

CHAIN OF CUSTODY PROCEDURE

1. The employee must submit a signed Consent/Test Notification and R Release of Information Form (Attachment 8.2 and 8.3) witnessed by a representative of the Montgomery County Fire and Rescue Service prior to testing. A copy of each of these completed forms will be given to the employee and the originals placed in the individual's medical file.
2. The employee's identity will be accurately established by examination of a driver's license or other valid photo identification whenever possible. Both the photo and signature of the individual should be compared. A copy of the photo identification will be dated, initialed by collection site staff person, and placed in the employee's medical file.
3. The employee must provide a medication history which includes any over-the-counter drugs, sleeping medication, tranquilizers, pain medication, allergy and cold medications, and muscle relaxants taken within the last 30 days.
4. The employee must provide a dietary history which covers the previous 48 hours.
5. The medical attendant must explain the collection procedure to the employee.
6. Sealed urine containers are provided to the collection site by the laboratory for drug screening. The medical attendant must check the container in the presence of the employee to ensure that it is clean and has not been tampered with.
7. The medical attendant must open the container in the presence of the employee and hand the open container to the individual as the employee enters the bathroom. The bathroom is private and located within the clinic.
8. The employee may not take a coat, jacket, purse, bag, etc. into the bathroom.
9. Upon exiting the bathroom, the employee must hand the specimen directly to the medical attendant waiting outside the bathroom door.
10. The medical attendant must ensure that the sample is kept in visual sight of both the employee and the medical attendant.

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1. The specific gravity and pH of the sample will be ascertained immediately in the employee's presence. If the specific gravity is 1.000 or less or the specific gravity is 1.030 or greater, the specimen must be discarded and another specimen will be collected under direct observation. If the pH is 5.0 or less or if the pH is 8.5 or greater, the temperature of the specimen will be measured within 4 minutes of collection. If the temperature is out of the range between 32.5°C and 37.7°C (90.5°F and 99.8°F), another specimen will be collected under direct observation.
2. If direct observation of the urine collection is required, a medical attendant of the same sex must be present in the bathroom.
3. In the presence of the employee, the medical attendant must immediately write the date and the employee's name on the white label of the container and place a red "confidential" tape across the container's cap.
4. The employee must immediately initial the white label on the container and the red "confidential" tape on the cap. The medical attendant must inform the employee prior to initialing that initialing the specimen is the employee's acknowledgement of ownership of the specimen.
5. The laboratory requisition form must be completed in the presence of the employee. The employee must check the accuracy of the identifying information. The name of the employee must be identical on both the requisition and the specimen bottle. The employee must initial the requisition form.
6. The requisition form must be accurately completed with the following information:
 - (1) name of the employee;
 - (2) whether the specimen collected was observed;
 - (3) whether the specimen was received directly from the employee;
 - (4) the drug test profile number;
 - (5) the specimen collection date and time; and
 - (6) the signature of the person responsible for collecting, handling, storing or packaging the specimen at the collection site.

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7. The original laboratory requisition must be wrapped around the specimen container and both will be sealed in a security bag provided by the laboratory. A copy of the requisition must be placed in an outside pocket on the same bag and sealed. A second copy will be placed in the employee's medical file.
8. The sample must be stored in the collection site refrigerator until picked up by the laboratory courier. The refrigerator is located in a secured area which is visible to the staff at all times.
9. Specimens will be picked up daily by the laboratory courier. If a specimen is collected after the daily pickup, the specimen must be secured under lock and key.
10. Both the courier and the collection site staff member must sign off in a log book attesting to an unbroken seal of the security bag.

APPENDIX B

DRUGS TESTED FOR BY THE OCCUPATIONAL MEDICAL SECTION

Amphetamines

Barbiturates

Benzodiazepine

Cannabinoid

Cocaine

Methaqualone

Opiates

Pencyclidine

Methadone

Propoxyphene

Ethanol

Attachment 8.1

Montgomery County Government
MCFRS Authorization to Obtain Specimen for Drug/Alcohol Testing

Reason for Test [Check One]:

- Post Accident For Cause
 Return to Duty Follow-Up

I authorize Occupational Medical Services of the Montgomery County Government or any doctor, nurse, technician, laboratory personnel at any laboratory or medical center designated by Montgomery County Government to collect a X urine, and/or X breath sample/specimen for drug/alcohol testing. My sample/specimen was given on:

_____ at: Montgomery County Occupational Medical Services
Date 255 Rockville Pike, Suite 125, Rockville, Maryland 20850

I have been informed that the laboratory named below will perform the urine test for drugs/alcohol and that this laboratory has been certified by the State of Maryland and the U.S. Department of Health and Human Services to perform employment-related drug/alcohol testing:

Princeton Medical Laboratory

If the urine specimen is found to be positive for drugs/alcohol, I understand that I am entitled to have the same specimen tested independently at a different laboratory which has been certified by the State of Maryland and the U.S. Department of Health and Human Services. If I elect to have the specimen tested independently, I must pay the costs of the test. A list of certified laboratories is available at Occupational Medical Services.

I understand that the laboratory will report the drug/alcohol test results to the Employee Medical Examiner of Montgomery County Government, Occupational Medical Services. A photocopy of this authorization will be as valid as the original, even though the photocopy does not contain an original writing of my signature.

Employee Printed Name: _____

Signature: _____ Last 4 digits of SS# _____

Address: _____

Witness: _____ Date: _____

SUPERVISOR

Attachment 8.2

**Drug Screening and
Breath Alcohol testing
done at this site during
and after regular business
hours**

**Occupational Medical Services
(OMS)
255 Rockville Pike
Suite # 125
Rockville, MD 20850
Hours: 7:30 AM – 7:00 PM M-F**

**To arrange testing call:
301-652-4660**

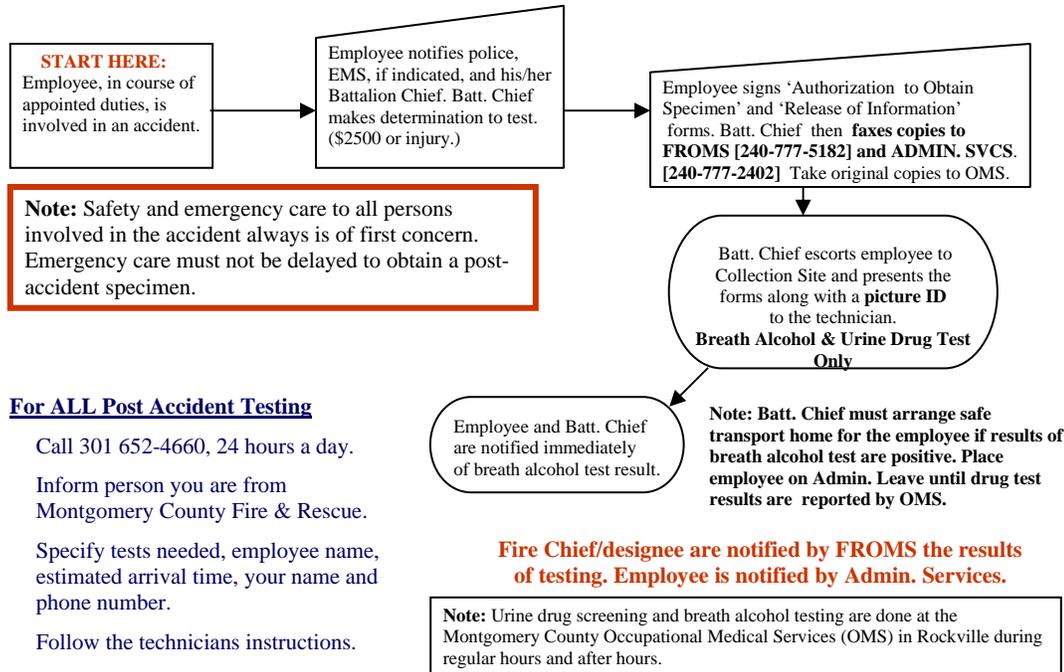
**This will be answered by an answering
service and arrangements will be
made to meet at OMS for testing**

**If no answer, call 240-401-7539
If still no answer, call 240-426-1595**

**Everyone coming for
testing MUST
be escorted by a supervisor
and bring a photo ID**

**Montgomery County Occupational Medical Services
Fire/Rescue Post-Accident Drug/Alcohol Testing Flow Chart**

Attachment 7.6



Attachment 8.5