# Staff Urine Drug Screen Form

Subject Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Test\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 THC - Marijuana  negative  positive \_

 COC – Cocaine  negative  positive \_

 MOP – Morphine  negative  positive \_

 AMP – Amphetamine  negative  positive \_

 MET – Methamphetamine  negative  positive \_

 BZO – Benzodiazepines  negative  positive \_

 MDMA- (“Ecstacy”)  negative  positive \_

 MTD - Methadone  negative  positive \_

 OXY - Oxycodone  negative  positive \_

 BUP – Buprenorphine  negative  positive \_

Image:

**Reason**

Pre-Employment Screen  Random Screen 

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Subject Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Witness Signature Position Date