

Expires 5/31/2025

**FEDERAL RAILROAD ADMINISTRATION**

**POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)**

*NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting the chain of custody for the blood and urine specimens, as applicable.*

Date (Mo/Day/Yr) / /	Name of Employing Railroad	Sample Set Identification Number (Pre-printed) <b>333900</b>
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**STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS**

Name <i>Print (last, first, mi)</i>		Employee Identification Number or Social Security Number		
Home Address	City	State	Zip Code	Telephone Number ( )

**STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN**

Name of Collector <i>Print (last, first, mi)</i>	Date (Mo/Day/Yr) / /	Time of Collection AM PM
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Remarks:

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

**STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN**

Name of Collector <i>Print (last, first, mi)</i>	Date (Mo/Day/Yr) / /	Time of Collection AM PM
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Temperature of specimen was read within 4 minutes <input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°
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Remarks:

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

**STEP 4. COMPLETED BY EMPLOYEE**

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS  \_\_\_\_\_  
*Signature of Employee*

**STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT**

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood \_\_\_\_\_ Received Urine \_\_\_\_\_

\_\_\_\_\_  
Name of Collection Personnel (print)

\_\_\_\_\_  
Signature of Collection Personnel

\_\_\_\_\_  
Date

Released specimens to:

- Overnight courier service (name) \_\_\_\_\_ OR
- Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

**STEP 6. COMPLETED BY MEDICAL FACILITY**

**STEP 7. BREATH ALCOHOL TEST**

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box. ____ Yes ____ No
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Public reporting burden for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is **2130-0526**. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., N.W., Washington D.C. 20590.

### FEDERAL RAILROAD ADMINISTRATION

## POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)

*NOTE: This form must be completed in accordance with instructions provided by the Railroad representative. Separate instructions are available for the employee and the collectors. If more than one collector provides services, each must direct special attention to properly documenting the chain of custody for the blood and urine specimens, as applicable.*

Date (Mo/Day/Yr) / /	Name of Employing Railroad	Sample Set Identification Number (Pre-printed) <span style="font-size: 1.2em; font-weight: bold;">333900</span>
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#### STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name <i>Print (last, first, mi)</i>		Employee Identification Number or Social Security Number		
Home Address	City	State	Zip Code	Telephone Number ( )

#### STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>	Date (Mo/Day/Yr) / /	Time of Collection AM PM
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Remarks:

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

#### STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>		Date (Mo/Day/Yr) / /	Time of Collection AM PM
Temperature of specimen was read within 4 minutes <input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°	

Remarks:

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

#### STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS  \_\_\_\_\_  
*Signature of Employee*

#### STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood \_\_\_\_\_ Received Urine \_\_\_\_\_

\_\_\_\_\_  
Name of Collection Personnel (print)

\_\_\_\_\_  
Signature of Collection Personnel

\_\_\_\_\_  
Date

Released specimens to:

- Overnight courier service (name) \_\_\_\_\_ OR
- Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

#### STEP 6. COMPLETED BY MEDICAL FACILITY

#### STEP 7. BREATH ALCOHOL TEST

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box.
	_____ Yes _____ No

Public reporting burden for this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is **2130-0526**. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., N.W., Washington D.C. 20590.

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### POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)

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Date (Mo/Day/Yr) / /	Name of Employing Railroad	Sample Set Identification Number (Pre-printed) <span style="font-size: 1.2em; font-weight: bold;">333900</span>
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#### STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name <i>Print (last, first, mi)</i>		Employee Identification Number or Social Security Number		
Home Address	City	State	Zip Code	Telephone Number ( )

#### STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>	Date (Mo/Day/Yr) / /	Time of Collection AM PM
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Remarks:

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

#### STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>		Date (Mo/Day/Yr) / /	Time of Collection AM PM
Temperature of specimen was read within 4 minutes <input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input type="checkbox"/> YES <input type="checkbox"/> NO		If not, actual temperature was _____°

Remarks:

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

#### STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS  \_\_\_\_\_  
*Signature of Employee*

#### STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood \_\_\_\_\_ Received Urine \_\_\_\_\_

\_\_\_\_\_  
Name of Collection Personnel (print)

\_\_\_\_\_  
Signature of Collection Personnel

\_\_\_\_\_  
Date

Released specimens to:

- Overnight courier service (name) \_\_\_\_\_ OR
- Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

#### STEP 6. COMPLETED BY MEDICAL FACILITY

#### STEP 7. BREATH ALCOHOL TEST

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box.
	_____ Yes _____ No

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Date (Mo/Day/Yr) / /	Name of Employing Railroad	Sample Set Identification Number (Pre-printed) <span style="font-size: 1.2em; font-weight: bold;">333900</span>
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#### STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name <i>Print (last, first, mi)</i>	Employee Identification Number or Social Security Number
Home Address	City State Zip Code Telephone Number ( )

#### STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>	Date (Mo/Day/Yr) / /	Time of Collection AM PM
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Remarks:

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

#### STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector <i>Print (last, first, mi)</i>	Date (Mo/Day/Yr) / /	Time of Collection AM PM
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Temperature of specimen was read within 4 minutes <input type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°
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Remarks:

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

\_\_\_\_\_  
*Signature of Collector*

#### STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS  \_\_\_\_\_  
*Signature of Employee*

#### STEP 5. COMPLETED BY COLLECTION PERSONNEL PACKAGING SPECIMENS FOR SHIPMENT

As the collection person that took possession of the sealed specimens with the sample set identification number as printed from the blood and urine collectors, I maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood \_\_\_\_\_ Received Urine \_\_\_\_\_

\_\_\_\_\_  
Name of Collection Personnel (print)

\_\_\_\_\_  
Signature of Collection Personnel

\_\_\_\_\_  
Date

Released specimens to:

- Overnight courier service (name) \_\_\_\_\_ OR
- Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

#### STEP 6. COMPLETED BY MEDICAL FACILITY

#### STEP 7. BREATH ALCOHOL TEST

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? If yes, include ATF in box. ____ Yes ____ No
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**POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219)** NOTE: This form is to be completed in accordance with instructions contained in 49 CFR 219, Control of Alcohol and Drug Use in Railroad Operations, and supplemental instructions that accompany the specimen collection materials in the FRA Post-Accident Toxicology Kit.

_____ Donor's Initials _____ Date	<b>PLACE OVER CAP</b>	<b>FEDERAL RAILROAD ADMINISTRATION</b> SPECIMEN IDENTIFICATION NO. <b>A</b> No 333900	URINE BOTTLE CUSTODY SEAL	Date _____ Signature of Collector _____
_____ Donor's Initials _____ Date	<b>PLACE OVER CAP</b>	<b>FEDERAL RAILROAD ADMINISTRATION</b> SPECIMEN IDENTIFICATION NO. <b>B</b> No 333900	URINE BOTTLE CUSTODY SEAL	<b>Federal Railroad Administration</b> <b>KIT CUSTODY SEAL</b>
_____ Donor's Initials _____ Date	<b>PLACE OVER CAP</b>	<b>FEDERAL RAILROAD ADMINISTRATION</b> SPECIMEN IDENTIFICATION NO. <b>A</b> No 333900	BLOOD TUBE CUSTODY SEAL	
_____ Donor's Initials _____ Date	<b>PLACE OVER CAP</b>	<b>FEDERAL RAILROAD ADMINISTRATION</b> SPECIMEN IDENTIFICATION NO. <b>B</b> No 333900 <b>-S</b>	BLOOD TUBE CUSTODY SEAL	