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)* 333900

STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name *Print (last, first, mi)*				Employee Identification Number or Social Security Number
Home Address	City	State	Zip Code	Telephone Number ( )

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

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.

_____
Signature of Collector

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector *Print (last, first, mi)*	Date (Mo/Day/Yr) / /	Time of Collection AM PM

Temperature of specimen was read within 4 minutes ☐ YES ☐ NO	Temperature was within range of 32°-38°C/90°-100°F ☐ YES ☐ 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.

_____
Signature of Collector

STEP 4. COMPLETED BY EMPLOYEE

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 ☐

_____
Signature of Employee

STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I 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 of Collection Personnel (print)	_____ Signature of Collection Personnel	___/___/___ Date

Released specimens to:

- Overnight courier service (name) _____ OR
- Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____

STEP 6. COMPLETED BY MEDICAL FACILITY

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.

STEP 7. BREATH ALCOHOL TEST

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box.

___ Yes
___ No

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)* 333900

STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name *Print (last, first, mi)*				Employee Identification Number or Social Security Number
Home Address	City	State	Zip Code	Telephone Number ( )

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

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.

_____
Signature of Collector

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector *Print (last, first, mi)*	Date (Mo/Day/Yr) / /	Time of Collection AM PM

Temperature of specimen was read within 4 minutes ☐ YES ☐ NO	Temperature was within range of 32°-38°C/90°-100°F ☐ YES ☐ 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.

_____
Signature of Collector

STEP 4. COMPLETED BY EMPLOYEE

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 ☐

_____
Signature of Employee

STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I 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 of Collection Personnel (print)	_____ Signature of Collection Personnel	___/___/___ Date

Released specimens to:

- Overnight courier service (name) _____ OR
- Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____

STEP 6. COMPLETED BY MEDICAL FACILITY

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.

STEP 7. BREATH ALCOHOL TEST

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box.

___ Yes
___ No

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)* 333900

STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name *Print (last, first, mi)*				Employee Identification Number or Social Security Number
Home Address	City	State	Zip Code	Telephone Number ( )

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

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.

_____
Signature of Collector

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector *Print (last, first, mi)*	Date (Mo/Day/Yr) / /	Time of Collection AM PM

Temperature of specimen was read within 4 minutes ☐ YES ☐ NO	Temperature was within range of 32°-38°C/90°-100°F ☐ YES ☐ 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.

_____
Signature of Collector

STEP 4. COMPLETED BY EMPLOYEE

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 ☐

_____
Signature of Employee

STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I 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 of Collection Personnel (print)	_____ Signature of Collection Personnel	___/___/___ Date

Released specimens to:

- Overnight courier service (name) _____ OR
- Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____

STEP 6. COMPLETED BY MEDICAL FACILITY

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.

STEP 7. BREATH ALCOHOL TEST

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box.

___ Yes
___ No

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)* 333900

STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name *Print (last, first, mi)*				Employee Identification Number or Social Security Number
Home Address	City	State	Zip Code	Telephone Number ( )

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

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.

_____
Signature of Collector

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector *Print (last, first, mi)*	Date (Mo/Day/Yr) / /	Time of Collection AM PM

Temperature of specimen was read within 4 minutes ☐ YES ☐ NO	Temperature was within range of 32°-38°C/90°-100°F ☐ YES ☐ 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.

_____
Signature of Collector

STEP 4. COMPLETED BY EMPLOYEE

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 ☐

_____
Signature of Employee

STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I 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 of Collection Personnel (print)	_____ Signature of Collection Personnel	___/___/___ Date

Released specimens to:

- Overnight courier service (name) _____ OR
- Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____

STEP 6. COMPLETED BY MEDICAL FACILITY

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.

STEP 7. BREATH ALCOHOL TEST

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box.

___ Yes
___ No

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219) *NOTE: This form is to be completed in accordance with instructions contained in 49 CFR 219, Control of Alcohol and Drug Use in Railroad Operations, and supplemental instructions that accompany the specimen collection materials in the FRA Post-Accident Toxicology Kit.*

Donor's Initials _____

Date _____

PLACE OVER CAP

FEDERAL RAILROAD ADMINISTRATION

URINE BOTTLE CUSTODY SEAL

SPECIMEN IDENTIFICATION NO.

A No 333900

Donor's Initials _____

Date _____

PLACE OVER CAP

FEDERAL RAILROAD ADMINISTRATION

URINE BOTTLE CUSTODY SEAL

SPECIMEN IDENTIFICATION NO.

B No 333900 -S

Donor's Initials _____

Date _____

PLACE OVER CAP

FEDERAL RAILROAD ADMINISTRATION

BLOOD TUBE CUSTODY SEAL

SPECIMEN IDENTIFICATION NO.

A No 333900

Donor's Initials _____

Date _____

PLACE OVER CAP

FEDERAL RAILROAD ADMINISTRATION

BLOOD TUBE CUSTODY SEAL

SPECIMEN IDENTIFICATION NO.

B No 333900 -S

Date _____

Signature of Collector

KIT CUSTODY SEAL

Federal Railroad Administration

FRA F 6180.74 (Rev. 06-17)

OMB No. 2130-0526

6180.74 Form Disk