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.** Note: This form will need to be updated as appropriate to reflect Oral Fluid portions of CCF for if/when agencies begin oral fluid testing.

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| --- | --- | --- | --- | --- | --- |
| **Date of Test:** |  | |  | **Specimen ID Number:** |  |
| **Donor Name:** |  | |  | **Test Category:** |  |
| **Date Collector was Notified of Error:** | |  |  | **Collector Name:** |  |

**Return form to:**

|  |  |
| --- | --- |
| **Transit System Name:** |  |
| **Employer/DER Contact Name:** |  |
| **Email Address:** |  |
| **Phone:** |  |

*By signing below, in accordance with 49 CFR Part 40.209, I certify that errors occurred on the referenced drug test and that appropriate measures have been taken to ensure the same errors will not reoccur.*

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| **Name of Collector:** |  |
| **Signature of Collector:** |  |
| **Date:** |  |
| **Email Address:** |  |
| **Phone** |  |

**This affidavit addresses the following errors that were not performed in accordance with 49 CFR Part 40, as amended:**

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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 **Employer Name, Address, Phone No., and Fax No.** |
|  | 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.** |

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

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| **Step 2. Requirements (§40.65 - §40.71)** | |
|  | Collector failed to mark the “**Urine**” box. |
|  | 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 explanation in the ‘Remarks’ section (i.e., an unusual circumstance during the collection) |

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| **Step 3. Requirements (§40.71)** | |
|  | Bottle seals were filled out while still affixed to the CCF |

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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 donor’s **Date of Birth** |

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| **Collector Remarks (description of error/corrective action)**  Provide the following information:   1. Description of Error 2. Description of Correction Action 3. Measure taken to ensure same error(s) do not reoccur. |
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