

**TENNESSEE
DEPARTMENT OF TRANSPORTATION
Supervisor's Guide for
ALCOHOL AND DRUG TESTING PROCEDURES**

The information contained in this guide is for supervisors of the Tennessee Department of Transportation (TDOT) who supervise employees covered under Federal DOT Drug and Alcohol testing regulations and all Safety-Sensitive Personnel. The policy and procedures are based upon the most accurate information available at the time it was prepared.

TDOT's designated employer representative (DER) who is designated to monitor, facilitate, and answer questions pertaining to these procedures is Amy Earheart, 615-253-6162 (office). Supervisors may also contact National Toxicology Specialist (NTS) at 866-534-1888, Option #1.

Under all circumstances, when a safety-sensitive or CDL-holding employee is directed to provide either a breath test or urine sample, he/she must immediately comply as instructed. Refusal will constitute a positive result, and the employee will be immediately removed from duties and will be subject to further discipline or termination as appropriate.

APPLICANT AND CURRENT SAFETY-SENSITIVE OR CDL EMPLOYEE TESTING, AWARENESS, & FORMS

A. ***Pre-employment Applicant Testing:*** All applicants applying for a title listed in Appendix A of the CDL and Safety-Sensitive Employees Alcohol & Drug Testing policy will be required to submit to and pass a urine drug test as a condition of employment. Offers of employment are made contingent upon passing the drug test. When possible, the supervisor should take the prospective applicant to testing site for pre-employment test. Official job offers are not made until test results come back to the DER.

B. ***Reasonable Suspicion Drug Testing:*** If a safety-sensitive or CDL-holding employee is having work performance problems or displaying behavior that may be alcohol or drug related, or is otherwise demonstrating conduct that may be in violation of policy where immediate action is necessary, a supervisor (trained in reasonable suspicion determination) will require the employee to submit to a breath test and/or urinalysis. TDOT's determination that reasonable suspicion exists to require the covered employee to undergo an alcohol or drug test shall be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech and/or body odors of the employee. The required observations shall be made by a supervisor ***and one witness*** trained in detecting the symptoms of drug and alcohol misuse.

Please refer to Appendix A of this guide for required form. If you have any questions on the process or need assistance with filling out the forms, please call NTS at 615-353-1888 or 866-534-1888 (option 1).

- 1) The supervisor shall, as soon as practicable within 24 hours or before the results of the controlled substance test are released, document the particular facts related to the behavior or performance problems and present such documentation to TDOT's designated employer representative (DER).
- 2) The DER will remove or cause the removal of the safety-sensitive employee from any TDOT-owned vehicle or safety-sensitive job and ensure that the employee is transported to an appropriate collection site and thereafter to the employee's residence or, where appropriate, to a place of lodging. Under no circumstances will that employee be allowed to continue to operate a TDOT vehicle or his/her own vehicle until a confirmed negative test result is received.
- 3) Employees referred for reasonable suspicion testing shall be considered to be on duty during the time they are being tested, including travel time to and from the testing site, and shall be compensated accordingly.

Any safety-sensitive employee who is reasonably suspected of being intoxicated, impaired, under the influence of a prohibited substance, or not fit for duty by a trained supervisor shall be suspended from job duties pending verification of condition. Employee shall use accumulated leave for this time away from work or be placed on leave without pay. Employees found to be under the influence of prohibited substances as a result of a positive drug or alcohol test shall be removed from duty and subject to disciplinary action per policy, up to and including dismissal.

C. **Post-Accident or Critical Incident Testing:** Safety sensitive and CDL-holding employees are required to provide a breath test and a urine specimen to be tested for the use of alcohol and controlled substances *as soon as practicable* after any critical incident. The safety-sensitive or CDL-holding employee shall remain readily available for such testing or may be deemed by the DER to have refused to submit to testing. No alcohol may be consumed for eight hours after the critical incident or until a test is conducted. No drug should be administered to the employee for up to thirty-two (32) hours after the critical incident or until a test is conducted; however, necessary medical treatment should not be delayed. If the employee is seriously injured and cannot provide a specimen at the time of the critical incident, he/she shall provide the necessary authorization for obtaining hospital reports and other documents that would indicate that the donor was unable to provide a specimen.

Please refer to Appendix B of this guide for required forms. If you have any questions on the process, need help locating the nearest collection site, or need assistance with filling out the forms, please call NTS at 615-353-1888 or 866-534-1888 (option 1). The supervisor may also contact NTS if collection needs to take place and it is not practicable to transport the employee to an approved testing site.

A critical incident is defined in TDOT policy as one that results in any or all of the following:

1. An incident that results in death of a human being; or
2. An incident that results in bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
3. An incident where one of the vehicles is towed from the scene of the accident; or
4. An incident that results in the driver [TDOT employee] being issued a citation.

(*NOTE: This pertains to **all** incidents at work, not just incidents involving vehicles.)

Adherence to post-critical incident specimen collection requirements is a condition of continued employment.

Under the Federal Aviation Administration (FAA) regulations, accident means an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight and the time all such persons have disembarked, and in which

1. any person suffers death or serious injury; or
2. in which the aircraft receives substantial damage.

D. **Random Testing:** TDOT will conduct random testing for all covered employees as follows:

- 1) Upon notification an employee must be accompanied by a supervisor and proceed immediately to the assigned collection site.
- 2) In the event an employee, who is selected for a random drug and/or alcohol test, is on vacation or an extended medical absence, TDOT can either select another employee for testing or keep the original notification confidential until the employee who is absent returns to duty.

Safety-sensitive and CDL-holding employees referred for random testing shall be considered to be on duty during the time period they are being tested, including travel time to and from the testing site, and shall be compensated accordingly.

Please refer to Appendix B of this guide for required forms. If you have any questions pertaining to these procedures please contact the DER or NTS.

E. **TDOT Fitness for Duty Medication Reporting Form:** CDL holding employees and other employees in safety-sensitive positions are responsible for the safety and welfare of the general public and fellow employees. Employees in safety-sensitive positions or those who hold a CDL are required to work free of impaired judgment or physical ability so as to avoid injury to themselves, other employees, and the public. The appropriate use of legally prescribed drugs and

non-prescription medications is not prohibited. However, if a CDL-holding employee or other employee in a safety-sensitive position uses any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected, the employee must report the use to his/her supervisor. The employee further is required to provide a written release from his/her doctor indicating that the employee can perform his/her safety-sensitive functions.

Please refer to Appendix C of this guide for required form.

G. **Voluntary CDL Awareness:** When employees in non-Operations titles volunteer to get a CDL to operate TDOT equipment the below process must be followed.

- 1) Employee will complete the voluntary awareness memo and submit it to the Regional Training Safety Coordinator. The form then should be scanned to the DER. **Please refer to Appendix D of this guide for form required.**
- 2) The DER will review the form and respond to the Regional Training Safety Coordinator and request additional information or direct them to send the employee for pre-employment drug testing. **The employee should not be sent for drug testing until the DER provides direction.**
- 3) Standard procedure should be followed to send the employee for pre-employment drug test. **Please refer to Appendix B of this guide for forms required.**
- 4) The DER will process the test results when received and communicate the results to the Regional Training Safety Coordinator. The employee should not begin training in TDOT equipment until the DER has communicated that we have a negative drug testing result on file.

CONSEQUENCES

Any employee who violates the prohibited conduct will be subject to the following consequences:

- Employees shall not be permitted to perform safety-sensitive functions. First time offenses will result in a five-day suspension without pay. Second time offenses will result in dismissal.
- Employees shall be advised by their supervisor of the resources available to them in evaluating and resolving problems associated with the misuse of alcohol or use of controlled substances including a referral to the state Employee Assistance Program (EAP).
- Before an employee returns to duty requiring performance of a safety-sensitive function, he or she shall undergo a return-to-duty alcohol test or controlled substance test that results in a verified negative result. Supervisor must hear from the DER before an employee can return to work.
- Under certain circumstances, employees may be required to undergo treatment for substance abuse. Any safety-sensitive employee who refuses or fails to comply with state government requirements for treatment, after care, or return to duty shall be subject to disciplinary action, up to and including dismissal.
- Employees removed from safety-sensitive functions as a result of tests that indicate the misuse of alcohol and/or the use of controlled substances may, at the discretion of the appointing authority, be allowed to take annual and/or compensatory leave or be placed on leave without pay, including leave allowed under the FMLA and the ADA, for the removal periods required under the rules for such employees.

CONFIDENTIALITY

Under no circumstances, unless required or authorized by law, will alcohol or drug testing information or results for any employee or applicant be released without written request from the applicable employee. Alcohol test results will be reported directly to the DER by the BAT for confidential record keeping.

PROPER APPLICATION OF THE POLICY

Any supervisor or manager who knowingly disregards the requirements of this policy, or who is found to deliberately misuse the policy in regard to subordinates, shall be subject to disciplinary action up to and including dismissal.

REASONABLE SUSPICION TESTING CHECKLIST

Employee Name: _____	Employee Job Title: _____
Facility: _____	Location of Event: _____
Observation Date: _____ Time: _____ a.m./p.m.	
Was employee performing a safety-sensitive duty? Yes No	

The following observations were made of the employee identified above:

Check ALL **specific and contemporaneous** observations and **document** the following:

BEHAVIOR

- Unsteady gait, stumbling
- Drowsy, sleepy, lethargic
- Agitated, anxious, restless
- Hostile, belligerent
- Irritable, moody
- Depressed, withdrawn
- Unfocused, blank stare
- Unresponsive, distracted
- Clumsy, uncoordinated
- Tremors, shakes
- Flu-like illness complaints
- Suspicious, paranoid
- Hyperactive, fidgety
- Inappropriate, uninhibited behavior
- Frequent use of mints, mouthwash, breath sprays, eye drops

APPEARANCE

- flushed complexion
- cold, clammy sweats
- bloodshot eyes
- tearing, watery eyes
- dilated (large) pupils
- constricted (pinpoint) pupils
- nonsensical, silly
- cursing, inappropriate speech
- disheveled clothing
- unkempt appearance

SPEECH

- slurred, thick
- incoherent
- exaggerated enunciation
- loud, boisterous
- rapid, pressured
- excessively talkative

BODY ODORS

- alcohol
- marijuana

Other observations: _____

Supervisor Name (*print or type*) Supervisors Signature Date

Additional witnesses (optional)

Witness Name (*print or type*) Witness Signature Date

TEST DETERMINATION

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> DOT | <input type="checkbox"/> NON-DOT | <input type="checkbox"/> NO Test Conducted |
| <input type="checkbox"/> Reasonable Suspicion Alcohol Test | | <input type="checkbox"/> 8 hours elapsed for alcohol test |
| <input type="checkbox"/> Reasonable Suspicion Drug Test | | <input type="checkbox"/> 32 hours elapsed for drug test |
| <input type="checkbox"/> No Test Required | | <input type="checkbox"/> Employee transported for medical care |
| <input type="checkbox"/> Employee Refused Test | | <input type="checkbox"/> Other (explain): _____ |

Employee transported to collection site by: _____
Time of Transport: _____ a.m./p.m. Collection Facility: _____

State of Tennessee

Drug Collection / BAT Request Form

Supervisor must send completed copy of this form and Alere Drug Testing Custody and Control form with donor to collection facility

Employee's Name: _____	Employee #: _____	Date: _____
State Dept/Location: _____		
Address: TN Dept of Transportation; Human Resources, Ste. 400, James K Polk Building; 505 Deaderick Street, Nashville, TN 37243-0327		
Contact: Amy Earheart or Heather Stanford at 615-741-3461		

Check all services to be performed and mark the reason for the testing here:

Services to Perform:

Drug Collection DOT ___
 Drug Collection Non-DOT ___
 Breath Alcohol DOT ___
 Breath Alcohol Non-DOT ___

*Reason For Test:

___ Pre-Employment
 ___ Random
 ___ Reasonable Suspicion
 ___ Post -Accident
 ___ **Return to Duty (MANDATORY OBSERVED)**
 ___ **Follow-Up (MANDATORY OBSERVED)**
 ___ Other

COLLECTOR, BAT & BILLING INSTRUCTIONS:

- If Donor shows up without an **Alere** Custody form, please call NTS at 615-353-1888 **immediately!**
- Fax MRO copy of custody form to 615-356-1890 on the same day as collection takes place
- **Please scan & e-mail (.pdf) Employer Copies of Drug Testing and/or Breath Testing forms to: Amy.Earheart@tn.gov and Heather.Stanford@tn.gov**
- **Please call Positive Breath Alcohol Results, notification of shy bladder, shy lung, refusal to test or any special situations to:**

Amy Earheart at 615-741-3461

Please contact NTS Staff or Dr. Elam at 615-353-1888 with any questions or problems regarding a drug collection or Breath Alcohol Test.

BILLING FOR DRUG COLLECTIONS AND BREATH ALCOHOL TESTING SHOULD GO TO:

NATIONAL TOXICOLOGY SPECIALISTS
1425 ELM HILL PIKE
NASHVILLE, TN 37210

ATTN: TIM SHOAF, ACCTS PAYABLE
PHONE: 615-353-1888
FAX: 615-356-1890

National Toxicology Specialists 1425 Elm Hill Pike Nashville, TN 37210 615-353-1888

After 5:00 P.M. CST Please call 615-353-1888 (press 1 for immediate assistance)

5343111491

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1111 Newton Street, Gretna, LA 70053 | Phone: 504-361-8989 | Fax: 504-361-8298



58656531

AIRBILL NUMBER

LAB NUMBER

AIRBILL NUMBER

SPECIMEN ID NUMBER 58656531

STEP 1: To be completed by Collector or Employer Representative

A. Employer Name, Address, ID No. TDOT-REGION 3 505 DEADERICK ST; 4TH FLOOR NASHVILLE, TN 37243 615-532-3781 615-253-1477 B. MRO Name, Address, Phone No., and Fax No. DRS ELAM, GREG & CHANNELL, CA NATIONAL TOXICOLOGY SPECIALIS 1425 ELM HILL PIKE NASHVILLE, TN 37210 (615) 353-1888 (615) 356-1890 C. Donor SSN or Employee I.D. No. D. Specify Testing Authority: E. Reason for Test: F. Drug Tests to be Performed: G. Collection Site Address: Collector Phone No.: Collector Fax No.: Collector Number

STEP 2: To be completed by Collector (Make Remarks when appropriate) Collector reads specimen temperature within 4 minutes. Is temperature between 90° and 100°F? Remarks:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy).

STEP 4: Chain of Custody - Initiated by Collector and completed by Test Facility. I certify that the specimen given to me by the donor identified on the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service in accordance with applicable Federal requirements.

PRINT Collector Name (First, MI, Last) Date Collected (Mo/Dy/Yr) Time Collected: AM PM Signature of Collector Name of Delivery Service

Received at Lab or IITF: Signature of Accessioner PRINT Accessioner's Name (First, MI, Last) Date (Mo/Dy/Yr) Primary Specimen Bottle Seal Intact? SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5A: Primary Specimen Report to be completed by Test Facility

NEGATIVE POSITIVE for: Marijuana Metabolite (THCA) 6-Acetylmorphine Methamphetamine MDMA COCAINE Metabolite (BZE) Morphine Amphetamine MDA PCP Codeine MDEA REJECTED ADULTERATED SUBSTITUTED INVALID RESULT

Remarks: Test Facility (if different from above): I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements. Signature of Certifying Technician/Scientist PRINT Certifying Technician/Scientist Name (First, MI, Last) Date (Mo/Dy/Yr)

STEP 5B: To be completed by Split Testing Laboratory

Laboratory Name Laboratory Address RECONFIRMED FAILED TO RECONFIRM - REASON: I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements. Signature of Certifying Scientist PRINT Certifying Scientist Name Date (Mo/Dy/Yr)

PEEL P E E L



SPECIMEN ID NO.

A



58656531 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials



SPECIMEN ID NO.

B (SPLIT)



58656531 SPECIMEN BOTTLE SEAL

Date (Mo./Day/Yr.)

Donor's Initials

Instructions for Completing the Federal Drug Testing Custody and Control Form

When making entries, use black or blue ink pen and press firmly. As the field requires, enter one character per box or make a clear "X" to indicate a selection among multiple choices.

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory is on the top of the CCF and that the Specimen ID number on the top of the CCF matches the Specimen ID on the labels at the bottom of the form.

STEP 1:

- Collector ensures that the required information is in STEP 1. Collector ensures a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee ID Number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the Remarks line of STEP 2. If Donor conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the Remarks line of STEP 2 and takes action as required.

STEP 2:

- Collector checks specimen temperature within 4 minutes of receiving the specimen from Donor and marks the appropriate temperature box in STEP 2. If temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the Remarks line of STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g. unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the None Provided box, enters a remark in STEP 2, discards Copy 1 of the form, and distributes the remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label seal(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label seal(s) after placement on the specimen bottle(s).
- Collector turns to Copy 2 (Medical Review Officer Copy) of the form and instructs Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

STEP 4:

- Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

Privacy Act Statement: (for Federal Employees Only)

Submission of the information on the attached form is voluntary; however, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment / appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for testing. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to average: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland 20857.

1654301820

NON-FEDERAL FOUR-PART DRUG TESTING CUSTODY AND CONTROL FORM

1045154/1002661

Alera

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

Airbill / Courier Tracking Number



201937568

Specimen ID 201937568

STEP 1: TO BE COMPLETED by Collector or Employer/Client Representative

A. Employer/Client Name, Address, Phone, & Fax:

TDOT-REGION 3
505 DEADERICK ST 4TH FLOOR
NASHVILLE, TN 37243
615-522-3783 615-252-1477

Facility Number

193675

B. MRO Name, Address, Phone, & Fax:

DRS ELAN, GREG & CHANNELL, CAL
NATIONAL TOXICOLOGY SPECIALIST
1425 ELD HILL PIKE
NASHVILLE, TN 37210
(615) 352-1888 (615) 356-2870

C. Name/ID:

PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI); leave space between names/ID/Auxiliary Data.

D. Donor SSN or Employee ID No.:

E. Daytime Phone No.:

F. Evening Phone No.:

G. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other

H. Panel: If a panel is not selected below, Alera will use the default for the Facility listed above. See back copy 4 for additional panel instructions.

A Primary Panel B Default Panel C D E Other: (write in panel number)

I. Collection Site Name & Address:

Collector Phone No.: (Enter here if not printed below)

TO BE COMPLETED COLLECTOR
ADDRESS
CITY: ST ZIP

615-356-1888
615-356-1890

Collector Number
55406

STEP 2: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.

Within range? Yes 90°-100°F / 32°-38°C No Below 90°F / 32°C Above 100°F / 38°C Oral Fluid, temperature not applicable Split Specimen No Yes Observed

Remarks:

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Donor

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.

X

Signature of Donor

Donor Date of Birth (Mo./Day/Yr.)

Date: / /

STEP 5: CHAIN OF CUSTODY - Initialed by Collector and completed by Laboratory

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, and released in accordance with applicable requirements.

PRINT Collector Name (First, MI, Last)

Date Collected (Mo./Day/Yr.)

Specimen Bottle(s) Released to: COURIER

Signature of Collector

Time Collected: : AM PM

Service Transferring Specimen to Lab

STEP 6: TO BE COMPLETED by Lab

RECEIVED AT LAB:

X
Signature of Accessioner PRINT Accessioner Name (First MI Last)

LAB NUMBER

Date (Mo/Dy/Yr) Primary Specimen Seal Intact? Yes No, Enter Remark Specimen(s) Released to: TEMPORARY STORAGE

Remarks:



SPECIMEN ID NO. 201937568

A



Date (Mo./Day/Yr.) 201937568
SPECIMEN BOTTLE SEAL

Donor's Initials



SPECIMEN ID NO. 201937568

B (SPLIT)



Date (Mo./Day/Yr.) 201937568
SPECIMEN BOTTLE SEAL

Donor's Initials

1101 REV 07/2013

Instructions for Completing the Federal Drug Testing Custody and Control Form

When making entries, use black or blue ink pen and press firmly. As the field requires, enter one character per box or make a clear "X" to indicate a selection among multiple choices.

Collector ensures that the name and address of the HHS-certified Instrumented Initial Test Facility (IITF) or HHS-certified laboratory is on the top of the CCF and that the Specimen ID number on the top of the CCF matches the Specimen ID on the labels at the bottom of the form.

STEP 1:

- Collector ensures that the required information is in STEP 1. Collector ensures a remark in STEP 2 if Donor refuses to provide his/her SSN or Employee ID Number.
- Collector gives collection container to Donor and instructs Donor to provide a specimen. Collector notes any unusual behavior or appearance of Donor in the Remarks line of STEP 2. If Donor conduct at any time during the collection process clearly indicates an attempt to tamper with the specimen, Collector notes the conduct in the Remarks line of STEP 2 and takes action as required.

STEP 2:

- Collector checks specimen temperature within 4 minutes of receiving the specimen from Donor and marks the appropriate temperature box in STEP 2. If temperature is outside the acceptable range, Collector enters a remark in STEP 2 and takes action as required.
- Collector inspects the specimen and notes any unusual findings in the Remarks line of STEP 2 and takes action as required. Any specimen with unusual physical characteristics (e.g. unusual color, presence of foreign objects or material, unusual odor) cannot be sent to an IITF and must be sent to an HHS-certified laboratory for testing as required.
- Collector determines the volume of specimen in the collection container. If the volume is acceptable, Collector proceeds with the collection. If the volume is less than required by the Federal Agency, Collector takes action as required and enters remarks in STEP 2. If no specimen is collected by the end of the collection process, Collector checks the None Provided box, enters a remark in STEP 2, discards Copy 1 of the form, and distributes the remaining copies as required.
- Collector checks the Split or Single specimen collection box. If the collection is observed, Collector checks the Observed box and enters a remark in STEP 2.

STEP 3:

- Donor watches Collector pour the specimen from the collection container into the specimen bottle(s), place the cap(s) on the specimen bottle(s), and affix the label seal(s) on the specimen bottle(s).
- Collector dates the specimen bottle label seal(s) after placement on the specimen bottle(s).
- Donor initials the specimen bottle label seal(s) after placement on the specimen bottle(s).
- Collector turns to Copy 2 (Medical Review Officer Copy) of the form and instructs Donor to read and complete the certification statement in STEP 5 (signature, printed name, date, phone numbers, and date of birth). If Donor refuses to sign the certification statement, Collector enters a remark in STEP 2 on Copy 1.

STEP 4:

- Collector completes STEP 4 on Copy 1 (signature, printed name, date, time of collection, and name of delivery service), places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, seals the bag, prepares the specimen package for shipment, and distributes the remaining CCF copies as required.

Privacy Act Statement: (for Federal Employees Only)

Submission of the information on the attached form is voluntary; however, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment / appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12564 ("Drug-Free Federal Workplace"), 5 U.S.C. Sec. 3301 (2), 5 U.S.C. Sec. 7301, and Section 503 of Public Law 100-71, 5 U.S.C. Sec. 7301 note. Under provisions of Executive Order 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer (MRO), the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identify the specimen provided for testing. If you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

Public Burden Statement:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0158. Public reporting burden for this collection of information is estimated to aver: 5 minutes/donor; 4 minutes/collector; 3 minutes/test facility; and 3 minutes/Medical Review Officer. Send comments regarding his burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland 20857.



TDOT MEDICATION APPROVAL FORM

EMPLOYEE COMPLETES THIS SECTION:

EMPLOYEE NAME _____ DATE _____

EMPLOYEE ID # _____ JOB TITLE _____

JOB DESCRIPTION _____

REGION _____ WORK PHONE NUMBER: _____ OTHER NUMBER _____

Name of Drug	Date Prescribed	Date Approval Expires	Restrictions/Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The information provided in this Medication Approval Form is true and correct to the best of my knowledge. I understand and will comply with the prescribed use of these medications and their restrictions while working.

Signed _____ Date _____

EMPLOYEE'S HEALTH CARE PRACTITIONER COMPLETES THIS SECTION:

Please complete this form so that your patient can work in his/her Tennessee Department of Transportation safety sensitive job. By signing below, you are acknowledging that you are aware of this employee's job duty requirements and that the prescribed medication(s) currently being taken will not adversely impair performance or endanger the safety of this individual, co-worker, or the public. Please indicate below what, if any, restrictions should be placed upon the time between when the medication is taken and the time the individual can safely perform his/her job duties.

Medication Employee is Currently Taking:

Name of Drug	Date Prescribed	Date Approval Expires	Restrictions/Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed _____ Date _____

Please Print Name, Address and Phone Number Below:



**AWARENESS STATEMENT REGARDING VOLUNTARILY OBTAINING
A COMMERCIAL DRIVER'S LICENSE**

I _____, an employee of the Tennessee Department of Transportation, understanding my current position does not require me to obtain a Commercial Driver's License (CDL), have voluntarily obtained a CDL in order to assist the Department with job responsibilities that require a CDL during periods when additional assistance may be needed.

CDL requirements have been explained to me as follows:

1. Positions requiring a commercial driver's license (CDL) – All TDOT Operations Technician, TDOT Operations District Assistant, TDOT Technician, TDOT Technician Senior, Equipment Mechanic, Equipment Mechanic Supervisor 1, and Automotive Master Mechanic titles for which a CDL is required.
2. All CDL license holders will be required to obtain a Class B license at age 18 and all subsequent licenses building toward the Class A as allowed by State Law as shown in Section 1.4 of the current Tennessee Department of Safety and Homeland Security Commercial Driver License Manual. At age 21, a Class A license with an N Endorsement will be required (a 57 Restriction is allowable). The Department currently assists employees in obtaining these licenses, but does not cover any related cost.
3. All employees who perform job responsibilities requiring a CDL, including employees who have voluntarily obtained a CDL in order to assist the Department with such job responsibilities, are governed by Policy Number 230-18, CDL and Safety-Sensitive Employees Alcohol and Drug Testing.

I understand that in volunteering to obtain a CDL so as to assist the Department with job responsibilities requiring a CDL that are outside my current job responsibilities, I will be subject to Policy Number 230-18, CDL and Safety-Sensitive Employees Alcohol and Drug Testing, including alcohol and drug testing as provided in this Policy. I further realize that disciplinary actions, up to and including dismissal from State service, may be taken against in me if I fail to comply with the Policy.

Employee Signature _____ Date _____

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)
Anderson - Reg 1 -Dt 18	Oak Ridge	Park Med Ambulatory Care	865-483-4040 P	M-F, 8A -6P	Yes	New	
	37830	115 B S. Illinois Avenue	865-481-8097 F	Saturday 8A-2P	Intoximeter		Call Ahead Preferred
	Columbia, TN	Workers Health	931-840-4200	M-F 9-5	Yes	Yes	Walk-ins Accepted
	38401	1223 Hatcher Lane; *Use Knox County Sites for After Hours coverage	F/931-840-5757				
Bedford - Reg 3 - Dt 39	Shelbyville	Dr. Frank Jayakody	931-685-9000	M-F 9A - 4P	Yes	Yes	
	37160	1701 N. Main Street f) 931-685-9007					Appointment Required
Benton - Reg 4 - Dt 47	*Use Carroll and Henry County Sites for coverage						
Bledsoe - Reg 2 - Dt 28	*Use Rhea County Sites for coverage						
Blount - Reg 1 - Dt 19	Alcoa	Blount Memorial Occ. Health	865-984-0100	M-F 8-5	Yes	New	
	37701	220 Associates Blvd.	f)865-681-2967		Lifeloc		Walk-ins Accepted
	Maryville	Blount Memorial Occ. Health	423-884-6958	M-F 8-5	Yes	New	
	37801	110 Deer Crossing	f)423-884-6959		Lifeloc		Walk-ins Accepted
Maryville	Blount Memorial Hospital -Lab	865-983-7211		**after 5pm - Must Bring Custody form & Kit**	Yes	New	
	37803	907 E Lamar Alexander Pkwy 865-981-2337			Lifeloc		Walk-ins Accepted
Bradley - Reg 2 - Dt 29	Cleveland	Healthworks of Tennessee	423-614-0777	M-F 8-8	Yes	Yes	Using as of 4/03
	37312	2800 Westside Drive	f)423-614-0888	Sat 8-12	CMI		Walk-ins Accepted
	Cleveland	Chastain Mazzolini & Hays/Family Med. Ctr.	423-472-1511	M-F 8:30-2:30	Yes	Yes	long waiting periods
	37312	2850 Westside Dr. NW #D	423-479-9202				Walk-ins Accepted
Cleveland	Sky Ridge Med. Ctr. Cleveland Community ER	423-339-4131		After hours	No BAT	New	
	37312	2800 Westside Dr NW					Walk-ins Accepted
Campbell - Reg 1 - Dt 19	LaFollette	Dr. Ronald Hall	423-562-6586	M-F 8:30-4:30	No BAT	Yes	Call Ahead for Appointment
	37766	945 E Central Ave f)423-566-4559		Closed Tuesdays			*In the process of hiring BAT tech 3/06
Cannon - Reg 2 - Dt 28	Woodbury	Woodbury Medical Center	615-563-2891	M-F 9:00-4:30	No BAT	Yes	Mondays busy
	37190	205 S. McCrary St	615-563-4582	Likes 2 Day Notice			
	Murfreesboro*	Concentra	615-895-4855	M-F 8:00-5:00	Yes	Yes	Walk-ins Accepted
37129	1203-A Memorial Blvd.	615-895-8939		**Go to MTMC ER After Hours. Will Page On Call Tech			
Carroll - Reg 4 - Dt 47	Huntingdon	Baptist Memorial Hospital Lab	731-986-4461	Sun-Sat 6:30A-10:30P	Yes	Yes	Walk-ins Accepted
	38317	631 RB Wilson Drive alt. 986-7363					
*Use Henry County Sites for Additional Coverage							
Carter - Reg 1 - Dt 17	Elizabethton	Medworks-Sycamore Shoals	423-854-5772	M-F 8-5	Yes	New	Schedule Bat
	37643	1501 W. Elk Ave.	f)423-854-5910				Walk-ins Accepted
	Elizabethton	Medworks	423-543-7295				
37643	314 Rogosin Dr.	f)423-542-8621		M-F 8am-4pm	Yes		Walk-ins Accepted
*Use Washington County Sites for Additional Coverage							
Cheatham - Reg 3 - Dt 38	Ashland City	Work Force Essentials*	615-792-2520	M-F 7:30-4:30	Yes	Yes	Walk-ins Accepted
	37015	202 North Main Street	615-792-3509	On Call After hours	Intoximeter		Call Ahead to schedule BAT
	*Use Davidson County Sites or Robertson County Sites as alternative if breath alcohol machine is unavailable						
Chester - Reg 4 - Dt 48	Henderson	Prime Care Medical Center	731-989-2174	M-F 8-5	No BAT	Yes	Appointment Required
	38340	426 White Avenue f)731-989-3891			CURRENTLY NOT CERTIFIED FOR DOT COLLECTIONS.		
*Use Madison County Sites for Alcohol Testing or After Hours Testing							

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)
Claiborne- Reg 1 - Dt 19	Tazewell 37879	Claiborne Hospital-Lab 1850 Old Knoxville Road	423-626-4211 f)423-626-0507	M-F 7-3:30 Also after hours	No BAT	New	Walk-ins Accepted
Clay - Reg 2 - Dt 27	Celina 38551	Inactive-Cumberland River Hospital - Lab 100 Old Jefferson Street	931-243-3581 931-243-5221	M-F 7-5:00 Kevin - Lab	Yes		*Call Ahead for BAT's
Cocke - Reg 1 - Dt 18	Newport	Primary Care Center 434 Fourth Street Suite 310 Newport, TN 37821	423-623-0640 423-623-7615	M-F 9-12 & 2-4 Wed 2-4 on	NO BAT		has one collector may have a wait. Call ahead
	Newport	Newport Internal Medicine 235 Murray Drive *Use Hamblen and Jefferson County Sites for Additional Coverage	423-623-0601 f)423-623-3842	M-F 8:30-5	NO BAT		Call ahead, no appt needed.
Coffee - Region 2	Manchester 37355	URMC Industrial Services 1000 McArthur Drive	931-728-4863 931-728-3640	M-F 8-5 ER After Hours	Yes Intoximeter	Yes	Walk-ins Accepted Across Street from URMC
	Manchester 37355	Tri-County Drug Screening 1615 McMinnville Hwy	931-723-3355 931-723-0861	M-F 9-5 Also does Mobile	Yes	Yes	Walk-ins Accepted After Hours Coverage
Crockett - Reg 4 - Dt 48		*Use Gibson and Madison County Sites for Coverage					
Cumberland - Reg 2 - Dt 27	Crossville 38555	Crossville Medial Group 60 Crossville Medical Dr, Ste. 109 *Use Knox County Sites for Additional Coverage	931-456-3674 f)931-484-5620	M-F 9am-4pm	Yes	NEW	Walk-ins Accepted
Davidson - Reg 3 - Dt 38	Nashville (Central) 37210	National Toxicology Specialists 1425 Elm Hill Pike	615-353-1888 F) 615-356-1890	M-F 7:30-5 After Hours	Yes Physicals	Yes	Walk-ins Accepted After hrs 353-1888 opt 1
	Nashville 37214	CareSpot 2372 Lebanon Pike	615-610-1756 f)615-232-7231	Everyday 8-8	Yes	Yes	Walk-ins Accepted
	Hermitage 37076	CareSpot 5225 Old Hickory Blvd	615-348-7349 f)615-938-7191	Everyday 8-8	Yes	Yes	Walk-ins Accepted
	Nashville 37203	CareSpot 3404 West End Ave	615-541-5951 f)615-383-7976	Everyday 8-8	Yes	Yes	Walk-ins Accepted
	Hendersonville 37075	CareSpot 280 Indian Lake Blvd	615-378-8688 f)615-590-0488	Everyday 8-8	Yes	Yes	Walk-ins Accepted
	Central 37236	Baptist Medical Center - ER (2000 Church St)	615-284-5555	After Hours Only	Yes		Will Page on Call Person from OH&R
Decatur - Reg 4 - Dt 48		*Use Perry County Sites for coverage					
DeKalb - Reg 2 - Dt 27		*Use Warren County Sites for Additional Coverage					
Dickson - Reg 3 - Dt 38	Dickson 37055	Workforce Essentials 446 Hwy. 46 South, St. D & E	615-446-0229 615-446-9579	M-F 7:30-4:30 Also after hours	Yes Lifeloc	Yes	Call Ahead Preferred Carole
Dyer - Reg 4 - Dt 47	Dyersburg 38024	Urgent Care Clinic 1950 Cook Street	731-285-2212 731-286-8008	M-S 9-9	Yes Alco Saliva	New	Walk-ins Accepted
	Dyersburg 38024	Rapid Care 1355 Flowering Dogwood Lane Ste D	731-286-1400 731-286-0109	M-F 8-5	Yes	Yes	Walk-ins Accepted

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)
Fayette - Reg 4 - Dt 49	Somerville	Methodist Hospital-Lab	901-516-4020	24/7	NO BAT	Yes	Walk-ins Accepted
	38068	214 Lakeview	901-516-4021	After hours			
*Use Overton County Sites for Additional Coverage							
Franklin - Reg 2 - Dt 28	Estill Springs	Dr. Walter Boyanton/Family Physicians	931-649-5139	M-F 8-4	NO BAT	Yes	Mondays busy
	37330	300 S. Main Street	931-649-2766				Appts required
	Sewanee	Emerald Hodgson Hospital	931-598-5691	M-F 7:30-4	NO BAT	Yes	Affiliate of Southern TN Med Center
	37375	1260 University Ave	931-598-9674	Post Accidents Only			Set up with Ava at STMC
*Use Coffee County Sites for Additional Coverage							
Gibson - Reg 4 - Dt 47	Milan	Hamilton-Ryker Co.	731-686-9254	M & F 8-5	Yes	NEW	Call to schedule if you need another
	38358	1043 E. Van Hook St, #B	731-686-0874	Shelly Jones			day of the week for alc testing.
	Trenton	Not DOT Trained -Gibson General Hospital-Lab	731-855-7904	M-F 8-5	NO BAT	New	Consider if No Alcohol Test Needed
	38382	200 Hospital Dr					Walk-ins Accepted Operated by Medical Center Lab
*Use Carroll or Madison County Sites for After Hours Coverage							
Giles - Reg 3 - Dt 39	Pulaski	So TN Regional Health System Pulaski-Lab	931-363-9380	24 Hours/7 Days	NO BAT	Yes	1st Appt at 9:00
	38478	1265 E. College Street	931-363-9305				Walk-ins After Hours
	*Use Lawrence and Maury County Sites for Additional Coverage						
Grainger - Reg 1 - Dt 18	Jefferson City	St. Mary's Jefferson Memorial Hosp	865-475-2091	24/7	NO BAT	Yes	Walk-ins Accepted
	37760	110 Hospital Dr	f) 865-471-2474				
Greene - Reg 1 - Dt 17	Greenville	Industriacare - Takoma Hospital	423-636-9828	M-F 8-4:30	Yes	Yes	
	37745	1744 E. Andrew Johnson Hwy	423-638-2819	Jeannie Woosley			Call Ahead Preferred
	*Use Sites in Hamblen or Washington Counties for additional coverage						
Grundy - Reg 2 - Dt 28	Tracy City	Tracy City Clinic / Dr. Shoulders	931-592-4242	M-Tu-W-F 9-5 Lunch 1-2	NO BAT	Yes	Walk-ins Accepted
	37387	Hwy 150 South	931-592-4245	Thurs 9-12			
	*Use Sites in Coffee and Warren Counties for Additional coverage						
Hamblen - Reg 1 - Dt 17	Morristown	Lakeway Family Clinic	423-586-1818	Mon-Sat 8-8	Yes	Yes	Walk in Accepted
	37814	502 W 7th North St.	f)423-586-5989	Closed for Lunch 12-1			
	Morristown	Prompt Family Care	423-587-2443	8-5 M-F	NO BAT	New	Walk-ins Accepted
	37813	1621 W. Morris Blvd.	423-586-9988	Carol - Mgr.			No Longer doing BA Ts
	Morristown	Morristown Hamblen Hospital	423-586-4231	After Hours thru Admissions	NO BAT	New	Walk-ins After Hours
	37814	908 W 4th North St	423-585-3388	Jackie Murray - Supervisor			No Longer doing BATs
Hamilton - Reg 2 - Dt 29	Hixson	Physician's Care	423-875-0700	M-F, 9-8, S&S 10-3	NO BAT	Yes	Walk-ins Accepted
	37343	4490 Hixson Pike					
	Chattanooga	Physician's Care	423-899-6222	M-F 9-7, S&S 10-3	Yes	Yes	Walk-ins Accepted
	37421	2021 Hamilton Place Blvd. Suite G			CMI		
	East Ridge	Physicians Care	423-894-3589	M-F 9-8 SS 10-3	Yes	Yes	Walk-ins Accepted
		403 McBrien Road					
Chattanooga	Comprehensive Compliance	423-296-2986	M-F 8-5	Yes	Yes	Walk-ins Accepted	
37416	6101 Enterprise Pk	423-296-1639	Also after hours				
*Use Claiborne or Hamblen County Sites for coverage							
Hancock - Reg 1 - Dt 17	Bolivar	Bolivar Community Hospital Lab	731-658-3100	6:00 AM - 11:00 PM	NO BAT	Yes	Walk-ins Accepted
	38008	650 Nuckolls Road;	731-659-0272				Operated by Medical Center Lab
*Use Madison County Sites for After Hours Testing							

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)
Hardin - Reg 4 - Dt 48	Savannah 38372	EMS 45 Bailey Street	731-925-1600				Must Call for Appointment set up for TTC@Crump
Hawkins - Reg 1 - Dt 17		*Use Hamblen County Sites for Additional Coverage					
Haywood - Reg 4 - Dt 48	Brownsville 38012	Brownsville Family Medicine 2290 N. Washington	731-772-5183 731-772-2781	M-F 8:30-5:00	No BAT	Yes	Walk-in before 11:00 Mondays busy
		*Use Lauderdale or Madison County Sites for Alcohol and After Hours Coverage					
Henderson - Reg 4 - Dt 48	Lexington 38351	Family Physicians 250 Boswell Street Lexington, TN 38351	731-968-2006 731-968-9970	M-F 8:00 - 5:00	No BAT	Yes	
		Lexington Family Clinic 270 W. Church Street Ste A	731-968-0133 731-967-1202	M-F 8:30-4:30	No Bat	Yes	Walk-ins Accepted
		MediLink 16615 Hwy 104N Suite E	731-967-0004 731-967-0485	M-Th 8-3 Call ahead	Yes	Yes	
		*Use Madison County Sites for Additional Coverage					
Henry - Reg 4 - Dt 47	Paris 38242	Twin Lakes Drug & Alcohol Screening 105 East Wood Street	731-641-9944 f)731-641-0096	M-F 9am-4:30pm	Yes		Walk-ins Accepted
	Paris 38242	Henry Co. Medical Center 301 Tyson Avenue	731-642-1220 f)731-644-8553	24 hrs Laboratory	No BAT	Yes	Walk-ins Accepted
Hickman - Reg 3 - Dt 38	Centerville 37033	Hickman Medical Clinic 150 East Swan Street	931-729-3511 931-729-1311	M-F 8-5 Laboratory -Tammy	No BAT	Yes	Walk-ins Accepted
		*Use Dickson or Maury County Sites for Additional Coverage					
Houston - Reg 3 - Dt 38	Erin 37061	Workforce Essentials 155 Front Street	931-289-4127 f)931-289-4328	M-F 7:30-4:30 Also after hours	Yes Lifeloc	New	Call Ahead Preferred
	Erin 37061	Hillcrest Clinic 355 E. Main	931-289-4201 931-289-4204	M-F 8-5	No BAT	Yes	Walk-ins Accepted
Humphreys - Reg 3 - Dt 38	Waverly 37185	Workforce Essentials 711 Holly Lane	931-296-5872 f)931-296-1546	M-F 7:30-4:30 Also after hours	Yes Lifeloc	Yes	Call Ahead Preferred
	Waverly 37185	Three Rivers Hospital-Lab 451 Hwy 13 S.	931-296-4203 931-296-5630	7A-7P Routine 24/7 Post Accident	Yes	Yes	Walk-ins Accepted
Jackson - Reg 2 - Dt 27	Gainesboro 38562	Cookeville Medical Center 402 E. Gore Avenue	931-268-6899 931-858-8650	M-F 8:00 - 5:00 CALL FOR APPOINTMENT	No BAT	Yes	Call ahead Only one trained collector at this time Will be training more in future
		*Use Overton County Sites for Additional After Hours Drug/Alcohol Coverage					
Jefferson - Reg 1 - Dt 18	Jefferson City 37760	St. Mary's Jefferson Memorial Hosp Lab - 110 Hospital Dr;37760	865-475-2091 865-471-2474	24/7 Account Updated 12/05	No BAT	Yes	Walk-ins Accepted Karen Lowery - Lab Manager
Johnson - Reg 1 - Dt 17	Mountain City 37683	Johnson Co. Hospital/Lab 1901 S. Shady Street	423-727-1100 f)423-727-1168	M-F 8-5	No BAT	Yes	Call Ahead Preferred
		*Use Washington County Sites for Additional Coverage					

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)	
Knox - Reg 1 - Dt 18	Knoxville 37764	Professional Monitoring 2974 Johnsua Springs Road	865-932-1757	After hours mobile only	Yes Intoximeter	Yes	Consider for After Hours Coverage Will go to neighboring counties	
	Knoxville 37909	Mobile Diagnostics 4605 Papermill Road Suite 1	865-584-3645	M-F 8-5 After Hours for Post Accidents	Yes			
	Knoxville 37919	Park Med Ambulatory Care - 8350 Kingston Pike	865-690-1801 f)865-690-1269	M-S,8-6; Sun. 11-6	Yes Intoximeter	Yes	Walk-ins Accepted	
	Knoxville 37914	Park Med Ambulatory Care - 2725 John Sevier Hwy	865-637-7962 f)865- 637-8098	M-F, 8-4:30	Yes Intoximeter	Yes	Walk-ins Accepted	
	Knoxville 37918	Park Med Ambulatory Care - 3020 Tazewell Pike	865-281-0884 f)865-281-0887	M-F, 8-4:30	Yes Intoximeter	Yes	Walk-ins Accepted	
	Knoxville 37917	Park Med Ambulatory Care -117 Gill Street, Alcoa, TN	865-982-3409 f)865-977-9844	M-F, 8-6; S 8-2;S 12-4	Yes Intoximeter	Yes	Walk-ins Accepted	
	Knoxville 37912	First Care Medical Center 108-B Inskip Drive	865-687-2277 865-689-5336	Mon thru Thursday 8-5 Closed Fridays as of 10/8/04	Yes	Yes	Walk-ins Accepted *Call for Post Accident After Hours	
	Knoxville 37920	University Occ Health (Grad School of Med Bldg.) 1924 Alcoa Hwy; Box U67	865-544-8831 865-544-9314	M-F 8-5 Libby Lennon 544-9352	Yes	Yes	Walk-ins Accepted	
	Knoxville 37923	Occupational Health Systems - West 9135 Middlebrook Pike	865-558-3038 865-558-3515	Mon, Wed & Fri 7:30-5:00 Tues & Thurs 8-5	Yes	Yes	Call Ahead to schedule BAT	
	Knoxville 37924	Occupational Health Systems - East 8712 Asheville Highway	865-932-3633 865-932-3316	Mon - Fri 7:30 to 4:30	No BAT	Yes	Walk-ins Accepted	
	Lake - Reg 4 - Dt 47	Tiptonville 38079	Lake County Primary Care - 215 S Court Street	731-253-6690 731-253-6692	M-F 8-4:30	No BAT	Yes	Call Ahead Preferred
		*Use Obion County for Additional Coverage						
	Lauderdale - Reg 4 - Dt 49	Ripley 38063	Baptist Memorial Hosp Lauderdale 326 Asbury Ave	731-635-1331	24/7	No BAT	Yes	Non-DOT Drug Testing Only
		Ripley 38063	Mobile Lab Services (Shipping 150 S. Main Street)	731-460-7975 731-635-1087	24 hrs Kami Wright	Yes	Yes	Back up for After Hours Testing Use if possible instead of Baptist Hosp
Lawrence - Reg 3 - Dt 39	Lawrenceburg 38464	Lawrenceburg Family Health Center Lab -2121 N. Locust Ave.; 38464	931-766-2422x104 931-762-8558	M-F 7:30-5 Setup with Patrick Harland	Yes	Yes	Call Ahead for BATs Machine in repair Sept '04	
	Lawrenceburg 38464	So TN Reg Hlth Sysem-Lawrenceburg - Lab Hwy 43 South	931-766-3244 931-766-3228	6:30-5:30	No BAT	Yes		
	*Use Maury County Sites for Additional Coverage							
Lewis - Reg 3 - Dt 39	Hohenwald 38462	Lewis Ambulatory Care Center - 617 West Main Street	931-796-6207 931-796-6231	M-F 8-5 Sa 9-5u S1-5	Yes Intoximeter	Yes	Mona - Appt. Required Mondays Busy-Extra Staff on Mon, Tues Wed	
	*Use Perry County Sites for Additional Coverage							
Lincoln - Reg 3 - Dt 39	Fayetteville 37334	Lincoln Co. Medical Center-Lab 106 Medical Center Blvd	931-438-1100 931-438-7416	24/7	No BAT	Yes	Benny	
	*Use Bedford County Sites for Additional Coverage							
Loudon - Reg 1 - Dt 19 *Use McMinn & Roane County Sites for Additional Coverage								
Macon - Reg 3 - Dt 37	Lafayette 37083	Macon County General Hospital - LAB 204 Medical Drive	615-666-2147 f)615-666-6300	8:00-5:00 M-F *On Call After Hours	Yes	*New	Jerry Thompson-Mgr. Walk-ins Accepted	

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)
Madison - Reg 4 - Dt 48	Jackson 38305	Workcare Resources, Inc. 49 Old Hickory Blvd.	731-664-4414 731-664-2804	M-F 8-5 24/7 On Call	Yes Phoenix EBT	*New	Walk-ins Accepted Pat Darnell
	Jackson 38301	Jackson-Madison General Hospital-Lab 708 W Forest Av	731-265-1100	8A-4P After Hours must provide collection kits	No BAT	New	Consider if No Alcohol Test Needed Operated by Medical Center Lab
	Jackson 38305	Physician's Quality Care/Occ Health 2075 Pleasant Plains Ext.	731-984-8400 f)731-984-8305	7:00am-11:00pm/7days Walkin	Yes	Yes	
	*Use Sequatchie or Hamilton County Sites for Additional Coverage						
Marion - Reg 2 - Dt 28	S. Pittsburg 37380	Charles R. Adcock, M.D. - 520 East 12th Street	423-837-7144 f)423-837-8428	M-F 8:30-4	No BAT	Yes	Call Ahead Before Sending
	*Use Bedford County Sites for Additional Coverage						
Marshall* - Reg 3 - Dt 39	Lewisburg 37091	Kenneth Phelps & Association 304 W. Church Street	931-359-3551 931-359-8421	M-F 8-5 Walkin for Drug Screen - Call ahead if BAT needed, too.	Yes	Yes	
	Lewisburg 37091	Marshall Medical Center - Lab 1080 N. Ellington Pkwy	931-359-6241 931-270-3630	24/7 Gibson	No BAT Non-DOT Collections only.	New	Walk-ins Accepted
	*Use Bedford County Sites for Additional Coverage						
Maury - Reg 3 - Dt 38	Columbia 38402	Maury Regional Hospital - 1224 Trotwood Avenue	931-381-1111 931-380-4005	M-F 7-11 pm	Yes Intoximeter	Yes	No Services between 11P-7A
	Columbia 38402	Maury Regional Northside Medical - 1600 Nashville Hwy	931-540-4277 931-540-4272	M-F 7-5	Yes Intoximeter	Yes	Walk-ins Accepted
	Columbia 38401	Workers Health 1223 Hatcher Lane; 38401	931-840-4200 931-840-5757	M-F 9:00-5:00	Yes	Yes	Walk-ins Accepted
	*Use Williamson County for Additional After Hours Coverage						
McMinn - Reg 2 - Dt 29	Athens 37303	Athens Regional Hospital - 1114 W Madison Ave;37303	423-745-1411 423-744-3488	24/7 Geri Brown	Yes	Yes	Walk-ins Accepted
	Athens 37303	Athens Occ. Med Group 1031 W Madison Ave; 37303	423-744-3340	M-F 9-12 & 2-3:45	Yes	Yes	Walk-ins Accepted
	*Use McMinn or Rhea County Sites						
McNairy - Reg 4 - Dt 48	Selmer	Prime Care Medical Center 270 East Court Ave, Ste. B	731-645-7932 731-645-5195	M-Th 7:30am-8pm, F 7:30am-5pm, Sa 8am-Noon	No BAT	Yes	Walk-ins Accepted
	Adamsville 38310	Prime Care Medical Center 347 E. Main Street	731-632-3383 731-632-0500	M-F 8-5	No BAT	Yes	Walk-ins Accepted
	*Use Madison County Sites for Additional Coverage						
Meigs - Reg 2 - Dt 29	*Use McMinn or Rhea County Sites						
Monroe - Reg 1 - Dt 19	*Use Blount or Roane County Sites						
Montgomery* - Reg 3 - Dt 38	Clarksville 37043	Workforce Essentials 350 Pageant Lane, #406	931-551-9737 931-551-9108	M-F 7:39-4:30	Yes	Yes	Call Ahead Preferred
	Clarksville 37043	Premier Occupational Medicine 2831 Wilma Rudolph Blvd	931-245-8691 f)931-245-8658	M-F 9-5 Reg Hours M-F 4P-8P/Sat 8-4 Su 1-4	Yes	Yes	Appointment Required After 4PM & on Weekends
	*Use Bedford County Sites for Additional Coverage						
Moore - Reg 3 - Dt 39	*Use Bedford County Sites for Additional Coverage						
Morgan - Reg 1 - Dt 19	*Use Anderson and Roane County Sites for Coverage						

COLLECTION SITES

<i>County Region</i>	<i>City/Zip</i>	<i>Facility Name/Address</i>	<i>Phone/Fax</i>	<i>Hours</i>	<i>BAT Avail</i>	<i>Using</i>	<i>Comments: (Walk-in or Appt?)</i>
Obion - Reg 4 - Dt 47	Union City 38261	Baptist Memorial Hospital - Lab 1201 Bishop Street	731-885-2410	M-F 8-4:30 After Hours thru ER	Yes		Must bring in own forms. Walk-ins Accepted
Overton - Reg 2 - Dt 27	Livingston 38570	Livingston Regional Hospital 315 Oak Street	931-823-5611 fj931-403-2126	24/7	Yes Lifeloc	Yes	Walk-ins Accepted
Perry - Reg 3 - Dt 39		*Send to Humphreys County					
Pickett - Reg 2 - Dt 27	Byrdstown 38549	Byrdstown Medical Center 8401 Highway 111	931-864-3187 fj931-864-7102	M-F 7-4:30	No BAT Not DOT Certified		Mondays Busy
Polk - Reg 2 - Dt 29		*Use Bradley County Sites for Coverage					
Putnam - Reg 2 - Dt 27	Cookeville 38501	Quality Medical Center 201 W 5th	931-526-1688	M-F 8-8 Sat 8-2 Sun 12-5	Yes CMI	Yes	Walk-ins Accepted
		*Use Overton County Sites for Additional Coverage					
Rhea - Reg 2 - Dt 29	Dayton 37321	Physician's Care 445 Chickamauga Dr	423-570-0252 423-570-3545	M-F 8:30-4:30	No BAT	Yes	Walk-ins Accepted
	Dayton 37321	Rhea Medical Center - Lab 7900 Rhea Co. Highway;37321 Fax 423-843-4562	423-775-1121	M-F 8A - 5P	Yes Intoximeter	Yes	Call Ahead Preferred
		Through ER After Hours-Bring Kit/COC					
Roane - Reg 1 - Dt 19	Harriman 37748	Roane Medical Ctr - Emergency Rm 8045 Roan Medical Center Drive	865-316-1000	24/7 Use after hours only	Yes CMI	Yes	Walk-ins Accepted Use after Industrial Med. Closed
Robertson - Reg 3 - Dt 38	Springfield 37172	Workforce Essentials 511 Hill Street	615-384-1097 615-384-4318	M-F 7:30-4:30 Also after hours	Yes	New	Call Ahead Preferred
	Springfield 37172	Northcrest Medical Center-Lab 100 Northcrest Drive; 37172	615-384-2411 fj384-1697	24/7	Yes	Yes	Walk-ins Accepted
Rutherford - Reg 3 - Dt 39	Murfreesboro 37129	Concentra 1203-A Memorial Blvd;37129	615-895-4855 615-895-8939	M-F 8:00-5:00	Yes	Yes	Walk-ins Accepted
	Smyrna 37167	US Healthworks 1332 Hazlewood Drive;37167	615-355-1338	M-F 7A - 7P Sat & Sun 8A - 4P	Yes	Yes	Walk-ins Accepted
	LaVergne 37086	Middle TN Occ & Env Medicine 1227 Heil Quaker Blvd;37086	615-641-3080 615-213-2885	M-F 8-5	Yes	Yes	Walk-ins Accepted
Scott - Reg 1 - Dt 19		*Use Campbell County Sites for Coverage					
Sequatchie - Reg 2 - Dt 28	Dunlap 37327	North Valley Medical Plaza 16931 Rankin Ave.	423-949-6300 423-749-6324	M-Th 8-5 F 8-12 8-11 and 2-4 Walkins	No BAT Intoximeter	Yes	Mondays Busy-Walkins Accepted *No longer does Breath Alcohol *Jasper - Grandview Medical
		*Use Hamilton or Rhea County Sites for Additional Coverage					
Sevier - Reg 1 - Dt 18	Sevierville 37862	Mobile Diagnostics 601 Wall Street	865-429-5800 865-429-5840	M-F 8-5 Also after hours	Yes Intoximeter	Yes	Mobile Only - Call to Schedule

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)
Shelby - Reg 4 - Dt 49	Memphis	Career Pro Drug Screening	901-888-1131	M-F 8-5	Yes	Yes	Call Ahead for Time
		2838 Hickory Hill, Suite 29	901-888-1132	Call After Hours	Intoximeter		
	Memphis	Baptist Minor Medical	901-385-7817	M-Sunday, 8-7:30	Yes	Yes	Walk-ins Accepted
		6570 Stage Road #120	901-383-2150		Intoximeter		
	Memphis	Baptist Minor Medical	901-753-7686	M-Sunday, 8-7:30	Yes	Yes	Walk-ins Accepted
	584 Germantown Parkway, #101	901-759-9968		Intoximeter			
Smith - Reg 3 - Dt 37	Carthage	Riverview Regional Medical	615-735-1560	Tammy Jones	Yes	Yes	
		37030 158 Hospital Dr.	F)615-735-5118	24/7			
	Carthage	CLOSED-Carthage General Hospital - Lab	615-735-9815	24/7	Yes	Yes	Walk-ins Accepted
	37030	130 Lebanon Hwy	615-735-0220				
Stewart - Reg 3 - Dt 38	Dover	Workforce Essentials	931-232-5035	M-F 7:30-4:30	Yes		Call Ahead Preferred
	37058	1302 Donelson Pkwy	931-232-9574	Also after hours	Lifeloc		
Sullivan - Reg 1 - Dt 17	Bristol	Bristol Reg. Med. Ctr. Occ. Health	423-844-3360	M-F 8-4	Yes	Yes	
		37620 1230 Volunteer Pkwy	423-844-3369				
	Kingsport	Medworks@Indian Path Medical Center	423-857-5555	M-F 8-8	Yes	Yes	Cindy Verzi - Nurse
	37663	2000 Brookside Drive	423-857-6131				
Sumner - Reg 3 - Dt 37	Gallatin	Workforce Essentials	615-452-1964	M-F 7:30-4:30	Yes	Yes	Call Ahead Preferred
		37066 175 College Street	615-452-2465				
	Gallatin	Bichon & Cole Medical /Gallatin Urgent Care	615-452-6899	M-F 8-5	Yes	Yes	Call Ahead Preferred
		728 Nashville Pike	615-452-5884				
Tipton - Reg 4 - Dt 49	So. Covington	Tipton Memorial Baptist Hospital	901-475-5566	24/7	Yes	Yes	Non-DOT Drug Testing Only
		1995 Hwy 51	901-475-5423	(Post Accident & RS afterh	Intoximeter		Donor must bring forms and kit
Trousdale - Reg 3 - Dt 37	Hartsville	Trousdale Medical Center - Lab	615-374-2221	5:30A - 6P 7 Days	Yes*	Yes	*Saliva Screen; BAT Confirmation
		37074 500 Church Street; 37074	615-374-3275				Walk-ins Accepted
Unicoi - Reg 1 - Dt 17	Erwin	Unicoi County Memorial Hospital	423-743-3141	24/7 for collections	Yes	Yes	
		37604 100 Greenway Circle	423-743-2880				
Union - Reg 1 - Dt 18		*Use Campbell County Sites for Coverage					
Van Buren - Reg 2 - Dt 28		*Use Rhea or Sequatchie County Sites for Coverage					
Warren - Reg 2 - Dt 28	McMinnville	On-Site Drug Testing	931-473-1331	24 hrs	Yes	Yes	Call For Appointment
		37110 834 Indian Mound Drive	931-473-9050				On Call for Post Accident/After Hours
	McMinnville	Jimmy Woodlee, M.D./Healthgroup of McMinnville	931-473-4214	M-F 9A-5P	Yes	Yes	Call Ahead Preferred
	37110	155 Health Way;#2	931-473-0666				
Washington - Reg 1 - Dt 17	Johnson City	Medworks @ The Wellness Center	423-915-5033	M-F 8-6, S&S 10-6	Yes	Yes	
		37601 200 Med Tech Pkwy	f)423-915-5179	also after hours			Walk-ins Accepted
	Johnson City	Medworks @ First Assist Urgent Care	423-915-5128		No BAT		Plan to have BAT in future
		1019 West Oakland Ave., Ste. 1	f)423-915-5045				Walk-ins Accepted

COLLECTION SITES

County Region	City/Zip	Facility Name/Address	Phone/Fax	Hours	BAT Avail	Using	Comments: (Walk-in or Appt?)
Wayne - Reg 3 - Dt 39	Waynesboro	Wayne Medical Center - Lab	931-722-5411	7A-5P	No BAT	Yes	Walk-ins Accepted
	38485	103 J V Mangubat Drive;38485	931-722-6755				
		*Use Perry or Lawrence Co. Sites for additional coverage					
Weakley -Reg 4 - Dt 47		*Use Obion and Henry County Sites for Coverage					
White - Reg 2 - Dt 27	Sparta	Alan Drake	931-836-3262	M-F 8-5:30	Yes	Yes	Appointment Required
	38583	133 Churchill Drive; 38583	931-836-3269	Lunch 12-1			
		*Use Putnam and Warren County Sites for Additional Coverage					
Williamson - Reg 3 - Dt 37	Franklin	Workforce Essentials	615-790-3311	M-F 7:30-4:30	Yes	Yes	Call Ahead Preferred
	37067	225 Noah Drive, Suite 360	615-790-3501	Also after hours	Intoximeter		
	Brentwood	Brentwood Family Care Center	615-370-8080	M-F 8-8	Yes	Yes	Walk-ins Accepted
	37027	5046 Thoroughbred Lane; 37027	615-371-8852				Marilyn - Billing Fx 371-8906
	Franklin	Walk-In Medical Center of Cool Springs	615-771-8858	M-F 8-8	Yes	Yes	Walk-ins Accepted
	37067	9040 Carothers Pkwy; Suite A205	915-771-8859	Sat 8-4			Bradley K. Rudge, M.D.
Wilson - Reg 3 - Dt 37	Lebanon	Mid TN Occ & Env. Medicine	615-443-1744	M-F 8-5	Yes	Yes	Walk-ins Accepted
	37087	936 Murfreesboro Rd.	615-443-1374		Intoximeter		
	Lebanon	University Medical Center - Lab	615-443-2539	24/7	Yes	Yes	Walk-ins Accepted
	37087	1411 Baddour Pkwy	f) 443-6060		Lifeloc		
	Lebanon	EASI - After hours/Lebanon General Practice	615-453-4532	24/7 on call	Yes-Lifeloc	Yes	Call For Appointment
			615-453-5854	Diane			
Additional Mobile Collection Agencies							
		NTS - Nashville Area	615-353-1888	24/7-after hrs press opt 1 it will roll over to afterhours contact. Chelsea Trotter or Deanna Nelson			
		ETS - White House	615-424-5731				
		OSDS - McMinnville	800-809-7775				
		Career Pro Drug - Memphis	901-418-8088				
		Trustworks - Memphis	901-323-4999				
		Professional Screening Serv- Memphis	901-266-1112				
		Mobile Health Screening - Memphis	901-757-1531				
		Professional Monitoring - Knoxville	865-932-1757				
		Comprehensive Compliance-Chattanooga	423-296-2986				