		CONTROL FO	JKM					8433 (Quivira R	load
								Lenex	a, KS 66	
C F 1 8 4 SPECIMEN II		89		IO. YMS.DOT1	D3110062)				Th
STEP 1: COMPLETED BY		OR EMPLOY			.03119002	<u>-</u>	ACCES	SION N	0.	
A. Employer Name, Addres KOVACEVIC RADOSLAV / R 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / F	s, I.D. No. IKI TRANSPORT	TATION INC		Site Locatio	n B.	PAWEL MED-ST 9950 L/	Name, A KWIECI FOP INC	ddress, NSKI, ME	Phone N MRO JITE 403	lo. and Fax No. 4478)
		L Chata and Na				Phone#		33-3633		847)647-6608
C. Donor SSN, Employee I. D. Specify Testing Authorit E. Reason for Test: X Pre- F. Drug Tests to be Perform	y: HHS -employment		Specify DOT A Reasonable S	Agency: X FMC uspicion/Cause	SA FAA Post Accider	Ff	eturn to	FTA	Follow	SA USCG J-up Other (specify)
G. Collection Site Address:	Med Stop ·	- Hickory Hill	s	Collection Site C	Code: Coll	ector C	ontact I	Info: Ph	none (7	08)546-0551
	7831 W 95	5th St Ste J		YMS.00	03				Fax (7	08)295-9162
	Hickory Hi	ills, IL 60457	-2388	1110100				C	Other in	fo@med-stop.com
STEP 2: COMPLETED BY	COLLECTOR	(make rema	rks when ap	propriate).	X	URI	NE		ORA	L FLUID
COLLECTION: X Split	Single	None	Provided, Enter	Remark.					•	
URINE: Collector reads urin					100°F?	ΧΥ	es 🗖 I	No, Enter	Remark	Observed, Enter Remark
ORAL FLUID: Split Type:	Serial	Concurrent	Subdivided	Each Device With	nin Expiration D		Yes			Volume Indicator(s) Observed
REMARKS:										
STEP 4: CHAIN OF CUST T certify that the specimen given to me by sealed, and released to the Delivery Service	the donor identified in	the certification section	n on Copy 2 of this forr		Y TEST FACI		LE(S)/ ⁻	TUBE(S	6) RELEA	ASED TO:
x ////).)				UPS UPS			Ľ	FedEx	
Malgorzata Body	/	ure of Collector 3/10/20	025	AM 2:13 CDT PM X				X	Other	CRL Courier
5 1									Jelivery Ser	
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY	, irst, MI, Last)	Date (Mo/D		ne of Collection					Delivery Ser	
(PRINT) Collector's Name (Fi	irst, MI, Last) DONOR imen to the collector,	; that I have not adu	Day/Yr) Tin	ne of Collection	e/tube used was sea	aled with a		Name of [,	vice
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine specie	irst, MI, Last) DONOR imen to the collector,	; that I have not adu	Day/Yr) Tin	ne of Collection	e/tube used was sea			Name of [,	vice
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci provided on this form and on the label	irst, MI, Last) DONOR imen to the collector, affixed to each spec	; that I have not adu	Day/Yr) Tin	ne of Collection		OYD	tamper-ev	Name of [,	ce; and that the information $\frac{3/10/2025}{}$ Date (Mo/Day/Yr)
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine special provided on this form and on the label X Signator	irst, MI, Last) DONOR imen to the collector,	; that I have not adu	Day/Yr) Tin Iterated it in any main forrect.	ne of Collection nner; each specimen bottle RO (PRINT) Do	BERT G LL	OYD t, MI, Last	<i>tamper-ev</i> :)	Name of [n my presen	vice ce; and that the information <u>3/10/2025</u> Date (Mo/Day/Yr) <u>9/18/1983</u>
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label Signature Email address: N/A After the Medical Review Officer re taken. Therefore, you may want to	rist, MI, Last) DONOR imen to the collector, affixed to each spec of Donor eccives the test re o make a list of th	; that I have not adu cimen bottle/tube is c esults for the speci lose medications for	iterated it in any main correct.	ne of Collection nner; each specimen bottle RO (PRINT) D one No. <u>3473857</u> this form, he/she may ds. THIS LIST IS NOT N	BERT G LL ¹ onor's Name (First 7165 Evening contact you to as JECESSARY. If yo	OYD t, MI, Last g Phone sk about p ou choose	<i>tamper-ev</i> :) No. <u>34</u> prescriptic to make	Name of I nident seal i 73857 ons and ov a list, do	n my present	ce; and that the information 3/10/2025 Date (Mo/Day/Yr) 9/18/1983 (Mo/Day/Yr) nter medications you may have
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X Figure 4 Signature Email address: N/A After the Medical Review Officer re	irst, MI, Last) DONOR imen to the collector, affixed to each spec of Donor eccives the test re o make a list of th DO NOT PROVID	; that I have not adu cimen bottle/tube is c esults for the speci nose medications for IF THIS INFORMAT	hay/Yr) Tin Iterated it in any main iterated iterated iterated iterated iterated iterated iterated iterated iterated iterated iterated iterated iterated iterated ite	nner; each specimen bottle RO (PRINT) D one No. <u>3473857</u> this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY	BERT G LL onor's Name (First 7165 Evening contact you to as VECESSARY. If yo (OF THE FORM.	OYD t, MI, Last g Phone sk about p ou choose TAKE CO	tamper-ev) No. <u>34</u> prescriptic to make <u>PY 5 WIT</u>	Name of I nident seal i 73857 ons and ov a list, do	n my present 165 Dat ver-the-cou so either or	tice ce; and that the information 3/10/2025 Date (Mo/Day/Yr) 9/18/1983 (Mo/Day/Yr) the of Birth (Mo/Day/Yr) nter medications you may have n a separate piece of paper or on
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine specia provided on this form and on the label X Signatur Email address: N/A After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fea NEGATIVE	rst, MI, Last) DONOR imen to the collector, affixed to each spec of Donor ecceives the test re o make a list of th DO NOT PROVID MEDICAL RE teral requirements,	r; that I have not adu cimen bottle/tube is c esults for the speci tose medications fr E THIS INFORMAT EVIEW OFFIC my verification is:	Iterated it in any main Iterated it in any main correct. Daytime Pho imen identified by or your own recorr <u>FION ON THE BAC</u> CER - PRIMAI	nner; each specimen bottle RO (PRINT) D one No. <u>3473857</u> this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY	BERT G LL onor's Name (First 7165_Evening contact you to as NECESSARY. If you (OF THE FORM. X	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev) No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I nident seal i 73857 ons and ov a list, do H YOU.	n my present 165 Dat ver-the-cou so either or	ce; and that the information 3/10/2025 Date (Mo/Day/Yr) 9/18/1983 (Mo/Day/Yr) nter medications you may have
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine specia provided on this form and on the label X Signatur Email address: N/A After the Medical Review Officer re taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable fea NEGATIVE REFUSAL TO TEST bee ADULTERATED SUBSTITU	inst, MI, Last) DONOR imen to the collector, affixed to each spec of Donor ecceives the test ref o make a list of th DO NOT PROVID MEDICAL RE leral requirements, POSITIVE fo cause - check D (adulterant/i JTED	r; that I have not adu cimen bottle/tube is c esults for the speci nose medications for E THIS INFORMAT EVIEW OFFIC my verification is: or: reason(s) belo reason):	ilterated it in any main ilterated it in any main correct. Daytime Pho imen identified by or your own recorr ION ON THE BAC CER - PRIMAN	ne of Collection nner; each specimen bottle RO (PRINT) Do one No. <u>3473857</u> this form, he/she may ds. THIS LIST IS NOT M K OF ANY OTHER COPY RY SPECIMEN	BERT G LL onor's Name (First 7165_ Evening contact you to as ECESSARY. If you (OF THE FORM. X	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I ident seal i 73857 ons and ov a list, do H YOU.	165_Dat ver-the-cou so either or ORA	tice ce; and that the information 3/10/2025 Date (Mo/Day/Yr) 9/18/1983 (Mo/Day/Yr) the of Birth (Mo/Day/Yr) nter medications you may have n a separate piece of paper or on
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that 1 provided my urine speci- provided on this form and on the label Signature Email address: N/A After the Medical Review Officer rot taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable feat DILUTE REFUSAL TO TEST beat ADULTERATED SUBSTITU OTHED	irst, MI, Last) DONOR imen to the collector, affixed to each spec of Donor ecceives the test ref o make a list of th DO NOT PROVID MEDICAL RE feral requirements, POSITIVE for cause - check D (adulterant/f JTED R:	r; that I have not adu imen bottle/tube is c ose medications for the THIS INFORMAT EVIEW OFFIC my verification is: or: reason(s) belco reason):	iterated it in any main iterated it in any main correct. Daytime Pho- imen identified by imen identifie	ne of Collection nner; each specimen bottle RO (PRINT) D one No. 3473857 this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY RY SPECIMEN	BERT G LL onor's Name (First 7165_ Evening contact you to as ECESSARY. If you (OF THE FORM.	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I ident seal i 73857 ons and ov a list, do H YOU.	165_Dat ver-the-cou so either or ORA	te of Birth
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X	irst, MI, Last) DONOR imen to the collector, affixed to each spec of Donor ecceives the test re o make a list of th DO NOT PROVID MEDICAL RE teral requirements, POSITIVE fc cause - check D (adulterant/u) TED R: dical Review Office	r; that I have not adu imen bottle/tube is c esults for the speci nose medications for the THIS INFORMAT EVIEW OFFIC my verification is: or: reason(s) belc freason): er	Day/Yr) Tin ilterated it in any mail ilterated it in any mail interated it in any mail power of the provided by prover own record immen identified by or your own record immen identified by immen	ne of Collection nner; each specimen bottle RO (PRINT) D one No. <u>3473857</u> this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY RY SPECIMEN (PRINT) Medical R	BERT G LLL onor's Name (First 7165 Evening contact you to as VECESSARY. If you (OF THE FORM.	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev c) No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I	n my present	te of Birth
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that I provided my urine speci- provided on this form and on the label X	Inst, MI, Last) DONOR Immen to the collector, affixed to each spece of Donor ecceives the test re o make a list of th DO NOT PROVID MEDICAL RE teral requirements, DOSITIVE for cause - check D (adulterant/u) TED R: dical Review Office MEDICAL R	r; that I have not adu imen bottle/tube is c esults for the speci nose medications fr E THIS INFORMAT EVIEW OFFIC reason(s) belc reason(s) belc reason): er EVIEW OFFIC	Day/Yr) Tin ilterated it in any mail ilterated it in any mail interated it in any mail Daytime Pho imen identified by or your own recorr FION ON THE BAC CER - PRIMAI DW: CER - SPLIT S	ne of Collection nner; each specimen bottle RO (PRINT) D one No. <u>3473857</u> this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY RY SPECIMEN (PRINT) Medical R SPECIMEN	BERT G LLL onor's Name (First 7165 Evening contact you to as VECESSARY. If you (OF THE FORM.	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev c) No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I	n my present	vice ce; and that the information 3/10/2025 Date (Mo/Day/Yr) 9/18/1983 ce of Birth (Mo/Day/Yr) na separate piece of paper or on L FLUID
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that 1 provided my urine speci- provided on this form and on the label X Signature Email address: N/A After the Medical Review Officer re- taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable feed □ NEGATIVE □ □ DILUTE REFUSAL TO TEST been □ SUBSTITU □ OTHEL REMARKS: X Signature of Mer	Inst, MI, Last) DONOR Imen to the collector, affixed to each spece of Donor ecceives the test ref o make a list of th DO NOT PROVIDI MEDICAL RE affixed requirements, D (adulterant/d) TED R: dical Review Office MEDICAL RI affixed requirements, m	r; that I have not adu imen bottle/tube is c ose medications fo the THIS INFORMAT EVIEW OFFIC reason(s) belc reason(s) belc reason): er EVIEW OFFIC by verification for th	Day/Yr) Tin iterated it in any main iterated it in any main iterated it in any main power our own record TION ON THE BAC CER - PRIMAN DW: CER - SPLIT S the split specimen (iteration)	ne of Collection nner; each specimen bottle RO (PRINT) D one No. 3473857 this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY RY SPECIMEN (PRINT) Medical R SPECIMEN f tested) is:	BERT G LL onor's Name (First 7165 Evening contact you to as VECESSARY. If you COF THE FORM. X	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev) No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I	165 Dat ver-the-cou so either or ORA	vice ce; and that the information
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that 1 provided my urine speci- provided on this form and on the label X Signature Frail address: N/A After the Medical Review Officer re- taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable feat □ DILUTE REFUSAL TO TEST bed □ SUBSTITU □ DILUTE REFUSAL TO TEST bed □ SUBSTITU □ DILUTE REMARKS: X Signature of Met STEP 7: COMPLETED BY In accordance with applicable federation In RECONFIRMED for:	Inst, MI, Last) DONOR Imen to the collector, affixed to each spec of Donor ecceives the test ref o make a list of th DO NOT PROVID MEDICAL RE feral requirements, D (adulterant/f) TED R: dical Review Office MEDICAL RI al requirements, m	r; that I have not adu imen bottle/tube is c ose medications for the THIS INFORMAT EVIEW OFFIC reason(s) belc reason(s) belc reason): EVIEW OFFIC EVIEW OFFIC	Tin	ne of Collection nner; each specimen bottle RO (PRINT) D one No. 3473857 this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY RY SPECIMEN (PRINT) Medical R SPECIMEN f tested) is:	BERT G LLI onor's Name (First 7165 Evening contact you to as VECESSARY. If you COF THE FORM. X	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev) No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I	165 Dat ver-the-cou so either or ORA	vice ce; and that the information 3/10/2025 Date (Mo/Day/Yr) 9/18/1983 ce of Birth (Mo/Day/Yr) na separate piece of paper or on L FLUID
(PRINT) Collector's Name (Fi STEP 5: COMPLETED BY I certify that 1 provided my urine speci- provided on this form and on the label X Signature Email address: N/A After the Medical Review Officer re- taken. Therefore, you may want to the back of your copy (Copy 5) STEP 6: COMPLETED BY In accordance with applicable feed □ NEGATIVE □ □ DILUTE REFUSAL TO TEST been □ SUBSTITU □ OTHEL REMARKS: X Signature of Mer	Inst, MI, Last) DONOR Internet to the collector, affixed to each spece of Donor ecceives the test re o make a list of th DO NOT PROVID MEDICAL RE teral requirements, DOSITIVE for cause - check D (adulterant/) TED R: dical Review Office MEDICAL RI al requirements, m NFIRM for:	r; that I have not adu imen bottle/tube is c ose medications fo the THIS INFORMAT EVIEW OFFIC reason(s) belc reason(s) belc reason): EVIEW OFFIC EVIEW OFFIC	Day/Yr) Tin ilterated it in any mail ilterated it in any mail interated it in any mail power of the prime Daytime Pho imen identified by or your own record imen identified by or your own record interation of the prime CER - PRIMAN DW: CER - SPLIT S interation of the prime CER - SPLIT S	ne of Collection nner; each specimen bottle RO (PRINT) D one No. <u>3473857</u> this form, he/she may ds. THIS LIST IS NOT N K OF ANY OTHER COPY RY SPECIMEN (PRINT) Medical R SPECIMEN f tested) is:	BERT G LLL onor's Name (First 7165 Evening contact you to as VECESSARY. If you (OF THE FORM. () () () () () () () () () ()	OYD t, MI, Last g Phone sk about p u choose TAKE CO URII	tamper-ev) No. <u>34</u> prescriptic to make <u>PY 5 WIT</u> NE	Name of I	165 Dat ver-the-cou so either or ORA	vice ce; and that the information

COPY 2 - MEDIC	AL REVIEW	OFFICER	COPY



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: 03/12/2025 09:24 AM 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:PRE-EMPLOYMENTCF18468589COLLECTION DATE / TIME:TESTING AUTHORITY:03/10/2025 02:13 PMDOT FMCSACDT UTC-5TEST RESULT:

NEGATIVE

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

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS **EMPLOYEE / APPLICANT:** NAME OF COMPANY / LOCATION: LLOYD, ROBERT GRANT **RIKI TRANSPORTATION INC** DONOR ID: 8225 LECLAIRE AVE FLL227762368000 **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** 03/11/2025 11:28 AM CDT UTC-5 SIGNATURE: MRO COPY BECAME AVAILABLE AT: 03/11/2025 11:46 AM CDT UTC-5 un) III. DATE / TIME THE RESULT BECAME AVAILABLE: 03/11/2025 11:48 AM 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:	SPECIMEN ID:
PRE-EMPLOYMENT	CF18468589
COLLECTION DATE / TIME:	TESTING AUTHORITY:
03/10/2025 02:13 PM	DOT FMCSA
CDT UTC-5	
TEST RESULT:	

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

MRO REMARKS:

TEST LAB PANEL: W215

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
LLOYD, ROBERT GRANT	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
FLL227762368000	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: KWIECINSKI PAWEL K SIGNATURE: When the second	LAB RESULT RECEIVED AT: 03/11/2025 11:28 AM CDT UTC-5 MRO COPY BECAME AVAILABLE AT: 03/11/2025 11:46 AM CDT UTC-5 DATE / TIME THE RESULT BECAME AVAILABLE: 03/11/2025 11:48 AM CDT UTC-5

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

PANEL INFORMATION WITH SCREENING AND CONFIRMATION CUT-OFF LEVELS

PURPOSE OF TEST:	SPECIMEN ID:
PRE-EMPLOYMENT	CF18468589
COLLECTION DATE / TIME:	TESTING AUTHORITY:
03/10/2025 02:13 PM	DOT FMCSA
CDT UTC-5	
EMPLOYEE / APPLICANT:	

LLOYD ROBERT GRANT

MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176 PHONE: (877) 633-3633 (847) 647-6608 FAX:

mro@med-stop.com

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
НҮС/НҮМ (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K

DATE / TIME THE RESULT BECAME AVAILABLE: 03/11/2025 11:48 AM CDT UTC-5

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE

12250310659863

CLEARINGHOUSE Query Detail

Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (3/10/2025 14:42:22)

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

Driver Information

Name: ROBERT LLOYD Date of Birth: 9/18/1983 CDL/CLP i: US-FL-L227762368000

Consent Information

Requested: 3/10/2025 14:36:42 Recorded: 3/10/2025 14:42:22 Status: Provided

Query History

Created: 3/10/2025 14:36:42 Completed: 3/10/2025 14:42:22 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

Subscribe To Email Update



Queries

https://clearinghouse.fmcsa.dot.gov/Query/Result/98bde90b-3511-487c-8307-9a95ac08b83c

About

About FMCSA

3/12/25, 9:24 AM

Safety Analysis Careers FMCSA Portal

News and Events

FMCSA Newsroom Press Releases Speeches Testimony Events

Resources

Resources for Carriers Resources for Consumers Resources for Drivers Forms Contact Us

Policies, Rights, Legal

About DOT Budget and Performance Civil Rights FOIA Information Quality No FEAR Act Office of Inspector General Privacy Policy Vulnerability Disclosure Policy USA.gov Web Policies and Notices Web Standards

Information Collection #: OMB Control No. 2126-0057

https://clearinghouse.fmcsa.dot.gov/Query/Result/98bde90b-3511-487c-8307-9a95ac08b83c