

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

COLLECTION SITE / COMPANY NAME: DIS inc @ BASF  
 NAME: BASF  
 ADDRESS: 10601 Fulton St SUITE: \_\_\_\_\_  
 CITY: Brighton STATE: CO POSTAL CODE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO.: 524-27-3186 ID VERIFIED BY: PHOTO ID  EMPLOYER REP.

DONOR NAME: Last: Rivas First: Timothy

REASON FOR TEST: Pre Employment  Random  Reasonable Suspicion / Cause  Post Accident  Return to Duty  Follow Up  Other

COLLECTOR NAME (PRINT) Ian Wellenbenger Collector Phone No. 303 830 2092  
 Collector Fax No. 303 830 8099

Read specimen temperature within (4) minutes. Specimen within range:  Yes, 90° - 100°F (32° - 38°C)  No, record specimen temperature here \_\_\_\_\_

TO BE COMPLETED BY COLLECTOR

**STEP 2: COMPLETED BY DONOR**

**DONOR CONSENT:** I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

Timothy Rivas Signature of Donor (Print) Donor's Name (First, MI, Last) Timothy Rivas Date (Mo/Day/Yr) 6/23/16  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Date of Birth: 2/22/70  
 Date (Mo/Day/Yr)

TO BE COMPLETED BY DONOR

**STEP 3: COMPLETED BY COLLECTOR — PRELIMINARY TEST RESULTS**

ON-SITE SCREENING DEVICE preliminary results	SPECIMEN VALIDITY TEST RESULTS (See color chart and package insert for interpretation)	DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Catalog #: <u>DOANON0238</u>	<input checked="" type="checkbox"/> Oxidant Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Not Tested	Amphetamine (AMP)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lot #: <u>DOANON0238</u>	<input checked="" type="checkbox"/> Specific Gravity Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Not Tested	Barbiturates (BAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exp. Date: <u>3/17</u>	<input type="checkbox"/> pH Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Not Tested	Benzodiazepines (BZO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Screen performed by: <u>X</u> (If different than collector)	<input type="checkbox"/> Nitrite Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Not Tested	Buprenorphine (BUP or BUPG)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date: _____	<input type="checkbox"/> GL Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Not Tested	Cocaine (COC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Remarks: _____	<input type="checkbox"/> Creatinine Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/> Not Tested	EDDP (Methadone Metabolite)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Marijuana (THC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Methadone (MTD)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Methamphetamine (mAMP or MET)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Ecstasy (MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Opiate (OPI or MOP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Oxycodone (OXY)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Phencyclidine (PCP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Propoxyphene (PPX)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Tricyclic Antidepressants (TCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		ALCOHOL SCREEN (If Performed) Results	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

**STEP 4: COLLECTOR CERTIFICATION**

COLLECTOR CERTIFICATION: I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

Signature of Collector Ian Wellenbenger Time of Collection 8:19am  
 (Print) Collector's Name (First, MI, Last) Ian Wellenbenger Date (Mo/Day/Yr) 6/23/16

# Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

### Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Timothy Kivas  
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 324-27-3186

C: Employer Name BASF  
Street 10401 Brighton CO Foltongst  
City, State, Zip Brighton CO

DER Name and Telephone No. Gina 303-229-7060  
DER Name DER Phone Number

D: Reason for Test:  Random  Reasonable Susp  Post-Accident  Return to Duty  Follow-up  Pre-employment

### Lifeloc Technologies

Phoenix 6.0 v8.4.99  
Serial No. 12210045  
Units BAC

Test Number 02466  
Test Type (ez) Auto Test

Result: .105  
Date: 06/23/2016  
Time: 08:14

Air Blank .000  
Time: 08:14

I.D. 3186

Subject [Signature]

### STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Signature of Employee \_\_\_\_\_

Date 6/23/16  
Month Day Year

### Lifeloc Technologies

Phoenix 6.0 v8.4.99  
Serial No. 12210045  
Units BAC

Test Number 02467  
Test Type (ez) Auto Test

Result: .105  
Date: 06/23/2016  
Time: 08:30

Air Blank .000  
Time: 08:30

I.D. 3186

Subject [Signature]

### STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN:  BAT  STT      DEVICE:  SALIVA  BREATH\*      15-Minute Wait:  Yes  No

SCREENING TEST: (For BREATH DEVICE\* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

DIS inc Alcohol Technician's Company      1140 S Bellvue St Company Street Address

Timothy Kivas (PRINT) Alcohol Technician's Name (First, M.I., Last)        Company City, State, Zip      303-229-7072 Phone Number

[Signature] Signature of Alcohol Technician      6/23/16 Date Month Day Year

Print Additional Results Here or Affix With Tamper Evident Tape

### STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee Timothy Kivas

Date 6/23/16  
Month Day Year

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



80205142 1369346 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. BASF-BECHTEL ROSARIO WELTON 10001 FULTON STREET SHELTON, CT 06484 PH: 303-227-7070 FAX: 303-227-7070		B. MRO Name, Address, Phone and Fax No. <b>PARM ID: SAPH500120</b> KATHLEEN BARTENBAUM, MD FIRST LAB 100 HIGHTOWER DR STE 102 CHARLOTTE, NC 28214 PH: 235-296-5500 FAX: 235-296-5610	
C. Donor SSN or Employee I.D. No. <u>524-27-3186</u>			
D. Donor Name: Last: <u>KUPPE</u> First: <u>LIMOLIK</u>			
E. Donor ID Verified: <input checked="" type="checkbox"/> Photo ID <input type="checkbox"/> Emp. Rep.			
F. Reason for Test: <input type="checkbox"/> Pre-employment (1) <input type="checkbox"/> Random (3) <input checked="" type="checkbox"/> Reasonable Suspicion/Cause (5) <input type="checkbox"/> Post-Accident (2) <input type="checkbox"/> Promotion (22) <input type="checkbox"/> Return to Duty (6) <input type="checkbox"/> Follow-up (23) <input type="checkbox"/> Other (specify) (99)			
G. Drug Tests to be Performed: (7) 4640001 SOP 5-5040001/600			
H. Collection Site Name: <u>District BASF</u> Address: <u>1001 Fulton St</u> City, State and Zip: <u>SHELTON CT</u>		Collection Site Code: _____ Collector Phone No.: <u>303 227 7070</u> Collector Fax No.: <u>303 227 7070</u>	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	Specimen Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) <input type="checkbox"/> Observed (Enter Remark)
REMARKS	

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

<input checked="" type="checkbox"/> Signature of Collector <u>[Signature]</u> (Print) Collector's Name (First, MI, Last)	Time of Collection <u>8:20 AM</u> Date (Mo./Day/Yr.) <u>1/25/10</u>	SPECIMEN BOTTLE(S) RELEASED TO: <input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____ Name of Delivery Service Transferring Specimen to Lab
RECEIVED AT LAB: <input checked="" type="checkbox"/> Signature of Accessioner (Print) Accessioner's Name (First, MI, Last)	Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

<input checked="" type="checkbox"/> Signature of Donor <u>[Signature]</u> (PRINT) Donor's Name (First, MI, Last)	Date (Mo./Day/Yr.) <u>1/25/10</u>
Daytime Phone No. <u>(203) 227-7070</u>	Evening Phone No. <u>(203) 227-7070</u>
Date of Birth <u>2/12/10</u> Mo. Day Yr.	

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