

# RECORD OF CHEMICAL ABUSE TESTING

Circle the appropriate type of test: Facility Random/ Facility Initial/Suspect/PSI/Treatment Initial/Treatment Monthly

FACILITY/DISTRICT: \_\_\_\_\_ LEVEL: \_\_\_\_\_ TIME/DATE SPECIMEN TAKEN: \_\_\_\_\_

OFFENDER NAME: \_\_\_\_\_  
(Last) (First) (MI)

DOC#: \_\_\_\_\_ CRF#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (USE CRF# ONLY IF NO DOC# IS AVAILABLE)

HOUSING UNIT: \_\_\_\_\_ JOB ASSIGNMENT: \_\_\_\_\_

SPECIMEN CONTROL ID#: \_\_\_\_\_

CHAIN OF CUSTODY: **All staff/volunteers that 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 OFFENDER IS CURRENTLY TAKING: \_\_\_\_\_

DRUGS TESTED:	<u>INITIAL</u>		<u>CONFIRMATION</u>	
	Positive	Negative	Positive	Negative
Amphetamines	_____	_____	_____	_____
PCP	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Cannabinoid	_____	_____	_____	_____
Opiates	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Barbituates	_____	_____	_____	_____
Benzodiazepines	_____	_____	_____	_____
Methamphetamines	_____	_____	_____	_____
Other	_____	_____	_____	_____

INDICATE IF OFFENDER WAS NOT TESTED: REFUSED \_\_\_\_\_ NOT AVAILABLE \_\_\_\_\_ CONTAMIINATED SPECIMEN \_\_\_\_\_  
If the offender was not available, state the reason why (e.g., court, hospital, transferred, in jail, escape, etc.): \_\_\_\_\_

NAME/DATE/TIME OF CONFIRMATION TEST: \_\_\_\_\_

SIGNATURE

DATE

TIME

SIGNATURE OF WITNESS/OBSERVER OF CONFIRMATION TEST: \_\_\_\_\_