

## RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST:

**PRE-EMPLOYMENT**

COLLECTION DATE / TIME:

**06/06/2025 02:45 PM**

**PDT UTC-7**

TEST RESULT:

**NEGATIVE**

SPECIMEN ID:

**CF17285390**

TESTING AUTHORITY:

**DOT FMCSA**

**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**

MRO REMARKS:

THIS TEST WAS PERFORMED ACCORDING TO 49CFR.40 REGULATIONS

EMPLOYEE / APPLICANT:

**JONES, RICHARD OMAR**

DONOR ID:

**CAC6759915**

NAME OF COMPANY / LOCATION:

**RIKI TRANSPORTATION INC**

**8225 LECLAIRE AVE**

**BURBANK IL 60459**

LOCATION / COLLECTION SITE:

**FASTEST LABS OF GLENDALE**

**710 W BROADWAY**

**GLENDALE CA 91204-1010**

**PHONE: (747) 528-0796**

LABORATORY PERFORMING TEST:

**CLINICAL REFERENCE LABORATORY**

**8433 QUIVIRA**

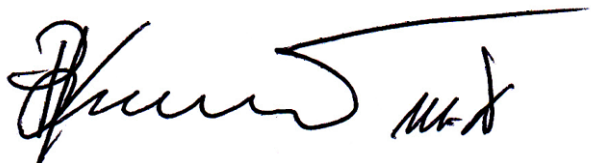
**LENEXA KS 66215**

**PHONE: (800) 452-5677**

MEDICAL REVIEW OFFICER:

**KWIECINSKI PAUL**

SIGNATURE:



LAB RESULT RECEIVED AT:

**06/07/2025 12:15 PM CDT UTC-5**

MRO COPY BECAME AVAILABLE AT:

**06/06/2025 04:50 PM CDT UTC-5**

DATE / TIME THE RESULT BECAME AVAILABLE:

**06/07/2025 12:35 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:       | MED-STOP MRO SERVICES            |
| <b>PRE-EMPLOYMENT</b>      | <b>CF17285390</b>  | <b>9950 LAWRENCE AVE STE 403</b> |
| COLLECTION DATE / TIME:    | TESTING AUTHORITY: | <b>SCHILLER PARK IL 60176</b>    |
| <b>06/06/2025 02:45 PM</b> | <b>DOT FMCSA</b>   | <b>PHONE: (877) 633-3633</b>     |
| <b>PDT UTC-7</b>           |                    | <b>FAX: (847) 647-6608</b>       |
| EMPLOYEE / APPLICANT:      |                    | <b>mro@med-stop.com</b>          |
| <b>JONES RICHARD OMAR</b>  |                    |                                  |

| 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: | DATE / TIME THE RESULT BECAME AVAILABLE: |
| <b>KWIECINSKI PAUL</b>  | <b>06/07/2025 12:35 PM CDT UTC-5</b>     |

RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE 



CF 1 7 2 8 5 3 9 0

SPECIMEN ID NO.

CLIENT NO. YMS.DOT1.D3119062



Marketplace

8433 Quivira Road  
Lenexa, KS 66215

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

|   |  |                                       |   |  |
|---|--|---------------------------------------|---|--|
| A. Employer Name, Address, I.D. No.<br>KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC<br>8225 LECLAIRE AVE<br>BURBANK, IL 60459<br>Phone#: (973)563-3159 / Fax#: (630)485-6980  |  | Site Location                         | B. MRO Name, Address, Phone No. and Fax No.<br>PAUL KWIECINSKI, MD (MRO4478)<br>MED-STOP INC<br>9950 LAWRENCE AVE SUITE 403<br>SCHILLER PARK, IL 60176<br>Phone#: (877)633-3633 / Fax#: (847)647-6608<br>MRO@MED-STOP.COM |  |
| C. Donor SSN, Employee I.D. No., or CDL State and No. <b>CAC6759915</b>   |  |                                       |   |  |
| D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC 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                   |  |                                       |   |  |
| E. Reason for Test: <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) _____ |  |                                       |   |  |
| F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____<br><b>W215</b>  |  |                                       |   |  |
| G. Collection Site Address: <b>Fastest Labs of Glendale</b><br><b>710 W Broadway</b><br><b>Glendale, CA 91204-1010</b>  |  | Collection Site Code: <b>GLJ.0000</b> | Collector Contact Info: Phone <b>(747)528-0796</b><br>Fax <b>(747)286-6126</b><br>Other <b>glendale-ca@fastestlabs.com</b>  |  |

OMB No. 0930-0158

## STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUID

|   |  |  |  |
|---|--|--|--|
| COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.   |  |  |  |
| URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark |  |  |  |
| ORAL FLUID: 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 |  |
| 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

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><br><br>Signature of Collector<br>Rosa Ortuno<br>(PRINT) Collector's Name (First, MI, Last) | Date (Mo/Day/Yr)<br>6/6/2025 | Time of Collection<br>2:45 PDT PM <b>X</b> | SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:   |  |
|   |                              |  | <input type="checkbox"/> UPS<br><input checked="" type="checkbox"/> FedEx<br><input type="checkbox"/> Other _____<br>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/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><br><br>Signature of Donor<br>judah2227@gmail.com<br>Email address: | RICHARD O JONES<br>(PRINT) Donor's Name (First, MI, Last) | 6/6/2025<br>Date (Mo/Day/Yr) | 5/27/1970<br>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 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: _____<br><input type="checkbox"/> DILUTE   |   |                  |
| <input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below: <input type="checkbox"/> TEST CANCELLED<br><input type="checkbox"/> ADULTERATED (adulterant/reason): _____<br><input type="checkbox"/> SUBSTITUTED<br><input type="checkbox"/> OTHER: _____ |   |                  |
| REMARKS:  |   |                  |
| <b>X</b><br>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<br><input type="checkbox"/> FAILED TO RECONFIRM for: _____ |   |                  |
| REMARKS:   |   |                  |
| <b>X</b><br>Signature of Medical Review Officer  | (PRINT) Medical Review Officer's Name (First, MI, Last) | Date (Mo/Day/Yr) |

COPY 2 - MEDICAL REVIEW OFFICER COPY

DRUG & ALCOHOL

CLEARINGHOUSE

Query Detail



Query Overview

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

Query Result: Driver Not Prohibited

Query Status: Completed (6/6/2025 15:11:25)

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

Driver Information

Name: RICHARD JONES

Date of Birth: 5/27/1970

CDL/CLP ⓘ: US-CA-C6759915

Consent Information

Requested: 6/6/2025 14:49:07

Recorded: 6/6/2025 15:11:25

Status: Provided

Query History

Created: 6/6/2025 14:49:07

Completed: 6/6/2025 15:11:25

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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