



DOT CCF CHEAT SHEET

When you are filling out your CCFs for your mock it is very important that you fill them out 100% correctly, with remarks that reflect each of the specific situations that occurred in your mock test.

Step 1

- A) **Employer Name** - even if the TPA information is preprinted on the form, you still need to enter the name of the employer
- B) **MRO name** - often this is preprinted on your forms
- C) **Donor ID** - this MUST be their driver's license number AND indicate the province of issuance eg. ON, MB, SK, BC
- D) **Testing Authority** - this is often preprinted - most commonly it is the FMCSA
- E) **Reason for Test** - you should be told what this is by the requesting body
- F) **Drug tests to be performed** - this is always the first choice THC, COC, PCP, OPI, AMP
- G) **Collection Site Address** - this is often preprinted, but if it isn't make sure to fill it in!

Step 2

Indicate sample type: Urine or Oral Fluid

Indicate Collection Type: Split or Single or None Provided

Oral Fluid: this section will not be filled out unless we were doing a US federal employee test, which is not likely to occur in Canada.

Remarks: Make sure you enter the correct remarks required for whatever situation occurred.

TOR - TOR specimen 1 of 2, see Observed specimen D12345678

Observed - 2 of 2, 1st specimen TOR see D123789456

- Observed by John Smith [only needed if collector is NOT the observer]

Refusal to Sign - Donor refused to initial vials AND donor refused to sign Step 5 [or, just one or the other, depending on what occurred]

Shy Bladder - Shy bladder initiated at 12:00 finishes 3pm, sufficient sample acquired 12:45 [and make SURE that you update the Time of Collection to match the time the FULL sample was acquired]

Step 4

Signature of Collector: SIGN!!

Time of Collection: Make sure you enter the time a sufficient specimen was collected

Print Collector Name: Print your name in here

Date: Enter collection date (mo/day/year)



Specimen Bottles Released to: indicate the courier by checking the box, OR choose Other and enter the courier name

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Complete by DONOR

Signature of donor: Have the donor sign!

Print donor's name: Print the donor's name in so it is legible

Date: Date of collection (mo/day/year)

Email address: if wanted enter an email address

Daytime Phone: this is REQUIRED in case MRO has to contact the donor

Evening Phone: if donor only has one number just leave this one blank

Date of Birth: have donor enter their date of birth (mo/day/year) this is REQUIRED in case the MRO has to ID the donor for an interview