FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM
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V		n dottie/tude is corre	ect.		אוג ד די י		er-evident sea		2/1//2025
			vet				er-evident sea		
I certify that I provided my urine speci provided on this form and on the label	men to the collector; tha			er; each specimen bottle/	ube used was se	aled with a tampe		l in my presence,	; and that the information
STEP 5: COMPLETED BY				L					
Duy Nguyen (PRINT) Collector's Name (Fi		3/14/2025 Date (Mo/Day/)		of Collection			Name of	f Delivery Servio	ce
	-	of Collector 3/14/2025	5 11	AM <b>X</b> :57 CDT PM			[	Other	
x produces	<u>H</u>				UPS		[	X FedEx	
$L \setminus IXA$						BOTTLE(S	-		SED TO:
I certify that the specimen given to me by t sealed, and released to the Delivery Service	he donor identified in the noted in accordance with	certification section on applicable federal requ	Copy 2 of this form v virements.	vas collected, labeled,					
STEP 4: CHAIN OF CUST					TEST FAC	LITY			
STEP 3: Collector affixes se	al(s) to bottle(s)	)/tube(s). Colle	ector dates se	eal(s). Donor initia	als seal(s). D	onor compl	etes STEP	5 on Copy	2 (MRO Copy)
REMARKS:									
ORAL FLUID: Split Type:	Serial	Concurrent	Subdivided	Each Device Withi	n Expiration D	ate? Ye	s No		Volume Indicator(s) Observed
			1	1					
URINE: Collector reads urin		vithin 4 minute	es. Temperatur	e between 90° and	100°F?	X Yes		er Remark	Observed, Enter Remark
COLLECTION: X Split	Single	None Pro	ovided, Enter Re	emark.					
STEP 2: COMPLETED BY	COLLECTOR (n	nake remarks	s when appr	ropriate).	X	URINE	Ē		FLUID
	Springfield, 1								ncurry26@gmail.com
	2536 Farrage			7GS.91	L4			<u> </u>	4)881-1788
G. Collection Site Address:				Collection Site Co	Con	lector Conta	ct Info: I	-	7)502-1181
		V215	,		<i>,</i> _		·/ _		
F. Drug Tests to be Perform		, COC, PCP, OP				Other (sp			
D. Specify Testing Authorit E. Reason for Test: X Pre-	emplovmenti	Randoml IRe	asonable Suc				FTA to Duty	Follow-	
D Specify Testing Authorit									
C. Donor SSN, Employee I.	у: 🗌 ннз 🗌	NRC Sp	pecify DOT Ag			MRO@MED-			17)647-6608
C. Donor SSN, Employee I.	у: 🗌 ннз 🗌	NRC Sp		0282206		Phone#: (87	,	3 / Fax#: (84	
Phone#: (973)563-3159 / F	D. No., or CDL S	State and No.	pecify DOT Ag	0383306		SCHILLER P	ARK, IL 60: 77)633-363		
	D. No., or CDL S	State and No.	pecify DOT Ag	0282206			ENCE AVE 9 ARK, IL 60 77)633-363	176	
KOVACÉVIC RADÓSLAV / R 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / F	і́кі тканsportat ах#: (630)485-698 D. No., or CDL S у: ПНК [	80 State and No.	pecify DOT Ag		D	PAWEL KWI MED-STOP I 9950 LAWRE SCHILLER P	ÉCINSKI, M NC ENCE AVE S ARK, IL 603 77)633-363	1D (MRO44 SUITE 403 176	
8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / F	s, I.D. No. IKI TRANSPORTAT ax#: (630)485-698 D. No., or CDL S y: HHS	ION INC 80 State and No.	<b>AR93</b> becify DOT Ag	Site Location	В	MRO Name PAWEL KWI MED-STOP I 9950 LAWRE SCHILLER P	ÉCINSKI, M NC ENCE AVE S ARK, IL 603 77)633-363	5, Phone No 1D (MRO44 SUITE 403 176	. and Fax No. 478)



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: 03/19/2025 08:40 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-EMPLOYMENTCF19645427COLLECTION DATE / TIME:TESTING AUTHORITY:03/14/2025 11:57 AMDOT FMCSACDT UTC-5TEST RESULT:NEGATIVEVEGATIVE

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: FLOWERS, RICARDUS T **RIKI TRANSPORTATION INC** DONOR ID: 8225 LECLAIRE AVE AR939382296 **BURBANK IL 60459** LOCATION / COLLECTION SITE: LABORATORY PERFORMING TEST: **CURRY CHIROPRACTIC - SPRINGFIE** CLINICAL REFERENCE LABORATORY 2536 FARRAGUT DR **8433 QUIVIRA SPRINGFIELD IL 62704-1540 LENEXA KS 66215** PHONE: (217) 502-1181 PHONE: (800) 452-5677 **MEDICAL REVIEW OFFICER:** LAB RESULT RECEIVED AT: **KWIECINSKI PAWEL K** 03/15/2025 03:39 PM CDT UTC-5 SIGNATURE: MRO COPY BECAME AVAILABLE AT: 03/14/2025 12:05 PM CDT UTC-5 un) III DATE / TIME THE RESULT BECAME AVAILABLE: 03/15/2025 03:42 PM 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:	MED-
PRE-EMPLOYMENT	CF19645427	9950
COLLECTION DATE / TIME:	TESTING AUTHORITY:	SCHI
03/14/2025 11:57 AM	DOT FMCSA	PHON
CDT UTC-5		FAX:
TEST RESULT:		mro@
NEGATIVE		

MRO REMARKS:

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

TEST LAB PANEL: W215

## THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:	NAME OF COMPANY / LOCATION:
FLOWERS, RICARDUS T	RIKI TRANSPORTATION INC
DONOR ID:	8225 LECLAIRE AVE
AR939382296	BURBANK IL 60459
LOCATION / COLLECTION SITE:	LABORATORY PERFORMING TEST:
CURRY CHIROPRACTIC - SPRINGFIE	CLINICAL REFERENCE LABORATORY
2536 FARRAGUT DR	8433 QUIVIRA
SPRINGFIELD IL 62704-1540	LENEXA KS 66215
PHONE: (217) 502-1181	PHONE: (800) 452-5677
MEDICAL REVIEW OFFICER: KWIECINSKI PAWEL K SIGNATURE: When the second	LAB RESULT RECEIVED AT: 03/15/2025 03:39 PM CDT UTC-5 MRO COPY BECAME AVAILABLE AT: 03/14/2025 12:05 PM CDT UTC-5 DATE / TIME THE RESULT BECAME AVAILABLE: 03/15/2025 03:42 PM 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	CF19645427
COLLECTION DATE / TIME:	TESTING AUTHORITY:
03/14/2025 11:57 AM	DOT FMCSA
CDT UTC-5	
EMPLOYEE / APPLICANT:	
FLOWERS RICARDUS T	-

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

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: 03/15/2025 03:42 PM CDT UTC-5

#### **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 (3/14/2025 10:50:19)

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

#### **Driver Information**

Name: RICARDUS FLOWERS Date of Birth: 11/22/1979 CDL/CLP i: US-AR-939382296

#### **Consent Information**

Requested: 3/14/2025 10:49:08 Recorded: 3/14/2025 10:50:19 Status: Provided

#### **Query History**

Created: 3/14/2025 10:49:08 Completed: 3/14/2025 10:50:19 Query Result: Driver Not Prohibited

## **Open Violations**

**No Open Violations** 

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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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Queries

https://clearinghouse.fmcsa.dot.gov/Query/Result/5760024c-14d0-460d-b56a-fb71abf51dce

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