



*"Maximizing Human and Organizational Outcomes"*



# SO YOU WANT TO CONDUCT D.O.T. DRUG TESTS?

## D.O.T. SPECIMEN COLLECTOR TRAINING & CERTIFICATION MANUAL FOR INDEPENDENT STUDY

YOUR ASSIGNED UNIQUE INDIVIDUAL SERIAL NUMBER: XXXXXX  
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This course follows the Urine Specimen Collection Guidelines for the U.S. Department of Transportation (DOT) Workplace Drug Testing Program 49 CFR Part 40

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*To M and B.  
Thank you for being the bright shining lights in my life.  
With your love, anything is possible and everything is worthwhile.*

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This course follows the U.S. Guidelines for Specimen Collectors, and the 49 CFR Part 40. Authors or distributors of this course are not responsible for the actions, clinical treatment, or any other performance of those completing this course. By purchasing and/or completing this course, the buyer/user automatically accepts full and all responsibility for his/her professionalism and knowledge as a Specimen Collector for performing DOT drug testing.

This manual has been created by Workplace Human Relations, A Division of FGC. This manual has been created in cooperation with the International Academy of Chiropractic Occupational Health Consultants (IACOHC), a nonprofit organization since 1983; and, in cooperation with the ACA Council on Occupational Health established in 1990.

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## INTRODUCTION

Welcome to the “So You Want to Conduct D.O.T. Drug Tests?” Independent Study course. This course is intended for use by the individual who wishes to become involved in the Department of Transportation’s Drug Testing Industry, especially those individuals who either:

- Prefer to study alone, or
- Don’t have access to the full Specimen Collector training in person, or
- Who are part of a network of learners in one location

The advantage of this particular course is that while you are provided with the actual DOT guidelines (**Appendix A**), this course offers the benefits of practical explanations of the ‘whys’ and ‘how-tos’ involved in drug testing, and practical tips for Specimen Collectors. This particular independent study course is written with the clinician in mind.

**By purchase of this course, or by obtaining this course material through a third party payer, you are automatically assigned a unique serial number. This serial number will appear at various locations throughout the manual, and especially on self-study tests. It is your number – not to be shared by any other person. You will not be permitted to submit any self-study questionnaires unless the copy you submit is the ORIGINAL from this manual and includes the number assigned to you.**

This course follows the Urine Specimen Collection Guidelines for the U.S. Department of Transportation (DOT) Workplace Drug Testing Program 49 CFR Part 40. According to the Department of Transportation’s guidelines (§ 40.33 of 49 CFR Part 40), to become a Specimen Collector for urine specimen collections for drug testing under the DOT, you must complete specific training to acquire specific knowledge about the collection procedures and about the 49 CFR Part 40. As well, you are required to complete a Demonstration of Proficiency, meaning you will be completing five (5) consecutive, error-free mock collections. To locate a “Qualified Person” to proctor your Demonstration of Proficiency, it is often easily done by calling your local emergency room. Most ERs have a technician who has either:

- 1 – Completed the Train-the-Trainer program for DOT drug testing (not just any drug testing – it must be DOT testing)
- 2 – Has regularly conducted DOT drug testing for a period of one year (not just any drug testing – it must be DOT testing)
- 3 – Instructed a course on DOT drug testing for one year.

No other person may proctor the Demonstration of Proficiency for you. Upon receiving any and all certification of completing the training and demonstration of proficiency, you are required by the Department of Transportation to maintain certification records (“written attestation”). You would be required to provide such documentation if requested by an employer or by the DOT or one of its agencies, and also need to have such documentation in the event of a DOT Specimen Collector Audit.

**This manual is intended for use by the individual buyer. By receiving and utilizing this manual, you have automatically agreed to abide by copyright laws.** This manual and its contents may not be photocopied, faxed, copied in any way, or transmitted in any way. It is the property of the author. Any photocopies of exercises in this manual, photocopies of Requests, or photocopies of anything else in this manual will not be accepted for the purpose of obtaining certification.

**Questions about course material, the DOT or the drug testing industry, may be directed to Workplace Human Relations, a division of FGC, by calling (507) 455-1025 (during normal M-F business hours only). You may also email: [eauppl@charterinternet.com](mailto:eauppl@charterinternet.com) if desired.**

Please proceed with your independent study training and certification program.

## CHAPTER 1 OVERVIEW OF THE DOT AND THE TESTING INDUSTRY

The DOT began governing drug testing in August 2001 for the transportation industry. Protocols were put in place for Specimen Collectors regarding the set up of the collection site, securing the collection site, managing the employee while ensuring his/her modesty and privacy during the collection, ensuring the integrity of the collection process and security for the collected specimen, and for the avoidance of what could be perceived to be offensive behaviors or language.

The DOT governs laboratories, medical review officers, employers, designated employer representatives, employees, service agents, substance abuse professionals, employees and anybody involved in the DOT drug testing industry. Compliance to regulations of the DOT is required.

Before the DOT began regulating DOT drug testing, turn-around time for test results was slow – sometimes 7 days. Now, most test results are ready 24 hours after initial testing is done. Labs worked independently before DOT regulation, now labs are required to meet specific criteria in order to participate in the DOT program. Labs perform Specimen Validity Testing (SVT). Medical Review Officers are required for confirmations of positive test results. Donors suddenly had rights granted them by the DOT, and Employers were required to comply.

Since the DOT implemented regulations, the only method used for its drug testing program is urine specimen collection. In the DOT drug testing world, there is no such thing as instant results, or 'point of collection test' (POCT) which you may be familiar with if you have been involved in non-DOT drug testing. As well, there is no other method at this time that may be used for DOT drug testing than by urine specimen collection. Will this change? You, as a Collector, are required by the DOT to remain current about changes; you can do this by frequently visiting the [www.dot.gov](http://www.dot.gov) web site for news announcements, and to view the most current copy of the 49 CFR Part 40. Become familiar with The Part! When and if other methods for testing are implemented, such as by sweat or head-hair testing or other method, Independent Study manuals as this will be immediately available (per method).

### WHO IS REGULATED?

But what industries are regulated? To answer this question, you need to know about the DOT "Agencies" that exist under the 'umbrella' of the DOT. They are listed below along with types of workers regulated by the DOT. The brief comments of who those workers are is not meant to be a comprehensive list of every type of worker working under DOT regulations but to give you an idea of whom your market is in the DOT regulated drug testing world. Workers that perform safety sensitive functions are subject to DOT drug (and alcohol) testing.

**FMCSA Federal Motor Carrier Safety Administration** 49 CFR Part 382 (one category): Driver  
**FAA Federal Aviation Administration** 14 CFR Part 121, Append. I and J (eight categories): Flight Crewmember; Flight Attendant; Flight Instructor; Aircraft Dispatcher; Aircraft Maintenance; Ground Security Coordinator; Aviation Screener; Air Traffic Controller  
**FRA Federal Railroad Administration** 49 CFR Part 219 (five categories): Engine Service; Train Service; Dispatcher/Operation; Signal Service; Other [Includes yardmasters, hostlers (non-engineer craft), bridge tenders; switch tenders, and other miscellaneous employees performing 49 CFR 228.5 © defined covered service.]  
**FTA Federal Transit Administration** 49 CFR Part 655 (five categories): Revenue Vehicle Operation; Revenue Vehicle and Equipment Maintenance; Revenue Vehicle Control/Dispatch; CDL/Non-Revenue Vehicle; Armed Security Personnel  
**PHMSA Pipeline and Hazardous Materials Safety Administration** 49 CFR Part 199: operators of pipeline facilities and contractors performing covered functions for the operator  
**USCG United States Coast Guard** 49 CFR Parts 4 & 16 Industry: Maritime

### SAFETY SENSITIVE DUTIES:

**FMCSA: Commercial Drivers License (CDL) holders who operate a commercial motor vehicle. To the requirements set forth by the DOT in Book 49 of the Code of Federal Register Part 40.**

## CHAPTER 2

### IMPACTS OF DRUG MISUSE IN THE WORKPLACE – AN OVERVIEW

- 76% of illicit drug and alcohol abusers are employed
- 60% of America's working adults know of at least one coworker who reported to work under the influence of substances
- Often, the use and/or abuse of drugs and alcohol go hand-in-hand by the user
- In one year, the cost to employers for lost productivity due to substance abuse is \$81 billion (\$44 billion for illness, \$37 billion for fatalities)
- Alcoholism alone is blamed for 500 million lost work days in a 12 month period (America)
- Drug users are 5 times more likely to file a work comp claim, 2.2 times more likely to request an early dismissal from the work day, and 3.6 times more likely to be involved in a workplace accident than employees who do not use drugs
- Experts and employers both know that Employee Assistance Programs (EAPs) cost about the same as does terminating an employee because of a substance abuse problem

#### **ATTITUDES:**

Employers knowing that EAPs cost the same as termination of an employee due to substance misuse; many employers are more likely to terminate than go the route of an EAP. While the reason for doing so is highly individual to the employer affected, there is a perceived risk that the user/abuser may have recurrence of problems after treatment. EAP is a route however, for keeping executives in a company because of the cost investment wrapped up in that employee as opposed to replacing a top exec.

Most employers view substance addictions as 'chronic health conditions'.

Attitudes among coworkers of an abuser/user:

- Don't like or appreciate having to pick up the slack at work due to lost productivity, absenteeism and tardiness of the drug-using employee
- Resent management personnel who are abusers/users because of a perceived or real lack of employment consequences for a manager or executive who has a substance abuse problem

How you are affected each day:

Consider the people that serve our needs each day for activities as driving our children to and from school/daycare, movers we've hired to help us relocate, train engineers navigating the rails in our community, the pilot taking us from Minneapolis to Orlando, and so forth.

What are your attitudes? Do you want your employees working on your clock while under the influence of a substance? What about your children? Should the school bus driver get by with driving while under the influence? Does it concern you that semi-truck/trailer drives on our highways in Minnesota might be using amphetamines just to keep awake?

Drug testing in the workplace is still a highly controversial issue among the general public, usually argued against because of privacy of what one does after working hours. There are about 800 different products (some very sophisticated!) sold over the internet alone that are designed to help people dilute, substitute, or tamper with their own drug (urine) specimen during a drug test. (Visit [www.urineluck.com](http://www.urineluck.com) and see just some of the products available.)

But for you, the Specimen Collector for DOT drug testing, you can rest assured there is a tremendous market for your service(s). The DOT requirements for physical examinations, and drug and alcohol testing affect nearly 12 million American workers. Many employers not regulated by the DOT (non-DOT) utilize drug testing as part of their drug free workplace program/policies. Today, nearly 55% of all employers have some form of drug testing required as a condition to working at their company. Still, drug testing remains controversial to individuals and special interest groups.

Whether we are a service provider for drug testing, an employer with a workforce, an employee, or a concerned parent – drugs impact our daily lives.

Common hidden hazards that employers face from drug using employees are: *violence, accidents, lowered or interrupted productivity, and increased workplace stress.*

Violence comes in many forms – bullying, harassment, vulgarity, threats to others, domestic violence carried over from home, resistance to authority, and so on. What employer wants to have a disruptive, threatening employee on the premises – potentially endangering the lives of valued, hard working employees? We've even given bullying a new name – bullycide. (Think about that term.) Bullying in the workplace costs employers \$180 million just in lost work time. Are all bullies drug users? No, they are not. But a vast majority of chronic bullies misuse substances (alcohol, illicit drugs, and prescription drugs). Not all bullies are chronic bullies either – some only bully at times of extreme stress, fatigue, or because of other emotional (temporary or evoked) disorders. Add drug use *and we have a kettle that nobody wants stirred.*

Business owners in the U.S. lose approximately \$100 billion every year due to drug use by employees. Drug users are 3.6 times more likely to cause a workplace accident than their coworkers (*NIDA sponsored survey results*). Costs to employers involve lost production, clean-up of accidents, litigation, hiring and training replacements, business recovery, and so on – the price tag is high in terms of human loss and suffering, and in terms of a company's bottom line.

Production is impacted negatively due to loss work time, absenteeism, tardiness, impaired judgment, and coworkers having to pick up the slack because of the drug-using employee. Depending on the scale of a workplace accident (particularly when a fatality occurs), the cost to a single employer may mean a complete interruption of business – adding the costs involved in business recovery – and that is another story entirely.

Coworkers having to do the work of an absent or dysfunctional drug using employee experience additional (and unnecessary) stress at work, not to mention the resentment that it causes. It is unfair to coworkers. Many feel they have to hide the fact that a coworker is using drugs – afraid their own job might be jeopardized by spilling the beans or afraid of repercussions by the drug user either at or away from work. Unfortunately, sometimes silence is golden in comparison to the consequences of telling on another employee.

#### **WHAT CAN BE DONE?**

A great deal can be done. Hiring practices can include drug testing with employment (or continuity of employment) conditioned upon test results. Workplace policies and programs can be implemented to address employment conditioned on drug testing. EAPs (Employee Assistance Plans/Programs) can be made available, offering employees resources for drug problems and *strongly encouraging* employees to use the *confidential services* of an EAP. EAPs cost about the same as does terminating an employee due to drug use and then having to rehire and train a replacement. Supervisors can be trained to recognize performance problems that result from drug use and abuse. Supervisors may not be able to clinically diagnose drug addiction, but they can observe and document work performances. Finally, employers can educate employees about the impact of drugs in the workplace, educate employees about how the workplace is allowed to deal with performance and not directly with addiction, and how employees may confidentially express their concerns to management about a coworker, and how to keep themselves safe at work when a drug using coworker's actions or behaviors threaten the safety of others.

#### **WHAT CAN YOU DO?**

If you are an employer, you can do the above. If you are a service provider to workplaces, you can first of all, become very knowledgeable about the problems and impact that drug usage has in the workplace. You can abide by the company's drug free workplace policies if you are an employee. Finally, as an individual, take it upon yourself to remain drug-free or to get help if needed. Sometimes in life, we just need to ask for help for ourselves. **Asking for help is never a weakness – it takes raw guts and courage to ask for help to kick a drug problem.** Remember the belly-button, or if you prefer, the navel. We are all connected. Teach your children - become the anti-drug parent they want.

Sources: visit the web sites of the National Institute on Drug Abuse ([www.nida.nih.gov](http://www.nida.nih.gov)) and also the Hazelden Foundation for more information.

## Module 1 – Glossary of Terminology Self-Study Questionnaire

Answer the questions. **When you are finished, you must submit the ORIGINAL completed questionnaire for Module 1 at once. Do not wait to send with other self-study questionnaires.** Please keep a photocopy for your records.

Name: \_\_\_\_\_ (print clearly) email? \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

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1. What is a SAP?
  - a) Service Assessment Personnel
  - b) Substance Abuse Professional
  - c) Specimen Adulteration Professional
  - d) Suspended Alcohol Prohibition
  
2. Define in detail who can be a Medical Review Officer (MRO) and what his/her role is in the drug testing industry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. The CCF is:
  - a) Custody and Counsel Form
  - b) Control and Collection Form
  - c) Custody and Control Form
  - d) Code of Federal Regulations (49 CFR Part 40)
  
4. The CCF is used for what purpose? \_\_\_\_\_  
\_\_\_\_\_
  
5. Who is the Collector and what is the role of the Collector? \_\_\_\_\_  
\_\_\_\_\_
  
6. Who is the Donor? \_\_\_\_\_
  
7. Define the Split Specimen as per the *Glossary of Terminology*: \_\_\_\_\_  
\_\_\_\_\_
  
8. What is an adulterated specimen? \_\_\_\_\_
  
9. What is a substituted specimen? \_\_\_\_\_
  
10. This question has nothing to do with the *glossary of terminology* module. But it will benefit you to answer it as you are to become a Specimen Collector. Visit the web site of [www.urineluck.com](http://www.urineluck.com) and list 2 of the products sold that can be used to tamper with the specimen:
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  
11. What is "The Part"? \_\_\_\_\_

**Submit at once to:** Workplace Human Relations  
ATTN: Elizabeth L. Auppl  
930 Crestview Ln.  
Owatonna, MN 55060

## MODULE 5 – THE COLLECTION PROCESS

- Ⓜ **Employee Rights**
- Ⓜ **The Donor Arrives**
- Ⓜ **The Collection Procedures**
- Ⓜ **Completing the CCF**

*At the end of this module, complete the self-study questions. You are required to submit all completed self-study questionnaires per instructions found in Module 10 to obtain certification of having completed the required training.*

You need to understand that the Department of Transportation's guidelines allow the entire drug testing process to run like a well-oiled machine. Depending on your function in the drug testing industry, whether you operated a laboratory for testing or were the Medical Review Officer, the employer or the Collector – you might think that the system was set up just to make it easier for you. However, the reality is, the Department of Transportation is very concerned about the Employee – the Donor. The DOT guidelines state very specific rights the Donor has in the specimen collection drug testing process. To learn about this in detail, it is best to thoroughly review The Part (which by now you should have downloaded from the [www.dot.gov](http://www.dot.gov) web site!).

For our purposes here, to train you to be a Specimen Collector, you need to know the following rights the DOT grants to the Donor:

- The right to remain fully clothed during the collection process;
- The right to retain his/her wallet during the collection process;
- The right to request identification of the Collector
- The right to have his/her specimen collection divided up into Bottles A and B, sealed with tamper-evident seals by the Collector, and placed into the pouched, plastic bag – all in the sight and presence of the Donor
- The right to medical attention (such as in the case of an accident where immediate medical attention is required, the Collector may not delay medical treatment the Donor needs in order to complete a drug test)
- The right to void through self-catheterization if the Donor normally uses self-catheterization as a means for voiding
- The right to be conscious for the specimen collection

### UPON ARRIVAL OF THE DONOR (PRELIMINARY STEPS)

The Donor is required to show up for a scheduled drug test at the appointed time. If the Donor is late, the Collector should call the Designated Employee Representative (DER) to let him/her know the Donor has not arrived. The DER will determine a time interval in which the Donor may still arrive for drug testing. If at that time or during the interval of time, the Donor still does not show up, call the DER to let him/her know. For the Donor to not show up for the drug test is behavior that constitutes a *Refusal to Test* situation.

However, assuming the Donor arrives for the test, as a Collector you are required to begin the collection process at once without undue delay. *For example, if the Donor arrives and states that he or she cannot void right now, you would still begin the collection process because the DOT requires you to and because you are operating under the authority of the DOT, informing the Donor as such. Even in a situation where the Donor's Representative is late, the testing process must begin and not wait for that person to arrive.*

The Donor may or may not have an authorized Representative with him or her. The DER sometimes will accompany a Donor, maybe as a translator or to provide identification for the Donor, or for other reasons. Depending on a collective bargaining agreement, such an agreement may require a representative accompanying an employee for a drug test. **Refer to Module 3 regarding who is authorized to be at the Collection Site.** The Donor may not bring a friend, or brother or parent with them; such persons should be asked to leave the site; remember that at all times you, as a Collector, are operating under the guidelines of the Department of Transportation. Ensuring only authorized personnel are at the site is your required responsibility.

d) If the temperature of the specimen is within this range, you must mark “Yes” on the CCF (Step 2 of CCF).

e) Check the ‘split specimen’ box on the CCF.

f) Observe for signs of tampering (often the temperature may be out of range in the case where tampering has occurred, but not always); look for odd coloring, odd odors (as bleach, etc.), blue dye, foreign objects (as wrappers, etc.), excess foaming (might indicate soap, etc.).  
If you find signs of tampering, you must note that in the REMARKS section of the CCF, indicating what you found, mark in the REMARKS section “Test #1 of 2” and then conduct an Observed Collection, which would then become “Test #2 of 2”.

g) If no tampering was evident, temperature was within range, you would then proceed to complete the specimen collection procedures of a normal collection.

Anytime two collections become necessary, such as in the case of the first collection was “out of range” which then required a second test as an Observed Collection to take place, you will be noting in the REMARKS section and will be cross-referencing the 2 collections in the REMARKS section. **Examples for Cross Referencing test #1 of 2:**

**STEP 2: COMPLETE BY COLLECTOR (Example 1: Temperature is Out of Range; Test #1 of 2)**

|   |  |  |
|---|--|--|
| Read temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="radio"/> Yes <input checked="" type="radio"/> No, Enter Remark | Specimen Collection:<br><input checked="" type="radio"/> Split <input type="radio"/> Single <input type="radio"/> None | <input type="radio"/> Observed<br>(Enter Remark) |
| Temperature out of range; test #1 of 2, see Spec. ID # (write in Spec. ID # of test #2's CCF)   |  |  |

The example *above* is for the first specimen collection, referencing to the second test. The example *below* is for the second (Observed) collection, cross referencing back to the first test done.

To avoid errors, always complete the first collection and CCF before beginning the second (Observed) collection. If by error, the Specimen ID #s are mix-up on the specimen bottles (A and B), the test will be cancelled, and this is a fatal flaw.

**STEP 2: COMPLETE BY COLLECTOR (Example 2: Second test – Observed Collection; Test #2 of 2)**

|   |  |   |
|---|--|---|
| Read temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="radio"/> Yes <input type="radio"/> No, Enter Remark | Specimen Collection:<br><input checked="" type="radio"/> Split <input type="radio"/> Single <input type="radio"/> None | <input checked="" type="radio"/> Observed<br>(Enter Remark) |
| Test #2 of 2, see Specimen ID # (write in Spec. ID # of test #1 on CCF)   |  |   |

**COMPLETING THE COLLECTION – PREPARING THE SPECIMEN**

All collections under the DOT drug testing regulations are “split-specimen” collections, meaning the initial specimen collected will be divided up and poured into two bottles – bottle A and bottle B. Bottle A will hold 30 mL of the specimen and be labeled with a tamper-evident seal as Bottle A. Bottle B will hold 15 mL of the specimen and be labeled with a tamper-evident seal as Bottle B.

---

Bottle A, the primary specimen is the bottle the certified laboratory will use to perform the drug test. Bottle B is called the split specimen, and may be used by a laboratory for confirmation testing, or as the bottle that, under certain circumstances and as determined by the laboratory under the DOT guidelines and guidelines of the Department of Health and Human Services (HHS), may be redesignated at Bottle A so that the initial laboratory may perform drug testing (such as in the case that the contents of Bottle A may have leaked out during shipping of specimen to laboratory).

---

As a Collector, you must complete the following steps in sequence as appearing here, in the presence of the Donor:

Step 1: You (not the Donor) must pour 30 mL of urine from the collection container into one

## MODULE 7 – SHY BLADDER; REFUSAL TO TEST

- ® **Shy Bladder Procedures**
- ® **Refusal to Test Situations**

*At the end of this module, complete the self-study questions. You are required to submit all completed self-study questionnaires per instructions found in Module 10 to obtain certification of having completed the required training.*

When the Donor is unable to provide the minimum required 45 mL of specimen, the collection is determined to be a “Shy Bladder” situation with specific protocols for completing the testing process.

The shy bladder situation can take up to 3 hours of time to complete, in that the DOT says the Donor is allowed “up to 3 hours and 40 ounces of fluid” from the time of the first attempt to provide a specimen. Instructing the Donor ahead of the first attempt that a minimum of 45 mL of urine is required let’s the Donor know what is expected for a sufficient quantity. If the amount is less, as a Collector you would need to begin the shy bladder process, meaning you would:

1. If there is enough urine in the cup to check the temperature range, do so. If it is out of the acceptable temperature range of 90° – 100° F (or 32° – 38° C) you would mark the CCF with **NO** and then proceed to complete that collection and CCF and move to doing a second collection, this time an observed collection.  
Likewise, check the urine for other signs of tampering, such as bluing or foreign objects, too much foaming when shaken, odd odor (such as bleach, etc.); if tampering is evident, complete that collection and CCF and move to doing a second collection, this time an observed collection.
2. If the first attempt is within range, discard the insufficient quantity urine (you may not combine urine from multiple attempts in order to arrive at the 45 mL specimen). Note in the REMARKS section of the CCF the time of the first attempt, as the example here:

### STEP 2: COMPLETE BY COLLECTOR

|   |  |  |
|---|--|--|
| Read temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="radio"/> Yes <input type="radio"/> No, Enter Remark | Specimen Collection:<br><input checked="" type="radio"/> Split <input type="radio"/> Single <input type="radio"/> None | <input type="radio"/> Observed<br>(Enter Remark) |
| REMARKS<br>First attempt @ 9:00a.m.   |  |  |

3. Provide fluids (water, coffee, Mountain Dew, etc.) to the Donor, and encourage him/her to drink. If he/she refuses to drink, this is not a refusal to test.
4. Instruct the Donor that he/she may not leave the Collection Site or area until the entire collection process is done. To do so would constitute a *Refusal to Test* situation. (The Donor may not ‘run outside to get something from their car’ or go down the hall to buy a soda.)  
If the Donor refuses to cooperate with a second attempt, or refuses to remain at the Collection Site during the time it takes to provide a sufficient specimen up to 3 hours, as a Collector you will discontinue the test, note it in the REMARKS section of the CCF, and at once notify the DER that the person has refused.
5. From the first attempt, the clock begins for the 3 hour period allowed for getting the sufficient (45 mL) specimen. **See Appendix B for a Shy Bladder Log**, which you may use to document the shy bladder collection situation and retain with your Collector’s copy of the CCF.

Something to consider...your time as a professional is precious, so too is the time of the Donor. He or she may not want to sit at the Collection Site while waiting to attempt a second specimen. You should instruct the person that leaving would be a refusal to test situation, doing so will inform them; many times people are not aware that certain actions will result in a refusal to test and the consequences that go along with that.

# MODULE 9 – PREPARING STEPS FOR ‘DEMONSTRATION OF PROFICIENCY’

## ® **Steps for Uneventful Collection**

*At the end of this module, complete the self-study questions. You are required to submit all completed self-study questionnaires per instructions found in Module 10 to obtain certification of having completed the required training.*

### INSTRUCTIONS

Now you are ready to review the steps for an uneventful collection. Review steps, then complete the self-study questionnaire. You will be asked questions about the eventful collections and will need to have learned these in previous Modules. Practice mock collections in the interim between submitting the self-study questionnaires and receiving feedback.

#### **A. Preliminary Steps – Securing Bathroom Water Sources**

- Secure tank – duct tape or noisy sealing tape
- Secure flusher – tape over flusher
- Bluing agent – in bowl
- Secure other entrances (doors, windows)
- Remove products from bathroom (cleaners, soaps, disinfectants, etc.)
- Secure all water sources. (Remember donor will need to wash hands w/soap-H<sub>2</sub>O)

#### **B. Collection Supplies**

- ~ Single-use individually wrapped/sealed collection cup/container with temperature strip
- ~ Single-use wrapped/sealed bottles with caps/lids. (Usually cup, bottles and bag come as one unit)
- ~ Custody and Control Form (CCF), other forms may become necessary
- ~ Leak-proof bag (2 compartments)
- ~ Have your ID on you so Donor is never left alone should he/she request it
- ~ Written Donor instructions (form or poster)
- ~ Examine CCF for: Employer name & address, MRO name & address, Collection site name, address, **phone & fax**, Donor SSN or ID#, Reason for test, type of test to be performed (Do not complete anything on the CCF yet)

#### **C. Managing the Donor** (When the Donor arrives for scheduled test, begin without undue delay)

- ~ Require Photo ID of Donor (Did Donor arrive on time? If not, contact DER)
- ~ Instruct Donor of procedure, give donor instruction sheet or show reverse of CCF. Instruct Donor to:
  - o Remove outer clothing that might conceal (jacket, cap, bag, purse, etc.)
  - o Empty pockets and display items (if refuses to display pocket items, this is considered a refusal to test). Donor retains wallet only.