

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:

RADOSLAV KOVACEVIC

SUBJECT:

URINE DRUG TESTING RESULTS

DOCUMENT CREATED AT:

12/23/2024 08:03 AM CST UTC-6

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

12241219117259 PAGE 1 OF 2

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: SPECIMEN ID: MED-STOP MRO SERVICES

PRE-EMPLOYMENT CF17203809 9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME: TESTING AUTHORITY: SCHILLER PARK IL 60176

12/19/2024 01:04 PM DOT FMCSA PHONE: (877) 633-3633 CST UTC-6 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: NAME OF COMPANY / LOCATION:

LEFRID, YOUNESS RIKI TRANSPORTATION INC

DONOR ID: 8225 LECLAIRE AVE

IA583AT6181 BURBANK IL 60459

LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST:

MED-STOP HICKORY HILLS CLINICAL REFERENCE LABORATORY

7831 W 95TH ST 8433 QUIVIRA

HICKORY HILLS IL 60457 LENEXA KS 66215

PHONE: (708) 546-0551 PHONE: (800) 452-5677

MEDICAL REVIEW OFFICER:

LAB RESULT RECEIVED AT:

KWIECINSKI PAWEL K 12/20/2024 11:51 AM CST UTC-6

SIGNATURE: MRO COPY BECAME AVAILABLE AT:

12/19/2024 01:10 PM CST UTC-6

DATE / TIME THE RESULT BECAME AVAILABLE:

12/20/2024 11:51 AM CST UTC-6

THIS TEST WAS PERFORMED ACCORDING TO 49CFR 40 REGULATIONS

12241219117259 PAGE 2 OF 2

Signature of Medical Review Officer



SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

KOVACÉVIC RADOSLAV / RIKI TRANSPORTATION INC BURBANK, IL 60459 BURBANK, IL 60459 BURBANK, IL 60459 Phone#: (973)653-3159 / Fax#: (630)485-6980 C. Donor SSN, Employee I.D. No., or CDL State and No. IA 583AT6181 D. Specify Testing Authority:	STEP 1: COMPLETED BY COLLECTOR OR	EMPLOYER REPRESEN	TATIVE	,	ACCESSION NO.	
D. Specify Testing Authority:	A. Employer Name, Address, I.D. No.		Site Location			ne No. and Fax No.
D. Specify Testing Authority:	·	N INC			•	(MRO4478)
D. Specify Testing Authority:						403
D. Specify Testing Authority:	i i					
D. Specify Testing Authority:	, , , , , ,			Phone#:	(877)633-3633 / Fa	x#: (847)647-6608
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: Thi-C. COC., PG., OPI, AMP TH-C. & COC Only Other (specify) W215 G. Collection Size Address: Med Stop - Hickory Hills Thi-C. COC., PG., OPI, AMP W215 G. Collection Size Address: Med Stop - Hickory Hills Thi-C. COC. PG., OPI, AMP W215 G. Collection Size Code: Collector Contact Info: Phone (708)546-0551 Fax (708)295-9162 Other Info@med-dxop.com Thi-C. COC. PG. OPI, AMP Thi-C. PG. OP	C. Donor SSN, Employee I.D. No., or CDL Sta	te and No. IA 58			ED-STOP.COM	
F. Drug Tests to be Performed:						
G. Collection Site Address: Med Stop - History Hills					,	ollow-upOther (specify)
G. Collection Site Address: Med Stop - Hickory Hills			THC & COC O	nly Other	(specify)	
TREP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). WINE GRAL FLUID	W2	:15				
TREP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). WINE GRAL FLUID	C Collection Cite Address. Mad Step His	drama IIIIIa	Callagtian Cita Ca	da. 0 0		()
THE COMPLETED BY COLLECTOR (make remarks when appropriate). W URINE						· · ·
TITEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). Value Signif Single None Provided, Enter Remark.			YMS.000)3		` '
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F7	HICKORY HIIIS, I	<u>L 60457-2388</u>			——————————————————————————————————————	into@mea-stop.com
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F?	STEP 2: COMPLETED BY COLLECTOR (ma	ke remarks when app	ropriate).	X URIN	E 🗌 O	RAL FLUID
REMARKS: Serial Concurrent Subdivided Each Device Within Expiration Date? Yes No Volume Indicator(s) Observed	COLLECTION: X Split Single	None Provided, Enter Re	emark.			
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 Tordiff that the secure giver pin to be the control of the cardinal process of the control of the cardinal process of the ca	URINE: Collector reads urine temperature wit	hin 4 minutes. Temperatur	e between 90° and 1	00°F? X Yes	No, Enter Ren	nark Observed, Enter Remark
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 STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY STEP 5: COMPLETED BY DONOR I 2/19/2024	ORAL FLUID: Split Type: Serial Co	ncurrent Subdivided	Each Device Withir	Expiration Date?	Yes No	Volume Indicator(s) Observed
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 STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY STEP 5: COMPLETED BY DONOR I 2/19/2024	REMARKS:		<u> </u>		<u> </u>	
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: Specimen bottle specimen pown pan by the dozen shorted in the confliction section on Capy 2 of this form was calcuted. Mobeled, and released to the Upfort Pany of part of the form was calcuted. Mobeled, and released to the Upfort Pany of part of the form was calcuted. Mobeled, and released to the Upfort Pany of part of the form was calcuted. Mobeled, and released to the Upfort Pany of the Countries. Specimen BOTTLE(S)/TUBE(S) RELEASED TO: PedEx Other CRL Courier	THE PRICES.					
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: Specimen bottle specimen pown pan by the dozen shorted in the confliction section on Capy 2 of this form was calcuted. Mobeled, and released to the Upfort Pany of part of the form was calcuted. Mobeled, and released to the Upfort Pany of part of the form was calcuted. Mobeled, and released to the Upfort Pany of part of the form was calcuted. Mobeled, and released to the Upfort Pany of the Countries. Specimen BOTTLE(S)/TUBE(S) RELEASED TO: PedEx Other CRL Courier						
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx	STEP 3: Collector affixes seal(s) to bottle(s)/	tube(s). Collector dates se	eal(s). Donor initia	ls seal(s). Donor con	npletes STEP 5 on	Copy 2 (MRO Copy)
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: Walgorzata Bodyziak 12/19/2024 1:04 CST PM X Time of Collection Name of Delivery Service STEP 5: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: REPMANS: Signature of Medical Review Officer REPMANS: Signature of Medical Review Officer REPLICATION Signature of Delivery Service 12/19/2024 1:04 CST PM X Time of Collection Time of Collection 1:04 CST PM X Time of Collection Name of Delivery Service 12/19/2024 12/19/				TEST FACILITY		
SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: Walgorzata Bodyziak 12/19/2024 1:04 CST PM X Time of Collection Name of Delivery Service STEP 5: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: REPMANS: Signature of Medical Review Officer REPMANS: Signature of Medical Review Officer REPLICATION Signature of Delivery Service 12/19/2024 1:04 CST PM X Time of Collection Time of Collection 1:04 CST PM X Time of Collection Name of Delivery Service 12/19/2024 12/19/	I certify that the specimen given to me by the donor identified in the cert sealed, and released to the Delivery Service noted in accordance with ap	tification section on Copy 2 of this form viplicable federal requirements.	vas collected, labeled,			
UPS FedEx Other CRL Courier Signature of Collector AM X 12/19/2024 1:04 CST PM X 1:04 CST		,	ı	SPECIMEN BOTTLE	(S)/TUBE(S) R	ELEASED TO:
Signature of Collector Malgorizata Bootyzlak 12/19/2024 1:04 CST PM X X Other CRL Courier			1-	_		
Malgorzata Boddyziak 12/19/2024 1:04 CST PM X Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection FREMINT Collector's Name (First, MI, Last) Date (Mo/Day/Yr) Time of Collection The of Collector's Name (First, MI, Last) Name of Delivery Service Name (First, MI, Last) Date (Mo/Day/Yr) 12/25/1986 (PRINT) Donor's Name (First, MI, Last) 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 these medications for Northestand, 'Hou choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy S). — DO NOT ROCUSEAR, 'Hou Choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy S). — DO NOT ROCUSEAR, 'Hou Choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy S). — DO NOT ROCUSEAR, 'Hou Choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy S). — DO NOT ROCUSEAR, 'Hou Choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy S). — DO NOT ROCUSEAR, 'Hou Choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy S). — DO NOT ROCUSEAR, 'Hou Choose to make a list, do so either on a separate piece of p		Collector		_ 10F3	_	
Open Completed By Donor Complete Co					X Ot	her CRL Courier
Certify that provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/fube 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/fube is correct. YOUNESS LEFRID		<u> </u>			Name of Delive	ry Service
YOUNESS LEFRID (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr) Signature of Donor Email address: younesslefrid1234@gmail.com Daytime Phone No. 3195389105 Evening Phone No. 3195389105 Date of Birth (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 PS, Do NOT PROVIDE THIS INFORMATION ON THE ROCK OF ANY OTHER COPY S WITH YOU. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) TEST CANCELLED	STEP 5: COMPLETED BY DONOR					
YOUNESS LEFRID (PRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr) 12/25/1986 (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. In accordance with applicable federal requirements, my verification is: NEGATIVE			er; each specimen bottle/t	ube used was sealed with a ta	amper-evident seal in my p	presence; and that the information
CPRINT) Donor's Name (First, MI, Last) Date (Mo/Day/Yr) 12/25/1986	provided on this form and on the label affixed to each specimen b	ottie/tube is correct.				
Signature of Donor Email address: Younesslefrid1234@gmail.com Daytime Phone No. 3195389105 Evening Phone No. 3195389105 Date of Birth 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 S) DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY S WITH YOU. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: NEGATIVE	X Will 1		YOU	NESS LEFRID		
Email address: younesslefrid1234@gmail.com Daytime Phone No. 3195389105 Evening Phone No. 3195389105 Date of Birth 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 S). – DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY S WITH YOU. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is:			(PRINT) Don	or's Name (First, MI, Last)		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 In accordance with applicable federal requirements, my verification is: NEGATIVE	,		240=200		0.40=00040=	12/25/1986
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 In accordance with applicable federal requirements, my verification is: NEGATIVE	Email address: younessiefrid1234@gmail.com	Daytime Phon	e No. 31953891	.05 Evening Phone No	o. <u>3195389105</u>	Date of Birth (Mo/Day/Yr)
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 In accordance with applicable federal requirements, my verification is: NEGATIVE	After the Medical Review Officer receives the test results f	for the specimen identified by th	is form, he/she may co	ntact you to ask about pre	escriptions and over-th	e-counter medications you may have
TITEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable federal requirements, my verification is: NEGATIVE						her on a separate piece of paper or on
In accordance with applicable federal requirements, my verification is: NEGATIVE						DAI FILITO
NEGATIVE			I SI ECTIVIEI	V OKIN	<u>- </u>	TRAL I LOID
DILUTE REFUSAL TO TEST because - check reason(s) below:	, <u> </u>					
REFUSAL TO TEST because - check reason(s) below: ADULTERATED (adulterant/reason): SUBSTITUTED OTHER: REMARKS: X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) 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: FAILED TO RECONFIRM for:						
ADULTERATED (adulterant/reason): SUBSTITUTED OTHER: OTHER: OTHER: 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: TEST CANCELLED FAILED TO RECONFIRM for: TEST CANCELLED					_	
SUBSTITUTED OTHER: REMARKS: X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) 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: FAILED TO RECONFIRM for:					L TE	ST CANCELLED
REMARKS: X Signature of Medical Review Officer 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: FAILED TO RECONFIRM for:		on):				
REMARKS: X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) 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: FAILED TO RECONFIRM for:						
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) 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: FAILED TO RECONFIRM for:						
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: FAILED TO RECONFIRM for:						
TEST CANCELLED RECONFIRMED for: FAILED TO RECONFIRM for:			(DDINT) Madinal P	iou Officaria Nam - (First &	AT Last\	Date (Mo/Day/Vr)
RECONFIRMED for: FAILED TO RECONFIRM for:	<u> </u>	W OFFICED - SDI IT SI		iew Officer's Name (First, M	'II, Last)	Date (MO/Day/11)
RECONFIRMED for: TEST CANCELLED FAILED TO RECONFIRM for:			_			
FAILED TO RECONFIRM for:						TEST CANCELLED
					L	TIESI CANCELLED
REMARKS:						
	KEMAKKS:					

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

Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (12/19/2024 13:32:58)

Conducted By: Mateja Markovic **Query Type:** Pre-employment **Query Submitted:** Manually

Driver Information

Name: YOUNESS LEFRID
Date of Birth: 12/25/1986
CDL/CLP : US-IA-583AT6181

Consent Information

Requested: 12/19/2024 13:31:50 **Recorded:** 12/19/2024 13:32:58

Status: Provided

Query History

Created: 12/19/2024 13:31:50
Completed: 12/19/2024 13:32:58
Query Result: Driver Not Prohibited

LEARN MORE

■ The Return-to-Duty Process

Open Violations

No Open Violations