

DRUG & ALCOHOL

CLEARINGHOUSE



Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (9/23/2024 14:03:56)

Conducted By: Teodora Nikolic | Query Type: Pre-employment | Query Submitted: Manually

Driver Information

Name: JAMES COHN

Date of Birth: 11/15/1990

CDL/CLP ⓘ : US-FL-C500453904150

Consent Information

Requested: 9/23/2024 14:02:20

Recorded: 9/23/2024 14:03:56

Status: Provided

Query History

Created: 9/23/2024 14:02:20

Completed: 9/23/2024 14:03:56

Query Result: Driver Not Prohibited

Open Violations

No Open Violations

LEARN MORE

 [The Return-to-Duty Process](#)

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

WASHINGTON, DC 20590

202-366-4000

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Information Collection #: OMB Control No. 2126-0057

| | | | |
|---------|------------|-----|---------|
| Queries | Violations | RTD | Profile |
|---------|------------|-----|---------|



MED-STOP MRO SERVICES
9950 LAWRENCE AVE STE 403
SCHILLER PARK IL 60176
PHONE: (877) 633-3633
FAX: (847) 647-6608
EMAIL: mro@med-stop.com

MRO RESULT

TO:

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO IL 60638
PHONE: (630) 485-7370
FAX: (630) 485-6980

ATTENTION TO:

NIKOLA STAMENKOVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT:

10/03/2024 12:45 PM CDT UTC-5

PAGES:

2

**THIS SECURE FAX NUMBER HAS BEEN PROVIDED TO MED-STOP MRO SERVICES BY EMPLOYERS
REPRESENTATIVE IDENTIFIED AS SAFETY OFFICER**

PLEASE FORWARD TO THE SAFETY OFFICER

CONFIDENTIAL

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

| | | |
|----------------------------|--------------------|----------------------------------|
| PURPOSE OF TEST: | SPECIMEN ID: | MED-STOP MRO SERVICES |
| PRE-EMPLOYMENT | 7946463758 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 09/23/2024 03:30 PM | DOT FMCSA | PHONE: (877) 633-3633 |
| EDT UTC-4 | | FAX: (847) 647-6608 |
| TEST RESULT: | | EMAIL: mro@med-stop.com |

NEGATIVE

TEST LAB PANEL:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
COHN, JAMES MICHAEL

DONOR ID:
FLC500453904150

NAME OF COMPANY / LOCATION:
ZIGI FREIGHT INC

6850 W 63RD STREET

CHICAGO IL 60638

LOCATION / COLLECTION SITE:
CARESPOT - EAST LARGO

4895 E BAY DR

CLEARWATER FL 33764

PHONE: (727) 330-3988

LABORATORY PERFORMING TEST:
QUEST DIAGNOSTICS

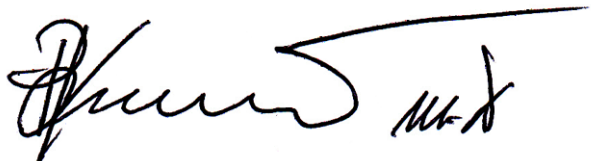
10101 RENNER BLVD

LENEXA KS 66219

PHONE: (800) 877-7484

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

SIGNATURE:



LAB RESULT RECEIVED AT:
09/25/2024 03:32 PM CDT UTC-5

MRO COPY BECAME AVAILABLE AT:
09/25/2024 03:35 PM CDT UTC-5

DATE / TIME THE RESULT BECAME AVAILABLE:
09/25/2024 03:37 PM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

PRE-EMPLOYMENT

COLLECTION DATE / TIME:

09/23/2024 03:30 PM

EDT UTC-4

TEST RESULT:

SPECIMEN ID:

7946463758

TESTING AUTHORITY:

DOT FMCSA

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

mro@med-stop.com

NEGATIVE

TEST LAB PANEL:

MRO REMARKS:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

COHN, JAMES MICHAEL

DONOR ID:

FLC500453904150

NAME OF COMPANY / LOCATION:

ZIGI FREIGHT INC

6850 W 63RD STREET

CHICAGO IL 60638

LOCATION / COLLECTION SITE:

CARESPOT - EAST LARGO

4895 E BAY DR

CLEARWATER FL 33764

PHONE: (727) 330-3988

LABORATORY PERFORMING TEST:

QUEST DIAGNOSTICS

10101 RENNER BLVD

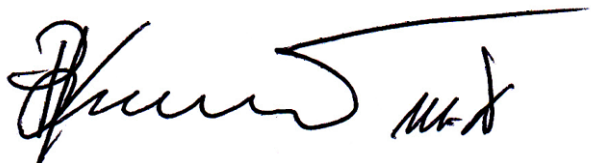
LENEXA KS 66219

PHONE: (800) 877-7484

MEDICAL REVIEW OFFICER:

KWIECINSKI PAWEL K

SIGNATURE:



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RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

| | | |
|----------------------------|--------------------|----------------------------------|
| PURPOSE OF TEST: | SPECIMEN ID: | MED-STOP MRO SERVICES |
| PRE-EMPLOYMENT | 7946463758 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 09/23/2024 03:30 PM | DOT FMCSA | PHONE: (877) 633-3633 |
| EDT UTC-4 | | FAX: (847) 647-6608 |
| EMPLOYEE / APPLICANT: | | mro@med-stop.com |
| COHN JAMES MICHAEL | | |

| DRUG CLASS | INITIAL SCREENING CUT-OFF LIMIT | CONFIRMATION CUT-OFF LIMIT |
|--|---------------------------------|----------------------------|
| AMPHETAMINE/METHAMPHETAMINE (500 NG/ML SCREEN) | 500 ng/mL | 250 ng/mL |
| MDMA/MDA (500 NG/ML SCREEN) | 500 ng/mL | 250 ng/mL |
| COCAINE METABOLITE (BZE) (150 NG/ML SCREEN) | 150 ng/mL | 100 ng/mL |
| MARIJUANA METABOLITE (THCA) (50 NG/ML SCREEN) | 50 ng/mL | 15 ng/mL |
| CODEINE/MORPHINE (2000 NG/ML SCREEN) | 2000 ng/mL | 2000 ng/mL |
| 6-ACETYLMORPHINE (10 NG/ML SCREEN) | 10 ng/mL | 10 ng/mL |
| HYDROCODONE/HYDROMORPHONE (300 NG/ML SCREEN) | 300 ng/mL | 100 ng/mL |
| OXYCODONE/OXYMORPHONE (100 NG/ML SCREEN) | 100 ng/mL | 100 ng/mL |
| PHENCYCLIDINE | 25 ng/mL | 25 ng/mL |

MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

DATE / TIME THE RESULT BECAME AVAILABLE:
09/25/2024 03:37 PM CDT UTC-5

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. 7946463758



OMB No. 0930-0158

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

Lab Acct #: 10624350

DER Name & Phone #: 6304857370 NIKOLA STAMENK

TESTING AUTHORITY FMCSA

ACCOUNT NUMBER: 501512218129

ZIGI FREIGHT INC
6850 W 63RD STREET
CHICAGO, IL 60638
Phone: 630-485-7370 Fax: 630-485-6980

B. MRO Name, Address, Phone and Fax No.

PAWEL KWIECINSKI MD
9950 LAWRENCE AVE STE 403
SCHILLER PARK, IL 60176
Phone: 847-647-0453
Fax: 847-647-6608

C. Donor SSN, Employee I.D., or CDL State and No.

FLC500453904150

D. Specify Testing Authority:

☐ HHS☐ NRC

Specify DOT Agency:

☒ FMCSA☐ FAA☐ FRA☐ FTA☐ PHMSA☐ USCG

E. Reason for Test:

☒ Pre-Employment☐ Random☐ Reasonable Suspicion/Cause☐ Post Accident☐ Return to Duty☐ Follow Up☐ Other (Specify)

F. Drug Tests to be Performed:

☒ THC, COC, PCP, OPI, AMP☐ THC & COC Only☐ Other (Specify)

G. Collection Site Address:

CareSpot - East Largo - 56041
4895 E Bay Dr Unit 120
Largo, FL 33764

56041-FL306

Clinic ID

Collector Contact Info: Phone 727-330-3988

Fax 727-339-6999

Other

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUID

Collection:

☒ Split☐ Single☐ None Provided, Enter Remark

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F?

☒ Yes☐ No, Enter Remark☐ Observed, Enter Remark

ORAL FLUID: Split type:

☐ Serial☐ Concurrent☐ Subdivided

Each Device Within Expiration Date?

☐ Yes☐ No☐ Volume Indicator(s) Observed

REMARKS:

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

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

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

X

Signature of Collector

Paola Alequin Sanchez

(PRINT) Collector's Name (First, MI, Last)

09

23

2024

Date (Mo./Day/Yr.)

3:30:20

Time of Collection

☐ AM☒ PM

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:

QUEST

Name of Delivery Service

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine 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 provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

JAMES M COHN

(PRINT) Donor's Name (First, MI, Last)

09

23

2024

Date (Mo./Day/Yr.)

Email

Day Phone (630) 485-7370

Evening Phone (727) 470-5191

Date of Birth

11

15

1990

Date (Mo./Day/Yr.)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

☒ URINE☐ ORAL FLUID

In accordance with applicable Federal requirements, my verification is:

☐ Negative☐ Positive for:☐ Dilute☐ Refusal to Test because - check reason(s) below:☐ TEST CANCELLED☐ ADULTERATED (adulterant/reason):☐ SUBSTITUTED☐ OTHER:

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

☐ RECONFIRMED for:☐ TEST CANCELLED☐ FAILED TO RECONFIRM for:

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)