division of Human Resources oversees the Council's drug and alcohol testing programs.

The Department of Transportation (DOT) regulation 49 CFR Part 40 states how regulated agencies must conduct drug and alcohol testing and how to return employees to safety-sensitive duties after a violation. The Federal Transit Administration (FTA) and Federal Motor Carrier Safety Administration (FMCSA) are agencies under the DOT and each have their own agency-specific regulations. FTA regulation 49 CFR Part 655 and FMCSA regulation 49 CFR Part 382 specify who is subject to testing and when they should be tested.

The last Program Evaluation and Audit review of drug and alcohol collection sites occurred in 2008. Auditors evaluated the drug and alcohol programs of all FTA-funded Metropolitan Council contractors and suburban providers who employ safety sensitive workers. MTS staff reviewed the information for compliance with 49 CFR Part 655 and 49 CFR Part 40 and met with each contract and suburban provider to review those deficiencies with agency staff.

Purpose

The purpose of this audit was to evaluate the practices of all collection sites affiliated with each department of the Metropolitan Council to ensure compliance with DOT regulation 49 CFR Part 40, FTA regulation 49 CFR Part 655, and, if applicable, FMCSA regulation 49 CFR Part 382.

Scope

The review focused on the testing records and collection procedures of the current collection sites of all applicable Metropolitan Council departments, as well as the collection sites of the Council's FTA contractors. The audit also included a review of the random-testing pools for Environmental Services and Metro Transit to ensure compliance with FTA and FMCSA definitions of safety-sensitive workers.

Methodology

To determine the compliance of contractors with DOT, FTA and, if applicable, FMCSA regulations, the following activities were performed:

- DOT pre-employment mock drug tests were performed at three collection sites to evaluate compliance with DOT drug testing procedures.
- Interviews were performed with staff at the three collection sites in order to assess their knowledge of FTA regulations and potential problems that may arise during collections.
- Within Environmental Services and Metro Transit, a random sample of employee placements in the safety-sensitive pool was reviewed to ensure that their placement in the pool is compliant with FTA and FMCSA regulations. Compliance was evaluated based on job descriptions and management interviews.
- DOT, FTA, and FMCSA regulations were reviewed.
- Certifications of testers were reviewed.
- Federal compliance reports of Suburban Transit Providers and MTS contractors were reviewed.
- Interviews were conducted with staff from MTS, Metro Transit, Human Resources, and Environmental Services.

Assurances

This audit was conducted in accordance with the Institute of Internal Auditors' *International Standards for the Professional Practice of Internal Auditing* and the U. S. Government Accountability Office's *Government Auditing Standards*.

OBSERVATIONS

Collection Sites

Mock DOT pre-employment drug tests were performed at three collection sites to evaluate compliance with DOT drug testing procedures.

Three collection sites were chosen for mock DOT pre-employment drug tests: Consolidated Medical Services (CMS), Medtox, and Minnesota Occupational Health (MOH). These sites were selected because mock collections had not recently been conducted at CMS and Medtox, and MOH is a new collection site for the Metropolitan Council. The auditors received confirmation that the MTS contractors have conducted mock collections at the majority of their drug collection sites in the past year. Each contractor and their collection site(s) are listed in Appendix: Table 1.

Overall, the collectors at the three sites completed the mock drug collections with only one error. The collectors at CMS, Medtox, and MOH failed to explicitly instruct the auditors not to list medications on the custody and control form (CCF). Several of the standard drug collection site procedures were not applicable to these three collection sites. The complete table of collector procedures is listed in Appendix: Table 2 and includes check marks for procedures completed correctly, N/A for procedures that were not applicable to that site, and a blank box for procedures not completed.

Interviews were performed with staff at the three collection sites in order to assess their knowledge of FTA regulations and potential problems that may arise during collections.

Following the mock DOT pre-employment drug tests, each collector was interviewed. Two of the collectors answered six questions incorrectly and one collector answered seven questions incorrectly. The answers were marked as incorrect when a response was either entirely or partially incorrect. The questions that were answered incorrectly most often were:

- When would you require an observed collection?
- If it becomes obvious that an employee is attempting to adulterate or substitute their urine specimen, what happens? If this occurs, what happens with the CCF?
- If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt, what is done?
- What is the impact on a test result if the collector uses a non-DOT drug testing form for a DOT-required test, and the problem is not corrected?

The complete table of collector interview questions is listed in Appendix: Table 3 and includes check marks for questions answered correctly and a blank box for questions answered incorrectly.

Federal compliance reports of Suburban Transit Providers and MTS contractors were reviewed.

In recent years, MTS has emphasized the importance of mock collections to contractors in trainings and communications, which has led to improvements in collection site monitoring. The auditors confirmed that 11 of 13 contractors and subrecipients had conducted monitoring of collection sites in the past year. This is an improvement from the 2008 Drug and Alcohol Audit, which found that contractors and subrecipients were conducting no oversight or monitoring of their collection sites.

Safety Sensitive Pool

Within Environmental Services and Metro Transit, a random sample of employees who have been placed in the safety-sensitive pool was reviewed to ensure that placement in the pool is compliant with FTA and FMCSA regulations. Compliance was evaluated based on job descriptions and management interviews.

Auditors reviewed a random sample of 48 employees' job descriptions in Environmental Services and 51 employees' job descriptions in Metro Transit. Each separate job description was compared to FMCSA and DOT regulations for safety-sensitive placements. Management from the Human Resources Department was consulted for clarifications on specific job requirements. Several job descriptions that did not fall under FMCSA or DOT regulations were determined to be safety-sensitive through negotiations with labor union representatives. After careful review, it was determined that all sampled employees were correctly classified as safety-sensitive or non-safety sensitive.

	Metro Transit	**Environmental Services**
Employees Sampled	51	48
Correctly Classified	51	48

CONCLUSIONS

1. Collectors at all three sites failed to instruct the auditor not to list medications on the CCF.

2. Collectors failed to answer a range of questions correctly, specifically relating to when an observed collection is required, what to do when an employee attempts to adulterate or substitute a specimen, what to do when an employee fails to provide a sufficient specimen within three hours of the first unsuccessful attempt, and what is the impact on a test result if a non-DOT form is used for a DOT-required test and the problem is not corrected.

3. Safety sensitive placements in both Environmental Services and Metro Transit were determined to be accurate in all cases.

RECOMMENDATIONS

Program Evaluation and Audit recommendations are categorized according to the level of risk they pose for the Council. The categories are:

Essential – Steps must be taken to avoid the emergence of critical risks to the Council or to add great value to the Council and its programs. Essential recommendations are tracked through the Audit Database and status is reported twice annually to the Council's Audit Committee.
Significant – Adds value to programs or initiatives of the Council, but is not necessary to avoid major control risks or other critical risk exposures. Significant recommendations are also tracked with status reports to the Council's Audit Committee.
Considerations – Recommendation would be beneficial, but may be subject to being set aside in favor of higher priority activities for the Council, or may require collaboration with another program area or division. Considerations are not tracked or reported. Their implementation is solely at the hands of management.
Verbal Recommendation – An issue was found that bears mentioning, but is not sufficient to constitute a control risk or other repercussions to warrant inclusion in the written report. Verbal recommendations are documented in the file, but are not tracked or reported regularly.

1. **(Essential) The Council's Occupational Health division should ensure that the three collection sites tested are brought into compliance with all applicable regulations within 30 days.**

Collection sites are critical to drug and alcohol programs since they provide the crucial information as to whether or not an individual is in violation of the policy. However, the sites tested had several violations of DOT regulations. Each site should be provided with a detailed list of its deficiencies, and given 30 days to correct the deficiencies and provide documentation of steps taken to ensure future compliance with regulations.

Follow-up should be conducted by the Occupational Health division and documentation of the corrective action should be reviewed to ensure that all requirements were met to satisfy DOT regulations.

Management Response: *A written notification of a summary of findings and the detailed list of questions answered incorrectly by the collectors was sent to Consolidated Medical Services, Medtox and Minnesota Occupational Health. A corrective action plan was requested to be communicated back to Metropolitan Council by June 14, 2013.*

Staff Responsible: *Connie Devolder*

Timetable: Plan for corrective action communicated by June 14, 2013, corrective action due by July 5, 2013.

2. **(Significant) MTS should continue to conduct annual check-ins with all contract and suburban providers to ensure that mock collections are being conducted of their drug collection sites.**

Contractor and suburban provider monitoring is important to ensure that drug collection sites are complying with all federal regulations. Since the 2008 audit, MTS has significantly improved efforts to ensure that contractors are monitoring collection sites. They should continue to check in with contractors at least annually to ensure collection sites are being properly monitored.

Management Response: MTS will continue to conduct annual check-ins with its contractors, including future sub-recipients, and suburban providers to ensure that annual mock collections are being performed at each of their drug collection sites. Documentation will be kept on file for future inquiries.

Staff Responsible: Sheila Williams

Timetable: Annually

APPENDIX

Table 1: Drug Collection Sites of Metropolitan Council Contractors

Contractor	Collection Site
Canvas Health	North Memorial Health Care Stillwater Medical Group
Carver County	U.S. Health Works Medical Group of MN
DARTS	North Memorial Occupational Health Minnesota Occupational Health
First Transit (Blaine, Roseville, Spring Street)	Roseville Medical Center
First Transit (Eden Prairie)	Occupational Medicine Consultants
Lorenz Bus Co.	North Memorial Health Care
Midwest Paratransit Services Inc.	Trust In Us
MV Transit	Trust In Us
Schmitty and Sons Bus Company	North Memorial
Scott County	U.S. Health Works Medical Group of MN
Transit Team	City Chiropractic Total Compliance Solutions Consolidated Medical Services Inc.

Table 2: Collector Procedures – Checked if Completed Correctly

Questions	MOH	Medtox	CMS
1) Proper urine custody and control form used	X	X	X
2) Collection room inspected before/after each collection	X	X	X
a) Unauthorized persons/materials removed	X	N/A	N/A
b) Doors/windows opening into collection room secured	X	N/A	N/A
c) Access to room restricted while collection taking place	X	X	X
3) If single-toilet restroom used:			
a) Water source cut off	X	X	X
b) Faucets, flushing mechanism, toilet lids taped	X	X	X
c) Soap/other possible contaminants removed	X	X	X
4) If restrooms with stalls are used:			
a) Bluing agent placed in toilet	N/A	X	X
b) Person of same gender accompanies donor into restroom and remains just outside the stall (this should only happen if tampering with specimen is suspected)	N/A	N/A	N/A
5) Identity of individual verified	X	X	X
6) Individual requested to check his/her belongings	X	X	

7) Individual instructed not to list medications on CCF			
8) Individual rinses his/her hands with water/dries them	X	X	X
9) Collection cup/specimen bottle unwrapped in front of individual	X	X	X
10) Individual directed to privacy enclosure	X	X	X
11) Collection not observed unless special circumstances exist	X	X	X
12) Individual instructed on amount of urine needed	X	X	X
13) One (1) specimen collected at a time	X	X	X
14) Agency representative notified if individual refuses to cooperate and documented on custody and control form	N/A	N/A	N/A
15) If individual is unable to provide at least 45 ml original specimen discarded and he/she instructed to drink not more than 40 ounces of fluid in a period of up to three (3) hours. Testing discounted and agency notified if 45 ml still cannot be provided.	N/A	N/A	N/A
16) Temperature of specimen recorded within four (4) minutes of receipt. body temperature of individual taken if specimen temperature outside allowable range and results noted on form	X	X	X
17) Specimen examined visually and results noted on form	X	X	X
18) Higher level supervisor is notified if reason to suspect adulterated or substitution, same-gender technician directly observes collection of second specimen, both specimens submitted for testing, and results noted on form.	N/A	N/A	N/A
19) If collection container is used, the specimen is poured into two (2) specimen bottles in presence of donor with 30 ml into one bottle and 15 ml into the other for the split specimen. If specimen bottle is used as collection container, 15 ml is poured into second bottle for the split.	X	X	X
20) Both bottles labeled and sealed in the presence of the donor and date recorded on the specimen labels. labels printed with the same specimen id number as custody and control	X	X	X
21) Donor initials the label verifying the specimen is his/hers	X	X	X
22) Custody and control form signed, with donor also signing appropriate certification statements and the receipt and release of specimen and shipment courier documented in appropriate section	X	X	X
23) Primary and split specimens sealed in single shipping container together with appropriate pages of the form and tape seal on the container is initialed and dated	X	X	X
24) Specimen dispatched to the laboratory using designated courier or specimen placed in secure storage until dispatched	N/A	N/A	N/A
25) Appropriate copies of the custody and control form sent to designated locations	N/A	N/A	N/A
Total Incorrect Procedures (out of 33 procedures)	**1**	**1**	**1**

Table 3: Collector Interview Questions – Checked if Answered Correctly

Questions	MOH	Medtox	CMS
1) When would you require an observed collection?		X	
2) What signs of tampering/adulteration do you look for?	X	X	X
3) What steps do you take when an individual says that he/she cannot provide a specimen?			
a) What instructions are given to the individual?	X	X	X
b) How much liquid can be given?	X	X	X
c) Is liquid monitored or controlled?	X	X	X
d) Where does individual wait?	X	X	X
e) What is the maximum waiting time allowed?	X	X	X
f) What happens to the CCF?		X	X
g) What is done with the original insufficient specimen?	X	X	
4) What do you do when an employee leaves the collection site before providing a specimen?	X		X
5) What do you do if an employee does not arrive to take a scheduled test?	X	X	X
6) What happens if the patient says they want to wait to start the testing process until an employee representative arrives (for example, a union steward)?	X	X	X
7) If it becomes obvious that an employee is attempting to adulterate or substitute their urine specimen, what happens? If this occurs, what happens with the CCF?			X
8) If the temperature of a urine specimen is outside the acceptable range, what do you do as the collector? If this occurs, what happens with the CCF?	X		X
9) Is there any impact if the specimen temperature was not checked and the “Remarks" line does not contain an entry regarding the temperature being out of range?	X		X
10) If for any reason, a second specimen collection is required, under direct observation or not, which sample do you send to the lab?	X	X	X
11) Does this collection site always have available a same-gender collector, in case an observed collection is needed?		X	X
12) If after providing an insufficient specimen, the employee refuses to attempt to provide a new specimen, or leaves the collection site before the process is complete, what is done?	X	X	X
13) If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt, what is done?			X
14) What would you do if the employee did not come out of the bathroom within 4 minutes?	X	X	X
15) What would you do if the employee washed their hands and/or flushed the toilet before instructed to do so, after providing the specimen?	X		X
16) What would you do if, when applying the specimen bottle seal to either specimen tube, the tape ripped?	X	X	
17) If an employee refuses to cooperate with any part of the collection process, what steps are taken by the collector?	X	X	X

18) What would you do if the patient says they do not want their copy of the CCF?	X		
19) What is the impact on a test result if the collector uses a non-DOT drug testing form for a DOT-required test, and the problem is not corrected?		X	
20) What is the impact on a test result if the collector doesn't sign the certification statement (Step 4) of the CCF?	X	X	X
21) What is the impact on a test result if the collector does not sign AND print his/her name in Step 4 (certification statement) of the CCF, so that the portion of the CCF is blank?	X	X	X
22) What is the impact on a test result if the employee doesn't sign the certification statement on Copy 2 (Step 5) of the CCF and the collector doesn't make note of this on the "Remarks" line?	X	X	
Total Answered Incorrectly (out of 29 questions)	**6**	**7**	**6**

Table 4: Answers to Interview Questions

Questions	Answers
1) When would you require an observed collection?	Section 40.61(f) (5) states: "If, in your duties under paragraph (f) (4) of this section, you find any material that could be used to tamper with a specimen, you must: (i) Determine if the material appears to be brought to the collection site with the intent to alter the specimen, and, if it is, conduct a directly observed collection using direct observation procedures (see Section 40.67)." Section 40.63(e) states: "You must pay careful attention to the employee during the entire collection process to note any conduct that clearly indicates an attempt to tamper with a specimen (e.g., substitute urine in plain view or an attempt to bring into the collection site an adulterant or urine substitute). If you detect such conduct, you must require that a collection take place immediately under direct observation (see Section 40.67) and note the conduct and the fact that the collection was observed in the "Remarks" line of the CCF (Step 2). You must also, as soon as possible, inform the DER and collection site supervisor that a collection took place under direct observation and the reason for doing so."
2) What signs of tampering/adulteration do you look for?	Section 40.65 Sufficiency of specimen; Temperature; Signs of tampering. You must inspect the specimen for unusual color, presence of foreign objects or material, or other signs of tampering (e.g., if you notice any unusual odor).
3) What steps do you take when an individual says that he/she cannot provide a specimen?	
a) What instructions are given to the individual?	Section 40.193(b) states: As the collector, you must do the following: urge the employee to drink up to 40 ounces of fluid, distributed reasonably through a period of up to three hours, or until the individual has provided a sufficient urine specimen, whichever occurs first. It is not a refusal to test if the employee declines to drink. Document on the Remarks line of the CCF (Step 2), and inform the employee of the time at which the three-hour period begins and ends.
b) How much liquid can be given?	40 ounces
c) Is liquid monitored or controlled?	Yes

d) Where does individual wait?	Section 40.43 (e) If you are operating a collection site, you must implement a policy and procedures to prevent unauthorized personnel from entering any part of the site in which urine specimens are collected or stored. (1) Only employees being tested, collectors and other collection site workers, DERs, employee and employer representatives authorized by the employer (e.g., employer policy, collective bargaining agreement), and DOT agency representatives are authorized persons for purposes of this paragraph (e). 40.43 (e)(3) You must ensure that all authorized persons are under the supervision of a collector at all times when permitted into the site
e) What is the maximum waiting time allowed?	3 hours
f) What happens to the CCF?	The collector then sends Copy 2 of the CCF to the MRO and Copy 4 to the DER. This is done even if the employee did not provide any specimen in order to notify the MRO and the employer of the problem. The collector must send or fax these copies to the MRO and DER within 24 hours or the next business day.
g) What is done with the original insufficient specimen?	Section 40.193(b) states: As the collector, you must do the following: discard the insufficient specimen, except where the insufficient specimen was out of temperature range or showed evidence of adulteration or tampering.
4) What do you do when an employee leaves the collection site before providing a specimen?	Section 40.193(b)(3) states: "If the employee refuses to make the attempt to provide a new urine specimen, or leaves the collection site before the collection process is complete, you must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER. This is a refusal to test."
5) What do you do if an employee does not arrive to take a scheduled test?	Sections 40.241(a) states: The collector must take the following steps before actually beginning a collection: when a specific time for an employee's test has been scheduled, or the collection site is at the employee's work site, and the employee does not appear at the collection site at the scheduled time, contact the DER to determine the appropriate interval within which the DER has determined the employee is authorized to arrive. If the employee's arrival is delayed beyond that time, notify the DER that the employee has not reported for testing. This is a refusal to take a DOT drug test.
6) What happens if the patient says they want to wait to start the testing process until an employee representative arrives (for example, a union steward)?	Section 40.61(b) states: The collector must ensure that, when the employee enters the collection site, you begin the testing process without undue delay. For example, you must not wait because the employee says he or she is not ready or is unable to urinate or because an authorized employer or employee representative is delayed in arriving.

7) If it becomes obvious that an employee is attempting to adulterate or substitute their urine specimen, what happens? If this occurs, what happens with the CCF?	Section 40.63(e) states: You must pay careful attention to the employee during the entire collection process to note any conduct that clearly indicates an attempt to tamper with a specimen. If you detect such conduct, you must require that a collection take place immediately under direct observation and note the conduct and the fact that the collection was observed in the "Remarks" line of the CCF. You must also, as soon as possible, inform the DER and collection site supervisor that a collection took place under direct observation and the reason for doing so. The collector must complete a new CCF for the directly observed collection and mark the “reason for test” block (Step 1) the same as for the first collection (unless it is a return-to-duty or follow-up test). The collector then checks the “Observed, (Enter Remark)” box and enters the reason in the “Remarks” line (Step 2) and the name of the observer if it is someone other than the collector. In a case where two sets of specimens are being sent to the laboratory because of suspected tampering with the first specimen, the collector enters on the “Remarks” line of the CCF (Step 2) for each specimen a notation to this effect (e.g., collection 1 of 2, or 2 of 2) and the CCF specimen ID number of the other specimen.
8) If the temperature of a urine specimen is outside the acceptable range, what do you do as the collector? If this occurs, what happens with the CCF?	Section 40.65(b) (5) states: (1) The acceptable temperature range is 32-38 deg/ C/90-100 deg. F.Section 40.65(b) (4) states: If the specimen temperature is outside the acceptable range, you must mark the "No" box and enter in the "Remarks" line (Step 2) your findings about the temperature. Section 40.65(b) (5) states: If the specimen temperature is outside the acceptable range, you must immediately conduct a new collection using direct observation procedures (see Section 40.67). The collector completes the collection process for the “first” specimen and immediately begins a “second” collection under direct observation using a second CCF and a new kit. The collector then provides an appropriate comment on the "Remarks" line in Step 2 on the first CCF and second CCF indicating that this is the first of two or second of two collections, the specimen ID numbers of the first and second CCF, the reason for the second collection, and that the second collection was under direct observation. This will ensure that the laboratory and the MRO know that two separate specimens are being submitted for testing; the first one possibly being adulterated or substituted.
9) Is there any impact if the specimen temperature was not checked and the “Remarks" line does not contain an entry regarding the temperature being out of range?	Section 40.208(a) states: If, as a laboratory, collector, employer, or other person implenting the DOT drug testing program, you become aware that the specimen temperature on the CCF was not checked and the "Remarks" line did notcontain an entry regarding the temperature being out of range, you must take corrective action, including securing a memorandum for the record explaining the problem and taking appropriate action to ensure that the problem does not recur. Section 40.205(b) states: This error does not result in the cancellation of the test. Section 40.205(c) states: As an employer or service agent, this error, even though not sufficient to cancel a drug test result, may subject you to enforcement action under DOT agency regulations or Subpart R of this part.

10) If for any reason, a second specimen collection is required, under direct observation or not, which sample do you send to the lab?	Sections 40.65(b) (6) and 40.6(5) (2) state that you must process both the original specimen and the second specimen. This is true even when the original specimen has insufficient volume, but the temperature is either out of range or it shows signs of tampering. You must also, as soon as possible, inform the DER and collection site supervisor that a collection took place under direct observation and the reason for doing so.
11) Does this collection site always have available a same-gender collector, in case an observed collection is needed?	Section 40.67(e) states: As the collector, you must ensure that the observer is the same gender as the employee. You must never permit an opposite gender person to act as the observer. The observer can be a different person from the collector and need not be a qualified collector.
12) If after providing an insufficient specimen, the employee refuses to attempt to provide a new specimen, or leaves the collection site before the process is complete, what is done?	Section 40.193 (b) (3) states:...you must discontinue the collection, note the fact on the “Remarks” line of the CCF (Step 2), and immediately notify the DER. This is a refusal to test.
13) If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt, what is done?	Section 40.193(b) (4) states: If the employee has not provided a sufficient specimen within three hours of the first unsuccessful attempt to provide the specimen, you must discontinue the collection, note the fact on the "Remarks" line of the CCF (Step 2), and immediately notify the DER. (5) Send Copy 2 of the CCF to the MRO and Copy 4 to the DER. You must send or fax these copies to the MRO and DER within 24 hours or the next business day.
14) What would you do if the employee did not come out of the bathroom within 4 minutes?	The collector should also tell the employee that the temperature of the specimen is a critical factor and that the employee should bring the specimen to the collector as soon as possible after urination. The collector should inform the employee that if it is longer than 4 minutes from the time the employee urinates into the container and the collector takes the specimen temperature, the potential exists that the specimen may be out of range and an observed collection may be required.
15) What would you do if the employee washed their hands and/or flushed the toilet before instructed to do so, after providing the specimen?	Document it in the Remarks line and continue with the collection...flushing the toilet does not automatically require any corrective action by the collector or a recollection.

16) What would you do if, when applying the specimen bottle seal to either specimen tube, the tape ripped?	Occasionally, the tamper-evident label/seal provided with the CCF will not properly adhere to the specimen bottle because of environmental conditions (e.g., moisture, temperature, specimen bottle material) or may be damaged or broken during the collection process. When this occurs, the collector should use the following corrective procedures: (a) If the seal is broken while being removed from the chain of custody form or during the application of the first seal on the primary bottle, the collector should transfer the information to a new CCF and use the seals from the second form. (b) If one seal is already in place on a bottle and the second seal is broken while being removed from the CCF or is broken during application on the second bottle or while the employee is initialing either seal, the collector should initiate a new CCF and provide an appropriate comment on the “Remarks” line in Step 5. The seals from the second CCF should be placed perpendicular to the original seals to avoid obscuring information on the original seals and must be initialed by the employee (both sets of employee initials should match). The collector should draw a line through the Specimen ID number and bar code (if present) on the original seals to ensure that the laboratory does not use that number for reporting the results. The collector should not pour the specimen into new bottles. (c) In both cases, the collector should ensure that all copies of the original (first) chain of custody form are destroyed or disposed of properly (e.g., shredded, torn into pieces). (d) If the collector inadvertently reverses the seals (i.e., places the “A” bottle seal on the split bottle and vise-versa) and the collector subsequently notices this, the collector should note this in the “Remarks” line and continue the collection process. Laboratories have procedures that permit them to “re-designate” the bottles.
17) If an employee refuses to cooperate with any part of the collection process, what steps are taken by the collector?	Section 40.191(d) states: As a collector or an MRO, when an employee refuses to participate in the part of the testing process in which you are involved, you must terminate the portion of the testing process in which you are involved, document the refusal of the CCF (make sure the collector prints the employee's name on Copy 2 of the CCF), immediately notify the DER by any means (e.g. telephone or secure fax machine) that ensures that the refusal notificiation is immediately received. As a referral physician, you must notify the MRO, who in turn will notify the DER. As the collector, you must note the refusal in the "Remarks" line (Step 2), and sign and date the CCF.
18) What would you do if the patient says they do not want their copy of the CCF?	You should destroy their copy in front of them.

19) What is the impact on a test result if the collector uses a non-DOT drug testing form for a DOT-required test, and the problem is not corrected?	Section 40.203(d) states: The following are correctable flaws that you must attempt to correct: The collector uses a non-Federal form or an expired Federal form for the test. This flaw may be corrected through the procedure set forth in Section 40.205(b) (2) of this part, provided that the collection testing process has been conducted in accordance with the procedures of this part in an HHS-certified laboratory... Beginning November 1, 2001, if the problem(s) is not corrected, the test must be cancelled. Section 40.205(b) (2) states: ...you must provide a signed statement. It must state that the incorrect form was used inadvertently or as the only means of conducting a test, in circumstances beyond your control.
20) What is the impact on a test result if the collector doesn't sign the certification statement (Step 4) of the CCF?	It's a correctable flaw. Section 40.205(b) states: If, as a collector, laboratory, MRO, employer, or other person implementing these drug testing regulations, you become aware of a problem that can be corrected but which has not already been corrected under paragraph (a) of this section, you must take all practicable action to correct the problem so that the test is not cancelled.
21) What is the impact on a test result if the collector does not sign AND print his/her name in Step 4 (certification statement) of the CCF, so that the portion of the CCF is blank?	Section 40.199(b) states: The following are "fatal flaws": there is no printed collector's name and no collector's signature.
22) What is the impact on a test result if the employee doesn't sign the certification statement on Copy 2 (Step 5) of the CCF and the collector doesn't make note of this on the "Remarks" line?	Section 40.205(b) states: If, as a collector, laboratory, MRO, employer, or other person implementing these drug testing regulations, you become aware of a problem that can be corrected but which has not already been corrected under paragraph (a) of this section, you must take all practicable action to correct the problem so that the test is not cancelled.

390 Robert Street North
St Paul, MN 55101-1805

651.602.1000
TTY 651.291.0904
public.info@metc.state.mn.us
metrocouncil.org