



C F 1 7 2 0 4 0 0 0

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

ACCESSION NO.

<b>A. Employer Name, Address, I.D. No.</b> KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980		<b>Site Location</b>	<b>B. MRO Name, Address, Phone No. and Fax No.</b> 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	
<b>C. Donor SSN, Employee I.D. No., or CDL State and No.</b> <b>NJ M68360020001642</b>				
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <b>Specify DOT Agency:</b> <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				
<b>E. Reason for Test:</b> <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)				
<b>F. Drug Tests to be Performed:</b> <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify)				
<b>W215</b>				
<b>G. Collection Site Address:</b> <b>Med Stop - Hickory Hills</b> <b>7831 W 95th St Ste J</b> <b>Hickory Hills, IL 60457-2388</b>		<b>Collection Site Code:</b> <b>YMS.0003</b>	<b>Collector Contact Info:</b> Phone <b>(708)546-0551</b> Fax <b>(708)295-9162</b> Other <b>info@med-stop.com</b>	

OMB No. 0930-0158

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).**☒ **URINE**☐ **ORAL FLUID**

<b>COLLECTION:</b> <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.			
<b>URINE: Collector reads urine temperature within 4 minutes.</b> Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark			
<b>ORAL FLUID: Split Type:</b> <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided		<b>Each Device Within Expiration Date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed	
<b>REMARKS:</b>			

**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.

<b>X</b> Signature of Collector		<b>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Other <b>CRL Courier</b> Name of Delivery Service	
<b>Dorota Moniuszko</b> (PRINT) Collector's Name (First, MI, Last)	<b>1/14/2025</b> Date (Mo/Day/Yr)	<b>2:40 CST PM X</b> Time of Collection	

**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.

<b>X</b> Signature of Donor		<b>MOUTI ABDERRAHIM</b> (PRINT) Donor's Name (First, MI, Last)	<b>1/14/2025</b> Date (Mo/Day/Yr)
Email address: <b>N/A</b>		Daytime Phone No. <b>7864224811</b>	Evening Phone No. <b>7864224811</b>
		Date of Birth <b>1/21/1964</b> (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: <input type="checkbox"/> <b>NEGATIVE</b> <input type="checkbox"/> <b>POSITIVE</b> for: _____ <input type="checkbox"/> <b>DILUTE</b>		
<input type="checkbox"/> <b>REFUSAL TO TEST</b> because - check reason(s) below: <input type="checkbox"/> <b>ADULTERATED</b> (adulterant/reason): _____ <input type="checkbox"/> <b>SUBSTITUTED</b> <input type="checkbox"/> <b>OTHER:</b> _____		<input type="checkbox"/> <b>TEST CANCELLED</b>
<b>REMARKS:</b>		
<b>X</b> Signature of Medical Review Officer		<b>(PRINT) Medical Review Officer's Name (First, MI, Last)</b>
		<b>Date (Mo/Day/Yr)</b>

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

COPY 2 - MEDICAL REVIEW OFFICER COPY



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**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:**

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

**ATTENTION TO:**

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**RADOSLAV KOVACEVIC**

**SUBJECT:**

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**URINE DRUG TESTING RESULTS**

**DOCUMENT CREATED AT:**

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**01/16/2025 02:47 PM CST UTC-6**

**PAGES:**

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**2**

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

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**PLEASE FORWARD TO THE SAFETY OFFICER**

**CONFIDENTIAL**

# RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>CF17204000</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>01/14/2025 02:40 PM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>CST UTC-6</b>		<b>FAX: (847) 647-6608</b>
TEST RESULT:		<b>EMAIL: mro@med-stop.com</b>

**NEGATIVE**

TEST LAB PANEL:

W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**ABDERRAHIM, MOUTI**

DONOR ID:  
**NJM68360020001642**

NAME OF COMPANY / LOCATION:  
**RIKI TRANSPORTATION INC**

**8225 LECLAIRE AVE**  
**BURBANK IL 60459**

LOCATION / COLLECTION SITE:  
**MED-STOP HICKORY HILLS**  
**7831 W 95TH ST**  
**HICKORY HILLS IL 60457**  
**PHONE: (708) 546-0551**

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

MEDICAL REVIEW OFFICER:  
**KWIECINSKI PAWEL K**

SIGNATURE:



LAB RESULT RECEIVED AT:  
**01/15/2025 11:27 AM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:  
**01/14/2025 02:45 PM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**01/15/2025 11:31 AM CST UTC-6**

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



RESULTS OF SAMSHA (NIDA) CONTROLLED TEST


PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>CF17204000</b>	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
COLLECTION DATE / TIME: <b>01/14/2025 02:40 PM CST UTC-6</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <b>NEGATIVE</b>		

MRO REMARKS:	TEST LAB PANEL: W215
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>ABDERRAHIM, MOUTI</b>	NAME OF COMPANY / LOCATION: <b>RIKI TRANSPORTATION INC</b>
DONOR ID: <b>NJM68360020001642</b>	<b>8225 LECLAIRE AVE</b> <b>BURBANK IL 60459</b>

LOCATION / COLLECTION SITE: <b>MED-STOP HICKORY HILLS</b> <b>7831 W 95TH ST</b> <b>HICKORY HILLS IL 60457</b> <b>PHONE: (708) 546-0551</b>	LABORATORY PERFORMING TEST: <b>CLINICAL REFERENCE LABORATORY</b> <b>8433 QUIVIRA</b> <b>LENEXA KS 66215</b> <b>PHONE: (800) 452-5677</b>
--	--

MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAWEL K</b>	LAB RESULT RECEIVED AT: <b>01/15/2025 11:27 AM CST UTC-6</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>01/14/2025 02:45 PM CST UTC-6</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>01/15/2025 11:31 AM CST UTC-6</b>

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE	
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# PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

SPECIMEN ID:

**CF17204000**

MED-STOP MRO SERVICES

9950 LAWRENCE AVE STE 403

COLLECTION DATE / TIME:

**01/14/2025 02:40 PM**

TESTING AUTHORITY:

**DOT FMCSA**

SCHILLER PARK IL 60176

PHONE: (877) 633-3633

FAX: (847) 647-6608

EMPLOYEE / APPLICANT:

mro@med-stop.com

**ABDERRAHIM MOUTI**

DRUG CLASS

INITIAL SCREENING CUT-OFF LIMIT

CONFIRMATION CUT-OFF LIMIT

6-AM (10/10)	10 ng/mL	10 ng/mL
AMP/MAMP (500/250)	500 ng/mL	250 ng/mL
COCAINE METABOLITE (150/100)	150 ng/mL	100 ng/mL
MARIJUANA METABOLITES (50/15)	50 ng/mL	15 ng/mL
COD/MOR (2000/2000)	2000 ng/mL	2000 ng/mL
OXYC/OXYM (100/100)	100 ng/mL	100 ng/mL
PHENCYCLIDINE (25/25)	25 ng/mL	25 ng/mL
MDMA/MDA (500/250)	500 ng/mL	250 ng/mL
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAWEL K**

DATE / TIME THE RESULT BECAME AVAILABLE:

**01/15/2025 11:31 AM CST UTC-6**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



DRUG & ALCOHOL  
CLEARINGHOUSE

Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (1/14/2025 14:10:17)

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

**Driver Information**

**Name:** ABDERRAHIM MOUTI

**Date of Birth:** 1/21/1964

**CDL/CLP** ⓘ : US-NJ-M68360020001642

**Consent Information**

**Requested:** 1/14/2025 14:08:27

**Recorded:** 1/14/2025 14:10:17

**Status:** Provided

**Query History**

**Created:** 1/14/2025 14:08:27

**Completed:** 1/14/2025 14:10:17

**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
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