

AFFIDAVIT OF CORRECTION

According to 49 CFR Part 40, as amended, **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.

Transit System Name: _____ Date of Test: _____

Test Category: _____ Specimen ID#: _____

Donor Name: _____ Collector Name: _____

Date Collector Was Notified of Error: _____

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

Step 1 Requirements (§40.63) (check all that apply)

- ___ A. Missing/Incorrect Employer Name, Address
- ___ B. Missing/Incorrect MRO Name, Address, Phone and Fax No.
- ___ C. Missing Donor SSN or Employee I.D. No.
- ___ D. Missing/Incorrect Testing Authority
- ___ E. Missing/Incorrect Reason for Test
- ___ F. Missing/Incorrect Drug Tests to be Performed
- ___ G. Missing/Incorrect Collection Site Name, Address, Phone and Fax No.

Step 2 Requirements (§40.65-70) (check all that apply)

- ___ Collector failed to indicate if the specimen was within the acceptable temperature range
- ___ Collector failed to mark 'Split'
- ___ Collector arbitrarily marked 'Observed'
- ___ Collector failed to mark 'Observed'
- ___ Missing explanation within 'Remarks' section. (i.e. any unusual circumstances that occur during collection)

Step 3 Requirements (§40.71) (check all that apply)

- ___ Bottle seals were filled out while still affixed to the CCF

Step 4 Requirements (§40.73) (check all that apply)

- ___ Missing collector's signature
- ___ Missing collector's printed name (First, MI, Last)
- ___ Missing/Incorrect Date of Collection
- ___ Missing/Incorrect Time of Collection
- ___ Missing Courier Name

Step 5 Requirements (§40.73) (check all that apply)

- ___ Missing donor's signature
- ___ Missing donor's printed name (First, MI, Last)
- ___ Missing/Incorrect Date of Collection
- ___ Missing donor's Daytime and/or Evening Phone No.
- ___ Missing/Incorrect donor's Date of Birth

Collector Remarks:

1. Description of error: _____

2. Description of corrective action: _____

3. Measures taken to ensure the same error(s) do not reoccur: _____

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

Collector Signature / Title

Date