

## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO. **7938411685**

OMB No. 0930-0158

## STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<b>A. Employer Name, Address, I.D. No.</b> RIKI TRANSPORTATION INC 8225 LECLAIRE AVE BURBANK, IL 60459 Phone: 973-563-3159 Fax: 630-485-6980		<b>Lab Acct #:</b> 10783041 <b>DER Name &amp; Phone #:</b> 7083035150 RADOSLAV KOVAC <b>TESTING AUTHORITY:</b> FMCSA <b>ACCOUNT NUMBER:</b> 50180822235933	<b>B. MRO Name, Address, Phone and Fax No.</b> PAWEL KWIECINSKI MD 9950 LAWRENCE AVE STE 403 SCHILLER PARK, IL 60176 Phone: 847-647-0453 Fax: 847-647-6608
<b>C. Donor SSN, Employee I.D., or CDL State and No.</b> AL5866472			
<b>D. Specify Testing Authority:</b> <input type="checkbox"/> HHS <input type="checkbox"/> NRC <input type="checkbox"/> 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			
<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>G. Collection Site Address:</b> Fast Pace - Prattville AL - 58252 619 E Main St Prattville, AL 36067		<b>Clinic ID</b> <b>58252-AL061</b>	<b>Collector Contact Info:</b> <b>Phone</b> 334-310-6183 <b>Fax</b> 334-310-6184 <b>Other</b> _____

## 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:</b> Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Enter Remark _____ Observed, Enter Remark _____
<b>ORAL FLUID:</b> 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 _____
<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>SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:</b>
<b>X</b>  Jonathan Huff (PRINT) Collector's Name (First, MI, Last)	Signature of Collector 01 / 17 / 2025 Date (Mo./Day/Yr.) 11:10:38 Time of Collection <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>FEDEX</b> 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.

<b>X</b>  Signature of Donor	NATHANIEL HAYESJR (PRINT) Donor's Name (First, MI, Last)	01 / 17 / 2025 Date (Mo./Day/Yr.)
Email _____	Day Phone (973) 563-3159	Evening Phone (334) 544-7050
Date of Birth 11 / 29 / 1973	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:

<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: _____	
<b>REMARKS:</b> _____	
<b>X</b> 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:

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



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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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**02/06/2025 09:58 AM 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>7938411685</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>01/17/2025 11:10 AM</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:

65304N

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:  
**HAYES JR, NATHANIEL**

DONOR ID:  
**AL5866472**

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

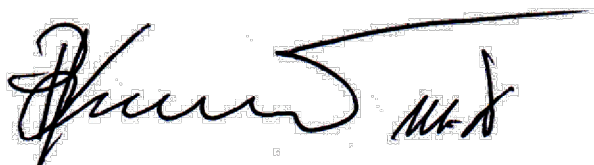
**8225 LECLAIRE AVE**  
**BURBANK IL 60459**

LOCATION / COLLECTION SITE:  
**FAST PACE - PRATTVILLE AL**  
**619 E MAIN ST**  
**PRATTVILLE AL 36067**  
**PHONE: (334) 310-6183**

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:  
**01/18/2025 05:53 PM CST UTC-6**

MRO COPY BECAME AVAILABLE AT:  
**01/17/2025 11:25 AM CST UTC-6**

DATE / TIME THE RESULT BECAME AVAILABLE:  
**01/20/2025 08:17 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

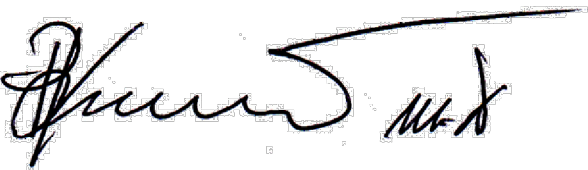
PURPOSE OF TEST: <b>PRE-EMPLOYMENT</b>	SPECIMEN ID: <b>7938411685</b>	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 FAX: (847) 647-6608 mro@med-stop.com
COLLECTION DATE / TIME: <b>01/17/2025 11:10 AM CST UTC-6</b>	TESTING AUTHORITY: <b>DOT FMCSA</b>	
TEST RESULT: <b>NEGATIVE</b>		

MRO REMARKS:	TEST LAB PANEL: 65304N
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THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT: <b>HAYES JR, NATHANIEL</b>	NAME OF COMPANY / LOCATION: <b>RIKI TRANSPORTATION INC</b>
DONOR ID: <b>AL5866472</b>	<b>8225 LECLAIRE AVE BURBANK IL 60459</b>

LOCATION / COLLECTION SITE: <b>FAST PACE - PRATTVILLE AL 619 E MAIN ST PRATTVILLE AL 36067 PHONE: (334) 310-6183</b>	LABORATORY PERFORMING TEST: <b>QUEST DIAGNOSTICS 10101 RENNER BLVD LENEXA KS 66219 PHONE: (800) 877-7484</b>
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MEDICAL REVIEW OFFICER: <b>KWIECINSKI PAWEL K</b>	LAB RESULT RECEIVED AT: <b>01/18/2025 05:53 PM CST UTC-6</b>
SIGNATURE: 	MRO COPY BECAME AVAILABLE AT: <b>01/17/2025 11:25 AM CST UTC-6</b>
	DATE / TIME THE RESULT BECAME AVAILABLE: <b>01/20/2025 08:17 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:	SPECIMEN ID:	MED-STOP MRO SERVICES
<b>PRE-EMPLOYMENT</b>	<b>7938411685</b>	<b>9950 LAWRENCE AVE STE 403</b>
COLLECTION DATE / TIME:	TESTING AUTHORITY:	<b>SCHILLER PARK IL 60176</b>
<b>01/17/2025 11:10 AM</b>	<b>DOT FMCSA</b>	<b>PHONE: (877) 633-3633</b>
<b>CST UTC-6</b>		<b>FAX: (847) 647-6608</b>
EMPLOYEE / APPLICANT:		<b>mro@med-stop.com</b>
<b>HAYES JR NATHANIEL</b>		

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:  
**01/20/2025 08:17 AM CST UTC-6**

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE



On Saturday, February 8, 2025, from 4:00 am to 8:00 am Eastern Time, the Commercial Driver's License Information System (CDLIS) Gateway will be intermittently unavailable due to scheduled system maintenance. Clearinghouse users may experience issues verifying driver information during this maintenance time.

# DRUG & ALCOHOL CLEARINGHOUSE



## Query Detail

### Query Overview

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

**Query Result:** Driver Not Prohibited

**Query Status:** Completed (1/16/2025 10:30:39)

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

#### Driver Information

**Name:** NATHANIEL HAYES

**Date of Birth:** 11/29/1973

**CDL/CLP** ⓘ : US-AL-5866472

#### Consent Information

**Requested:** 1/16/2025 10:09:06

**Recorded:** 1/16/2025 10:30:39

**Status:** Provided

#### Query History

**Created:** 1/16/2025 10:09:06

**Completed:** 1/16/2025 10:30:39

**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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RTD

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- Privacy Policy
- Vulnerability Disclosure Policy
- USA.gov
- Web Policies and Notices
- Web Standards

Information Collection #: OMB Control No. 2126-0057

Queries	Violations	RTD	Profile
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