# Staff Urine Drug Screen Form

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

THC - Marijuana http://ts1.mm.bing.net/th?id=HN.608005139725225498&w=52&h=49&c=7&rs=1&qlt=80&pid=1.7 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 http://ts1.mm.bing.net/th?id=HN.608005139725225498&w=52&h=49&c=7&rs=1&qlt=80&pid=1.7 Random Screen http://ts1.mm.bing.net/th?id=HN.608005139725225498&w=52&h=49&c=7&rs=1&qlt=80&pid=1.7

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Subject Signature Date

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Staff Witness Signature Position Date