



The Safeguard for Workplace Drug Testing

866-359-0414  
5 Compound Drive  
Hutchinson, KS 67502  
Fax: 620-860-1211  
Email: admin@americanmro.com

## MEMORANDUM for the RECORD

Collection Date:		CCF Number:	
Employee ID:			
Employer:		Type of Test:	DOT
Reason for Test:	PRE		
Collection Site:	<b>ON-SITE HEALTH &amp; SAFETY</b>		
Collector:		CollSite Phone:	
CollSite Fax/Email:			

The following incident(s), omissions(s) and /or error(s) occurred during the collection process for the above referenced specimen:

### Temperature Not Marked on CCF

Due to an oversight, I failed to check the specimen temperature block on the CCF.

**Was the specimen temperature between 90°- 100°?**

YES

NO Remarks: \_\_\_\_\_

**List steps taken to prevent failing to mark the temperature in the future:**

\_\_\_\_\_

Please Sign Below:

I was the collector of the above specimen. It is my standard operating procedure to follow all the procedures required by *DOT Part 40* and the *DOT Urine Collections Guidelines*.  
**By signing below, I am attesting that this information is true and accurate.**

\_\_\_\_\_  
Collector Signature

\_\_\_\_\_  
Collector Name (Print)

\_\_\_\_\_  
Date

Note: Only the collector may complete this memorandum

### Response Required!

Return immediately to [admin@americanmro.com](mailto:admin@americanmro.com)

or via secure fax # 620-860-1211.