

RESULTS OF SAMSHA (NIDA) CONTROLLED TEST

PURPOSE OF TEST: **PRE-EMPLOYMENT**
SPECIMEN ID: **CF17285390**
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: **06/06/2025 02:45 PM**
TESTING AUTHORITY: **DOT FMCSA**

PDT UTC-7

TEST RESULT:

NEGATIVE

MRO REMARKS:

TEST LAB PANEL:
W215

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

LAB RESULT RECEIVED AT:
06/07/2025 12:15 PM CDT UTC-5

SIGNATURE:



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: PRE-EMPLOYMENT	SPECIMEN ID: CF17285390	MED-STOP MRO SERVICES 9950 LAWRENCE AVE STE 403 SCHILLER PARK IL 60176
COLLECTION DATE / TIME: 06/06/2025 02:45 PM PDT UTC-7	TESTING AUTHORITY: DOT FMCSA	PHONE: (877) 633-3633 FAX: (847) 647-6608
EMPLOYEE / APPLICANT: JONES RICHARD OMAR		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
HYC/HYM (300/100)	300 ng/mL	100 ng/mL

MEDICAL REVIEW OFFICER:
KWIECINSKI PAUL
DATE / TIME THE RESULT BECAME AVAILABLE:
06/07/2025 12:35 PM CDT UTC-5

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. KOVACEVIC RADOSLAV / RIKI TRANSPORTATION INC Site Location 8225 LECLAIRE AVE BURBANK, IL 60459 Phone#: (973)563-3159 / Fax#: (630)485-6980

B. MRO Name, Address, Phone No. and Fax No. PAUL 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

C. Donor SSN, Employee I.D. No., or CDL State and No. CAC6759915

D. Specify Testing Authority: HHS NRC Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

W215

G. Collection Site Address: Fastest Labs of Glendale Collection Site Code: GLJ.0000 Collector Contact Info: Phone (747)528-0796 Fax (747)286-6126 Other glendale-ca@fastestlabs.com

710 W Broadway
Glendale, CA 91204-1010

OMB No. 0930-0158

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

URINE ORAL FLUID

COLLECTION: Split Single None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? Yes No, Enter Remark Observed, Enter Remark

ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Within Expiration Date? Yes No 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.

Signature of Collector Rosa Ortuno Date (Mo/Day/Yr) 6/6/2025 Time of Collection 2:45 PM AM PM

(PRINT) Collector's Name (First, MI, Last)

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: UPS FedEx Other _____

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.

Signature of Donor RICHARD O JONES Date (Mo/Day/Yr) 6/6/2025

(PRINT) Donor's Name (First, MI, Last)

Email address: judah2227@gmail.com Daytime Phone No. N/P Evening Phone No. 8183885672 Date of Birth 5/27/1970 (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:

NEGATIVE POSITIVE for: _____

DILUTE

REFUSAL TO TEST because - check reason(s) below: TEST CANCELLED

ADULTERATED (adulterant/reason): _____

SUBSTITUTED

OTHER: _____

REMARKS:

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:

RECONFIRMED for: _____ TEST CANCELLED

FAILED TO RECONFIRM for: _____

REMARKS:

Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo/Day/Yr) _____

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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