



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:

RIKI TRANSPORTATION INC
8225 LECLAIRE AVE
BURBANK IL 60459
PHONE: (973) 563-3159
FAX: (630) 485-6980

ATTENTION TO:

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT:

11/21/2024 09:24 AM CST UTC-6

PAGES:

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**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 | CF18787925 | 9950 LAWRENCE AVE STE 403 |
| COLLECTION DATE / TIME: | TESTING AUTHORITY: | SCHILLER PARK IL 60176 |
| 10/22/2024 04:06 PM | DOT FMCSA | PHONE: (877) 633-3633 |
| EST UTC-5 | | FAX: (847) 647-6608 |
| TEST RESULT: | | EMAIL: mro@med-stop.com |

NEGATIVE

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:
**ESPINOZA MELENDEZ, HECTOR
JORGE**

NAME OF COMPANY / LOCATION:
RIKI TRANSPORTATION INC

DONOR ID:
NJE80533207104792

**8225 LECLAIRE AVE
BURBANK IL 60459**

LOCATION / COLLECTION SITE:
**FASTEST LABS OF SECAUCUS
1257 PATERSON PLANK RD
SECAUCUS NJ 07094-3246
PHONE: (201) 669-4447**

LABORATORY PERFORMING TEST:
**CLINICAL REFERENCE LABORATORY
8433 QUIVIRA
LENEXA KS 66215
PHONE: (800) 452-5677**

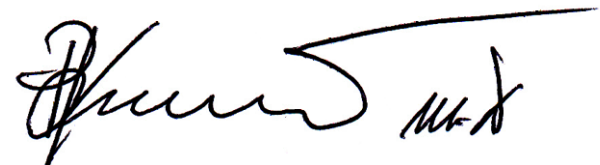
MEDICAL REVIEW OFFICER:
KWIECINSKI PAWEL K

LAB RESULT RECEIVED AT:
10/23/2024 03:50 PM CST UTC-6

SIGNATURE:

MRO COPY BECAME AVAILABLE AT:
10/22/2024 03:10 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:
10/23/2024 04:07 PM CST UTC-6



THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE





C F 1 8 7 8 7 9 2 5

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062



Marketplace

8433 Quivira Road
Lenexa, KS 66215

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

| | | | | |
|---|--|---------------------------------------|--|--|
| A. Employer Name, Address, I.D. No. KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980 | | Site Location | B. MRO Name, Address, Phone No. and Fax No. PAWEL KWIECINSKI, MD (MRO4478) MED-STOP INC 9950 LAWRENCE AVE SUITE 403 SCHILLER PARK, IL 60176 Phone#: (877)633-3633 / Fax#: (847)647-6608 MRO@MED-STOP.COM | |
| C. Donor SSN, Employee I.D. No., or CDL State and No. NJE80533207104792 | | | | |
| D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG | | | | |
| E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ | | | | |
| F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ W215 | | | | |
| G. Collection Site Address: Fastest Labs of Secaucus 1257 Paterson Plank Rd Secaucus, NJ 07094-3246 | | Collection Site Code: FQS.0000 | Collector Contact Info: Phone (201)669-4447 Fax (201)359-3898 Other secaucus@fastestlabs.com | |

OMB No. 0930-0158

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

☒ URINE☐ ORAL FLUID

| | | | |
|---|--|--|--|
| COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark. | | | |
| URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark | | | |
| ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided | | Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 | | SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: | |
| | Saadman Khan | 10/22/2024 | 4:06 EDT PM X | <input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Other _____ |
| (PRINT) Collector's Name (First, MI, Last) | Date (Mo/Day/Yr) | Time of Collection | 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/tube 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/tube is correct.

| | | | |
|--|--|-------------------------------------|--|
| X | HECTOR J ESPINOZA MELENDEZ | | 10/22/2024 |
| | (PRINT) Donor's Name (First, MI, Last) | | Date (Mo/Day/Yr) |
| Signature of Donor | | 4/23/1979 | |
| Email address: <u>espinoza190205@hotmail.com</u> | | Daytime Phone No. <u>2015874877</u> | Evening Phone No. <u>7083035150</u> Date of Birth <u>4/23/1979</u> |

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: | | |
| <input type="checkbox"/> NEGATIVE | <input type="checkbox"/> POSITIVE for: _____ | |
| <input type="checkbox"/> DILUTE | | |
| <input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: | | <input type="checkbox"/> TEST CANCELLED |
| <input type="checkbox"/> ADULTERATED (adulterant/reason): _____ | | |
| <input type="checkbox"/> SUBSTITUTED | | |
| <input type="checkbox"/> OTHER: _____ | | |
| REMARKS: | | |
| X | (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:

| | |
|---|---|
| <input type="checkbox"/> RECONFIRMED for: _____ | <input type="checkbox"/> TEST CANCELLED |
| <input type="checkbox"/> FAILED TO RECONFIRM for: _____ | |
| REMARKS: | |
| X | (PRINT) Medical Review Officer's Name (First, MI, Last) |
| Signature of Medical Review Officer | Date (Mo/Day/Yr) |

COPY 2 - MEDICAL REVIEW OFFICER COPY

Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (10/22/2024 12:10:46)

Conducted By: RADOSLAV KOVACEVIC | Query Type: Pre-employment | Query Submitted: Manually

Driver Information

Name: HECTOR ESPINOSA MELENDEZ
Date of Birth: 4/23/1979
CDL/CLP ⓘ: US-NJ-E80533207104792

Consent Information

Requested: 10/21/2024 11:55:50
Recorded: 10/22/2024 12:10:46
Status: Provided

Query History

Created: 10/21/2024 11:55:50
Completed: 10/22/2024 12:10:46
Query Result: Driver Not Prohibited

LEARN MORE

 The Return-to-Duty Process

Open Violations

No Open Violations