

PEER ASSISTANCE PROGRAM
2915 N. Classen Blvd., Suite 215
Oklahoma City, OK 73106

OKLAHOMA BOARD OF NURSING
405/525-2277
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www.ok.gov/nursing

DRUG/ALCOHOL SCREEN CHECKLIST

Checklist must be **completed** and returned with drug/alcohol report.

I. To be completed by the collection site:

_____ Date and time of specimen collection

If collection time is after 5 p.m., did the nurse arrive at the facility before 5 p.m? Yes No

Please check all that apply to specimen collection:

_____ Water in lavatory turned off

_____ Bluing agent in toilet bowl

_____ Temperature strip on specimen cup

Temperature after specimen collection _____ degrees

If not within range of 32.5C - 37.7C or 92F - 99F, do not accept specimen.

_____ **Direct observation** of specimen collection by witness

_____ Verify drug/alcohol screen requisition identifies Oklahoma Peer Assistance Program as the Agency

Signature of collection witness

Date

II. To be completed by the nurse in the Peer Assistance Program:

1. _____ Date and time nurse called for the color.

2. List all medications you have taken within the last 14 days (if none, indicate none): _____

3. Specimen sealed in your presence _____ Yes _____ No

4. You initialed sealed specimen _____ Yes _____ No

5. Name/phone # of witness

(Please print)

Signature of nurse in the program

Date

Make sure each question is answered correctly. Send form to lab with the drug/alcohol screen requisition.