

Expires 10/31/2019

**FEDERAL RAILROAD ADMINISTRATION****POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)**

**NOTE:** This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting the chain of custody for the blood and urine specimens, as applicable.

Date (Mo/Day/Yr) / /	Name of Employing Railroad	Sample Set Identification Number (Pre-printed) <b>308100</b>
<b>STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS</b>		
Name Print (last, first, mi)		Employee Identification Number or Social Security Number
Home Address	City	State      Zip Code      Telephone Number (      )
<b>STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN</b>		
Name of Collector Print (last, first, mi)		Date (Mo/Day/Yr)      Time of Collection / /      AM PM
Remarks:		
I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.		
_____ <i>Signature of Collector</i>		
<b>STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN</b>		
Name of Collector Print (last, first, mi)		Date (Mo/Day/Yr)      Time of Collection / /      AM PM
Temperature of specimen was read within 4 minutes <input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°
Remarks:		
I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.		
_____ <i>Signature of Collector</i>		
<b>STEP 4. COMPLETED BY EMPLOYEE</b>		
I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)		
EXAMPLE OF MY INITIALS <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span>		_____ <i>Signature of Employee</i>
<b>STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIMENS FOR SHIPMENT</b>		
I certify that I took possession of the sealed specimens with the sample set identification number as printed above from the blood and urine collectors, maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.		
Received Blood _____	Received Urine _____	
_____ Name (print)	_____ Signature	_____ Date
Released specimens to:		
<ul style="list-style-type: none"> <li>• Overnight courier service (name) _____ <b>OR</b></li> <li>• Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____</li> </ul>		
<b>STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN</b>		
Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.		Was a breath alcohol test conducted _____ Yes on the donor above, pursuant to this accident, using FRA authority? _____ No

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Public reporting burden for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is **2130-0526**. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., N.W., Washington D.C. 20590.



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Date (Mo/Day/Yr) / /	Name of Employing Railroad	Sample Set Identification Number (Pre-printed) <b>308100</b>
<b>STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS</b>		
Name Print (last, first, mi)		Employee Identification Number or Social Security Number
Home Address	City	State      Zip Code      Telephone Number (      )
<b>STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN</b>		
Name of Collector Print (last, first, mi)		Date (Mo/Day/Yr)      Time of Collection / /      AM PM
Remarks:		
I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.		
_____ <i>Signature of Collector</i>		
<b>STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN</b>		
Name of Collector Print (last, first, mi)		Date (Mo/Day/Yr)      Time of Collection / /      AM PM
Temperature of specimen was read within 4 minutes <input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°
Remarks:		
I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.		
_____ <i>Signature of Collector</i>		
<b>STEP 4. COMPLETED BY EMPLOYEE</b>		
I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)		
EXAMPLE OF MY INITIALS <input style="width: 80px; height: 20px;" type="text"/>		_____ <i>Signature of Employee</i>
<b>STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIMENS FOR SHIPMENT</b>		
I certify that I took possession of the sealed specimens with the sample set identification number as printed above from the blood and urine collectors, maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.		
Received Blood _____    Received Urine _____		
_____ Name (print)	_____ Signature	/ / Date
Released specimens to:		
<ul style="list-style-type: none"> <li>• Overnight courier service (name) _____ <u>OR</u></li> <li>• Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____</li> </ul>		
<b>STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN</b>		
Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.		Was a breath alcohol test conducted _____ Yes on the donor above, pursuant to this accident, using FRA authority? _____ No

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_____ Donor's Initials	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION	URINE BOTTLE CUSTODY SEAL	Date _____
_____ Date		SPECIMEN IDENTIFICATION NO. <b>A</b> No 308100		Signature of Collector _____
_____ Donor's Initials	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION	URINE BOTTLE CUSTODY SEAL	<b>Federal Railroad Administration</b> <b>KIT CUSTODY SEAL</b>
_____ Date		SPECIMEN IDENTIFICATION NO. <b>B</b> No 308100	<b>-S</b>	
_____ Donor's Initials	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION	BLOOD TUBE CUSTODY SEAL	
_____ Date		SPECIMEN IDENTIFICATION NO. <b>A</b> No 308100		
_____ Donor's Initials	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION	BLOOD TUBE CUSTODY SEAL	
_____ Date		SPECIMEN IDENTIFICATION NO. <b>B</b> No 308100	<b>-S</b>	