Collection Site Evaluation Form

As a local (facility/unit) Drug Free Workplace Program Coordinator, your responsibilities include conducting annual evaluations of the collection sites to which employees at your work location are referred. The original collection site evaluation form remains in your files; however, a copy will be sent to the Central Human Resources unit Drug Free Workplace Program Coordinator for their records.

| Collection Site Evaluated: |
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| Address: |
| |
| Date and Time of Evaluation: |
| Actual Travel Time to Collection Site: |
| Name of Person Conducting Evaluation: |

| YES | NO | EVALUATION CRITERIA |
|--|----|--|
| | | Correct forms were available. |
| | | The testing site was open on the date and time of the site evaluation. |
| | | Drug and alcohol tests were available as indicated on the collection site matrix. |
| | | Staff was courteous and knowledgeable about the testing process. |
| | | The site was clean and professional in appearance. |
| | | A picture identification card was required prior to being tested. |
| | | The chain of custody was adequately explained. |
| | | Purses, briefcases, bulky outer clothing, etc., were required to be left outside the room. |
| | | Applicant/Employee being tested was instructed to wash his/her hands prior to giving a sample. |
| | | The restroom had no water sources other than the toilet bowl. |
| | | There were no potential adulterants in the room. |
| | | There was a coloring agent in the toilet bowl. |
| Please provide any additional comments you have regarding the collection site: | | |

Distribution: Copy to the Central Human Resources unit