**CCF Review Checklist**

**Review of Custody and Control Form (CCF) [[1]](#footnote-1)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions**

The Drug and Alcohol Program Manager (DAPM), Designated Employer Representative (DER), or designee will do the following to ensure accuracy of CCFs:

1. Upon receipt of the **CCF-*Employer Copy*** and the completedtesting **Order Form** from the **Collection Site** use the **CCF Review Checklist** (shown on pages 2 and 3) to review the **CCF-*Employer Copy***.
   1. If no errors are found on the **CCF-*Employer Copy***, maintain the **CCF-*Employer Copy***and testing **Order Form** in the drug and alcohol files.
2. If there is an error on the **CCF-*Employer Copy*** immediately contact the **Collection Site** tocorrect the CCF.
   1. Use an **CCF-Affidavit for Correction** form or equivalent to document the **Collection Site’s** acknowledgement that an error was made.
      1. A sample **CCF-Affidavit for Correction** template is available on the WisDOT Transit Drug and Alcohol Compliance website.
3. Keep the **CCF-*Employer Copy***, testing **Order Form**, and completed **CCF-Affidavit for Correction** documentation in the drug and alcohol testing files.

**Checklist: Custody and Control Form (CCF)**

**Instructions**: Use this form to verify accuracy and completeness of the federal CFF. If errors are found, the DAPM/DER should follow up with the **Collection Site** to resolve the errors.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant/Employee Name:** |  |  |  | **Test ID Number (from Employer's Log):** |  |  |

**Checklist Completed By:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employer/DER Contact Name:** |  |  |  | **Date:** |  |  |

**Questions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Top of Form** | | | **Yes** | **No** | **Notes** |
| Is “Federal Drug Testing Custody and Control Form” listed? | | |  |  |  |
| **In Step 1:** | | | **Yes** | **No** | **Notes** |
| Is the correct Employer name and address listed? (The Employer’s name must be listed here, not the C/TPA). | | |  |  |  |
| Is the correct MRO’s name, address, phone, fax listed? | | |  |  |  |
| Is the correct employee ID number or SSN listed? | | |  |  |  |
| Is the ‘Specific DOT Testing Authority’ marked correctly (e.g., FTA, FMCSA)? | | |  |  |  |
| Is the ‘Reason for Test’ marked correctly? | | |  |  |  |
| Is the box indicating this is a five-panel test (i.e., ‘Drug Test to be Performed’ marked? – **THC, COC, PCP, OPI, AMP** | | |  |  |  |
| Does the Collection Site address indicate the location where the test was actually performed and is the Collection Site’s telephone number completed accurately? | | |  |  |  |
| **In Step 2:[[2]](#footnote-2)** | | | **Yes** | **No** | **Notes** |
| If the “**URINE**” box is checked? | | |  |  |  |
|  | | Is the Temperature between 90° and 100° marked “Yes” or “No, Enter Remark”? |  |  |  |
|  | | Is the “Split” collection box marked? |  |  |  |
|  | | If it as an Observed Collection, is the “Observed” box marked? If observed box checked, must include remarks. *This box should not be marked if an Observed Collection was not performed.* |  |  |  |
| If the “**ORAL FLUID**” box is checked? | | |  |  |  |
|  | | Is the Oral Fluid ‘Split Type’ checked? |  |  |  |
|  | | Expiration Date verified? |  |  |  |
|  | | Volume Indicator observed? |  |  |  |
| **Checklist: Custody and Control Form (CCF) (continued)** | | | | | |
| **In Step 2: (continued)** | | | **Yes** | **No** | **Notes** |
| Remarks Section | | |  |  |  |
|  | Is there an appropriate comment included in the Remarks Section? The most comment need for remarks include: Temperature Out of Range; Insufficient Volume; Adulteration; and Employee Refuses to Sign. | |
| **In Step 3:** | | | **Yes** | **No** | **Notes** |
| Even though there is no information provided in **Step 3** of the form, look at the bottom of the CCF in the **Step 7** portion of the Employer’s copy for a faint shadow, imprint, or traces of carbon ink of a date or the employee’s initials. | | |  |  |  |
|  | | During the collection process, the collector dates, and the employee initials, the bottle seals **after** they have been affixed to the bottles. Carbon shadows in **Step 7** indicate the date and/or initials were written on the bottle seals **before** they were affixed to the bottles. **This practice is unacceptable.** |
| **In Step 4:** | | | **Yes** | **No** | **Notes** |
| Has the collector printed their name and signed? | | |  |  |  |
| Is the time **and** date correct? Make sure the appropriate AM or PM time is indicated. | | |  |  |  |
|  | | If an alcohol test was also performed, compare the time on the ATF with the time on the CCF to make sure the alcohol test was completed first) |  |  |  |
| Is the delivery service/courier name clearly identified in the “Specimen Bottles Released To” box? | | |  |  |  |
| **In Step 5** | | | **Yes** | **No** | **Notes** |
| Are the employee’s name, phone number date, and birth date provided? | | |  |  |  |
| Is the date of collection provided? | | |
| Die the employee sign the CCF? If not, is this documented in the Remarks Section of **Step 2**? | | |
| **General** | | | **Yes** | **No** | **Notes** |
| Is the MRO name on test result the same as on the CCF? | | |  |  |  |
| Were any other discrepancies found on the CCF? If yes, explain. | | |  |  |  |

1. For more information on compliance requirements related to alcohol testing and collection, see [49 CFR Part 40](https://www.ecfr.gov/current/title-49/subtitle-A/part-40#40.333) and the [US Office of Drug and Alcohol Policy & Compliance (ODAPC)](https://www.transportation.gov/odapc) website. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)