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

Applicant/Employee Name:	(Print)	Date:
SS#/ID#:	Picture ID Ve	erified: 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 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:

Retention Schedule: Upon completion, this form shall be retained permanently in the employee's local and official personnel file. If not hired, the form shall be retained in the Interview/Selection file for two (2) calendar years.