

GEORGIA DEPARTMENT OF CORRECTIONS On-Site Substance Abuse Screening Documentation Form

Applicant/Employee Name: _____ Date: _____
(Print)

SS#/ID#: _____ Picture ID Verified: Yes No

Reason for Drug Test:

Pre-employment Random

TesTcup5[®] Results:

Lot #: _____ Expiration Date: _____

1. Temperature: Within 90° - 100° Outside of Range (Sample unacceptable)

Any other observations: _____

2. All Tests Valid: Yes No

3. Drug Test Results: Prescreen Complete Further Testing Needed

Donor sent to lab collection site for further testing.

Donor:

Employee/Applicant Signature: _____ Date: _____

Tester's Signature: _____ Date: _____