

DOT Result

Christine Talley
Ravn Air Group
4700 Old International Airport Road
Anchorage, AK 99502

Customer ID: 24630

Loc Code:

Lab Account: FW69013

Desc: Hageland Aviation

Donor Info

SSN/ID: [REDACTED]

Reason: Post-Accident

Donor Name: [REDACTED] Pilot in Command

Industry: FAA

Test Info:

Specimen ID: B02983949

Lab: Pathology Associates Medical Laborat

Collected: 4/12/2018

Coll Site Name: Medical Park Family Care

MRO

Comments:

Lab

Comments:

This panel includes tests for specimen validity.

QNS@1016

PAML Laboratories

Collector: JAMI PORTLOCK

Department of Toxicology

Overall Result:

Negative

Test Performed: DOT

Substance Tested	Result	Screen	Confirm	Quant
Marijuana	Negative	50 ng/mL	50 ng/mL	
Cocaine	Negative	150 ng/mL	150 ng/mL	
Amphetamines	Negative	500 ng/mL	500 ng/mL	
- Amphetamine	Negative	500 ng/mL	250 ng/mL	
- Methamphetamine	Negative	500 ng/mL	250 ng/mL	
Opiates	Negative	2000 ng/mL	2000 ng/mL	
- Codeine	Negative	2000 ng/mL	2000 ng/mL	
- Morphine	Negative	2000 ng/mL	2000 ng/mL	
PCP	Negative	25 ng/mL	25 ng/mL	
MDMA / MDA (Ecstasy)	Negative	500 ng/mL	250 ng/mL	
Oxycodone / Oxymorphone	Negative	100 ng/mL	100 ng/mL	
Hydrocodone / Hydromorphone	Negative	300 ng/mL	300 ng/mL	
Heroin	Negative	10 ng/mL	10 ng/mL	

Clients can view their test results online by visiting www.centraldrugssystem.com.

I have reviewed the laboratory results for the specimen identified by this form in accordance with DHHS guidelines and CFR Part 40.

Sara A. Rinck, M.D.

Certified Through: MROCC

Cert Num: 15-11181

Date Certified: 6/3/2015

MRO CCF Received: 4/16/2018

MRO Verified: 4/17/2018 7:48 AM

Report Released By: MRO Dept

Report Released: 4/17/2018 7:57 AM

Trade Secret and/or Confidential Commercial Information
Hageland Aviation Services



Medical Review Officer (MRO) Services provided by:
Central Drug System, Inc. MRO Department: [REDACTED] ext. 123

SPECIMEN ID NO. **B02983949**15121 0782
6183017

ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

FM69013 RAVN AIR GROUP/HAGELAND AVIATION DR SARA RINCK
4700 OLD INTERNATIONAL AIRPORT R
ANCHORAGE AK 99502

WENDY YOW

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

16560 HARBOR BLVD STE A
MOUNTAIN VALLEY DA 98708

C. Donor SSN or Employee I.D. No.

D. Specify Testing Authority: ☐ HHS ☐ NRC ☒ DOT – Specify DOT Agency: ☐ FMCSA ☒ FAA ☐ FRA ☐ FTA ☐ PHMSA ☐ USCGE. 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) _____

G. Collection Site Address:

FM69000 MEDICAL PARK OCC HEALTH
2211 E NORTHERN LIGHTS BLVD #118
ANCHORAGE AK 99508

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark _____ Collection: ☒ Split ☐ Single ☐ None Provided, Enter Remark _____ ☐ Observed, Enter Remark _____

REMARKS

Q115 P10-10 AM

STEP 3: Collector affixes bottle seal(s) to bottle(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.

SPECIMEN BOTTLE(S) RELEASED TO:

X _____
Signature of Collector

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

Date (Mo/Day/Yr)

Time of Collection

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.

X _____
Signature of Donor

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

Date (Mo/Day/Yr)

Daytime Phone No. _____

Evening Phone No. _____

Date of Birth _____

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

In accordance with applicable Federal requirements, my verification is:

☐ NEGATIVE ☐ POSITIVE for: _____☐ DILUTE☐ REFUSAL TO TEST because – check reason(s) below:☐ ADULTERATED (adulterant/reason): _____☐ SUBSTITUTED☐ OTHER: _____☐ TEST CANCELLED

REMARKS: _____

X _____
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: Trade Secret and/or Confidential Commercial Information

REMARKS: Hageland Aviation Services

K _____
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo/Day/Yr)

U.S Department of Transportation (DOT)
Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

To Reorder Forms:
Phone: [REDACTED]
www.lifeloc.com

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name [REDACTED] **Pilot in Command**
(Print) (First, M.I., Last)
B: SSN or Employee ID No. [REDACTED]
C: Employer Name Rain Hageland
Street 4700 Old International Airport Rd
City, State, Zip Anchorage AK 99502
DER Name and Telephone No. Wendy Yow [REDACTED]
DER Name [REDACTED] DER Phone Number [REDACTED]
D. Reason for Test ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

Lifeloc Technologies

Phoenix 6.0 13170024/8.6.81
Units **BAC**
Test Number 01743
Test Type (ez) Auto Test
Date: 04/12/2018
Air Blank (10:07) .000
Result: (10:07) .000
Last Check: 04/10/2018
Cal Standard: .040
Result: (0633) .039
Last Cal (16:29) 11/17/2017
Cal Standard: .040

Step 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Signature of Employee [REDACTED]

Date 4/12/18
Month Day Year

Subject [REDACTED]

Print Confirmation Results Here or
Affix with Tamper Evident Tape

Step 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☒ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Medical Park Family Care 2211 E Northern Lights Blvd
Alcohol Technician's Company Company Street Address

Jami Park Hock Anch AK 99508 [REDACTED]
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

Signature of Alcohol Technician [REDACTED]

Date 4/12/18
Month Day Year

Print Additional Results Here or
Affix with Tamper Evident Tape

Step 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee

Date: Month Day Year

Hageland Aviation Services