Drug Test Collection Site

**Custody and Control Form (CCF) - Affidavit of Correction**

According to 49 CFR Part 40, the collector of the drug test referenced below must take all practicable action to correct errors on the Federal Drug Testing Custody and Control Form so that the test is not cancelled. **This form documents the corrections made by the collector.**

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| **Date of Test:** |  |  | **Specimen ID Number:** |  |
| **Donor Name:** |  |  | **Collector Name:** |  |

*In accordance with 49 CFR Part 40.205, I certify that the information above is true and accurate.*

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| **Name of Collector:** |  |
| **Signature of Collector:** |  |
| **Date:** |  |

Return form to:

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| **Employer/DER Contact Name:** |  |
| **Email Address:** |  |
| **Phone:** |  |

**This affidavit addresses the following errors:**

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| **Use of Federal Custody and Control Form (§40.45):** |
|  | Incorrect form used (i.e. Non-DOT or expired testing form used) |

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| **Step 1. Requirements (§40.63)** *Check all that apply:* |
|  | Missing/Incorrect **Employee Name, Address** |
|  | Missing/Incorrect **MRO Name, Address, Phone No. and Fax No.**  |
|  | Missing/Incorrect **Donor SSN or Employee ID No.** |
|  | Missing/Incorrect **Testing Authority** |
|  | Missing/Incorrect **Reason for Test** |
|  | Missing/Incorrect **Drug Tests to be Performed** |
|  | Missing/Incorrect **Collection Site Address, Collector Phone No. and Fax No.** |

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| **Step 2. Requirements (§40.65 - §40.71)**  |
|  | Collector failed **to indicate if the specimen was within the acceptable temperature range** |
|  | Collector failed **to mark “Split” collection** |
|  | Collector failed **to mark “Observed”** |
|  | Collector **arbitrarily marked “Observed”**  |
|  | Missing appropriate comment in the Remarks (i.e., an unusual circumstance during the collection) |

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| **Step 3. Requirements (§40.71)** |
|  | Bottle seals were dated and/or initialed while still affixed to the CCF |

**Custody and Control Form (CCF) - Affidavit of Correction Form** *(continued)*

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| **Step 4. Requirements (§40.73)** *Check all that apply:* |
|  | Missing **Signature of Collector** |
|  | Missing **Collector’s Printed Name (First, MI, Last)** |
|  | Missing/Incorrect **Date of Collection** |
|  | Missing/Incorrect **Time of Collection** |
|  | Missing **Name of Delivery Service** |

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| **Step 5. Requirements (§40.73)** *Check all that apply:* |
|  | Missing **Signature of Donor** |
|  | Missing **Donor’s Printed Name (First, MI, Last)** |
|  | Missing/Incorrect **Date of Collection** |
|  | Missing/Incorrect **Daytime Phone No. and/or Evening Phone No.** |
|  | Missing/Incorrect **Date of Birth** |

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| **Collector Remarks (description of error/corrective action):** |
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