

## RECORD OF CHEMICAL ABUSE TESTING

Type of test (check one):

- Facility Random   
  Facility Initial   
  Suspect   
  PSI   
  Treatment Initial   
  Treatment Monthly

Facility/Probation and Parole Region		Level	Time/Date Specimen Taken	
Inmate/Offender name (Last)	(First)	(MI)	ODOC #	CRF # (only if no ODOC # is available)
Housing Unit		Job Assignment		Specimen Control Log ID #

Chain of Custody (all staff/volunteers who handled specimen):

Staff member/volunteer who collected specimen	Witness/Observer
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____
Name: _____	Date/Time: _____

Medications inmate/offender is currently taking: \_\_\_\_\_

Drugs tested:	<u>INITIAL</u>		<u>CONFIRMATION</u>		<u>DATE OF CONFIRMATION</u>
Amphetamines	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
PCP	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Cocaine	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Cannabinoid	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Opiates	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Alcohol	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Barbiturates	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Benzodiazepines	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Methamphetamines	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____
Other: _____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	_____

Indicate reason why inmate/offender was not tested:

- Refused   
  Contaminated specimen   
  Not available

If not available, state the reason why (e.g., court, hospital, transferred, in jail, escape):

\_\_\_\_\_

\_\_\_\_\_

I refuse to submit to a UA and I admit to having used:

Drug(s) used	Date(s) used
_____	_____
Inmate/Offender Signature	Date
_____	_____
Signature of staff/volunteer conducting test	Date
_____	_____
Signature of witness/observer of confirmation test	Date
_____	_____