



**UNITED STATES MARINE CORPS**

MARINE AVIATION TRAINING SUPPORT GROUP

NAVAL AIR STATION

LEMOORE, CALIFORNIA 93246-5017

IN REPLY REFER TO:

GruO 5355.1D

SACO

21 Sep 92

GROUP ORDER 5355.1D

From: Commanding Officer  
To: Distribution List

Subj: MARINE AVIATION TRAINING SUPPORT GROUP (MATSG) SUBSTANCE  
ABUSE COORDINATION AND MANAGEMENT PROGRAM

Ref: (a) MCO P5300.12  
(b) MCO P1900.16D  
(c) ALMAR 246/92  
(d) NAVMC 2750  
(e) NASLEMINST 5300.1A  
(f) SECNAVINST 1700.11C  
(g) NASLEMINST 1700.3B  
(h) MATSG GruO 1700.2A  
(i) NASLEMINST 5354.1  
(j) NASLEMINST 5355.2A  
(k) MCO 1700.22C

Encl: (1) MATSG Alcohol Abuse Program  
(2) MATSG Drug Abuse Program  
(3) MATSG Urinalysis Program  
(4) Reports required for Alcohol/Drug Abuse  
(5) CACC Screening Referral Form  
(6) Substance Abuse Privacy Act Statement  
(7) Urine Sample Custody Document

1. Purpose. To publish the policies, procedures, and standards for a substance abuse program, and to establish the responsibility for execution of the program in accordance with references (a) through (k).

2. Cancellation. GruO 5355.1C.

3. Scope. This order and enclosures (1) through (7) contain policies, procedures and technical instructions to establish an effective command prevention program, methods for early identification of substance abusers, program description of the command education and treatment program, proper procedures for initiating treatment of those diagnosed and eligible for treatment, and guidelines for the operation and administration of a urinalysis testing program.



21 Sep 92

4. Background. Reference (a) identifies the detrimental effects of substance abuse to individuals, families and the commands to which abusers are attached. It is imperative that all Marines be acutely aware of the insidious nature of drugs, the potentially deadly consequences of drug and alcohol abuse, and the means available for dissuading substance abuse. The job of supervisory personnel is not to diagnose a Marine as drug dependent or as an alcoholic but to educate, prevent, recognize and minimize all substance abuse. Proper documentation of substandard performance or incidents is particularly valuable in identifying Marines with potentially serious problems. While the underlying personal difficulties associated with substance abuse are often hard to recognize, frequent involvement with disciplinary infractions, conflicts with others, and traffic citations could be indications of a serious substance abuse problem. It is equally important to have continuous meaningful unit training to prevent substance abuse.

5. Information.

a. References (a) and (b) provide information and direction for administering counseling of substance abusers, and processing Marines requiring treatment or discharge respectively.

b. Reference (a) provides clear guidance on policies and procedures with respect to establishing alcohol abuse prevention programs for Marines; rehabilitation programs; and administrative and reporting procedures for Marines involved with illegal drug and alcohol abuse.

6. Policy. Key elements of this policy are prevention, timely identification and intervention, effective treatment and rehabilitation, and other administrative or disciplinary actions, followed by restoration to full duty or separation as appropriate. Under no circumstances will an alcohol control program established under the auspices of reference (a) be degrading or punitive in nature. All programs will be conducted in such a manner that Marines involved will be treated as proud individuals attempting to overcome a serious illness or problem and return to the ranks as productive Marines. Reluctance to confront a Marine with drug or alcohol problems is not only detrimental to the objectives of reference (a), but constitutes a disservice to the individual, the Marine's family and the Marine Corps.



7. Action

a. MATSG Substance Abuse Coordinating Officer (SACO). The SACO or his assistant will:

(1) Establish and administer a substance abuse control program with emphasis on the essential features of references (a) through (c) and the command policy as stated in paragraph 6 of this order. Substance abuse programs will follow the guidelines contained in Enclosures (1), (2) and (3).

(2) Ensure that unsatisfactory work habits or other derogatory patterns are accurately documented by leaders throughout the chain of command.

(3) Coordinate with the Training Officer for substance abuse education sessions as a part of the command Troop Information Program.

(4) Conduct the Urinalysis Testing Program as prescribed in chapter 3 of reference (a).

(5) Conduct substance abuse briefs for incoming students.

(6) Ensure complete documentation of MATSG's efforts to assist substance abusers.

(7) Request medical evaluations for identified substance abusers.

(8) Conduct one-on-one counseling sessions with confirmed or suspected abusers.

(9) Serve as liaison between the command and the Counseling and Assistance Center (CAAC), Naval Air Station (NAS) Lemoore.

(10) Keep the Commanding Officer continually aware of the status of referrals, potential problem Marines, educational requirements, and the disposition of individual cases.

(11) Prepare a Level III Treatment Request and Notification for substance dependent Marines in accordance with reference (a).

(12) Ensure that the administrative requirements of references (a) and (b) are accomplished in a timely manner.

Gru0 5355.1D  
21 Sep 92

(13) Prepare and submit to the Commanding Officer for approval. The reports listed in Enclosure (4) of this order.

b. Training Officer. Include semi-annual drug and alcohol education in the MATSG training program.

c. Sergeant Major. Will thoroughly indoctrinate newly joined Marines on the command policy regarding substance abuse.

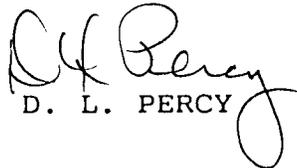
d. Adjutant. Ensure all appropriate substance abuse related entries are entered in the Marines service record book promptly.

e. Substance Abuse NCO. Will be responsible for the collection, storing and shipping of all urinalysis specimens, complying strictly with references (a) through (i).

f. NCO's. NCO's will familiarize themselves with reference (c) and notify their Department Head and/or the Sergeant Major of any substandard trends in performance of duty of any Marine which may relate to drug and/or alcohol abuse.

8. Reports. Reporting procedures directed in Enclosure (4) will be used and forwarded to Headquarters Marine Corps (Code MPB).

9. Reserve Applicability. This order is applicable to all Marine Corps Reserve personnel joined or attached to any Marine Corps command at NAS Lemoore while performing IADT or annual training.

  
D. L. PERCY

DISTRIBUTION: A

MATSG ALCOHOL ABUSE PROGRAM

1. The MATSG Alcohol Abuse Program will follow the Marine Corps Alcohol Abuse Program as directed by reference (a).
2. Marines who require screening or evaluation for suspected alcohol abuse, or who refer themselves for alcohol abuse will be referred to the NAS Lemoore, Counseling and Assistance Center (CAAC) in accordance with reference (a). Marines will report with their SRB and a completed CAAC screening referral form (Enclosure (5)).
3. The control, possession, and consumption of alcoholic beverages by Marines stationed aboard NAS Lemoore will follow the guidelines contained in references (e), (f), (g) and (h).
4. Marines will be evaluated by the CAAC for alcohol abuse. The Director of the CAAC will then make recommendations for treatment as required by reference (a). The SACO will coordinate with the patient affairs department at the Naval Hospital, NAS Lemoore to arrange a medical evaluation. After completion of the CAAC and medical evaluations, Marines will be assigned to the appropriate level of treatment. Disposition instructions will be requested in accordance with reference (a) for level III treatment.
5. The SACO will establish and maintain an individual case file on each member of the command counseled and/or treated for an alcohol related incident. Alcohol case files shall, at all times, be kept under lock and key as the information contained therein is highly personal and sensitive in nature and will not be transmitted outside the unit, except as required for higher level treatment or as otherwise authorized by law or regulation. All inactive alcohol case files will be maintained for 1 year after the Marine completes treatment, or separates. Files shall be shredded or burned. Case files which are still active shall be forwarded under separate cover and clearly identified as alcohol case files marked "For Commanding Officer's Eyes Only" when Marines are transferred to a new command or treatment facility. Case files shall be maintained in ordinary file folders clearly marked "Confidential Personal Information for use by the Commanding Officer, the SACO, and treatment personnel only" They shall have two parts: A document section (right side) and client history (left side).

(a) Document Section. One copy of all documents pertaining in any way to the Marine's alcohol abuse/alcoholism shall be filed, in chronological order, with the most recent incident on top. Examples of appropriate documents are PMO

ENCLOSURE (1)

GruO 5355.1D  
21 Sep 92

Incident/Complaint Reports, copies of duty log pages, emergency room reports; breath/blood analysis reports; records of Level I, II, or III assignment and completion; and appropriate portions of medical diagnosis, treatment, and prognosis records. As a minimum, the document section shall contain a Privacy Act Form (Enclosure (6)), signed by the Marine which shall always be the top document in this section.

(b) Chronological Log. This is the most important part of an effective and useful case file, the document section substantiates the information in this section. Entries must be thorough and detailed and frequent enough to enable the SACO's, Commanding Officer, and treatment personnel to become familiar with each Marine's case. An entry should be made for every event which could be an indication of abuse or which could effect the Marine's progress. Active case files (12 months since last incident or release from Level III treatment to include after-care) should reflect at least weekly personal contact between the Marine and the SACO. Inactive case files (all others) should reflect at least monthly review by the SACO. Only the SACO will make entries in case files. The sheets shall be filed chronologically, the most recent one on top.

6. After care treatment at NAS Lemoore will be conducted in accordance with reference (h).

7. Appropriate SRB entries will be made in accordance with reference (a).

8. Marines who refuse or fail rehabilitation treatment will be processed for discharge in accordance with reference (b).

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GruO 5355.1D  
21 Sep 92

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ENCLOSURE (1)



MATSG DRUG ABUSE PROGRAM

1. The MATSG Drug Abuse Program will follow the Marine Corps Drug Abuse Program as directed by reference (a) and NAVMC 2750.
2. Marines who require screening or evaluation for suspected drug abuse, will be referred to the NAS Lemoore Counseling and Assistance Center (CAAC) in accordance with reference (a). Marines will report to the CAAC with their SRB and a completed CAAC Screening referral form (Enclosure (5)).
3. The use of any drug paraphernalia is prohibited by reference (i).
4. The Marine will be evaluated by the CAAC for drug abuse. The Director CAAC will then make recommendations for treatment as required by reference (a).
5. Appropriate SRB entries will be made in accordance with reference (a).
6. Marines who are indentified as drug users will be processed for discharge in accordance with references (b) and (c).



MATSG URINALYSIS PROGRAM

1. Policy. Drug abuse reduces readiness and is not tolerated in the United States Marine Corps. Every legal means is to be used to provide the drug free environment rightfully expected for every Marine. As a major means of drug abuse detection and deterrence, the Marine Corps Urinalysis Program has contributed significantly towards control of illegal drug use. To continue this progress in the "War Against Drugs", an aggressive but fair compulsory urinalysis program is to be followed in every unit of the Marine Corps.

2. Objective. The urinalysis program is established for systematic screening of all Marines for the presence of drugs, as prescribed by the Department of Defense and the current edition of SECNAVINST 5300.28. Results of a urinalysis will be used to deter and detect drug abuse through administrative or disciplinary measures, counseling, and when appropriate, treatment or rehabilitation.

3. Background. The Urinalysis Program uses biochemical testing of urine samples to provide:

- a. Deterrence for Marines disposed to use illegal drugs.
- b. Early identification of Marines involved with the use of illegal drugs.
- c. Confirmation of drug presence necessary for administrative and/or disciplinary action.

4. Urinalysis is a means to identify the presence of drugs in the individual at the time the urine sample was taken. Confirmation of presence of drugs or drug metabolites is not proof that an individual is an illegal drug user. A subsequent command evaluation is necessary to determine if there is a legal reason for presence of the drug residue.

5. In order to maintain a high level of program reliability and fairness to all personnel, DoD has established stringent requirements for the urinalysis program. Urine samples must be collected within full view of a designated observer; strict chain-of-custody requirements are established on the urine bottle to protect the individual; the urine sample must be tested by two different methods and drug presence confirmed by a DoD certified laboratory, and legality/illegality of drug presence must be determined through specific command evaluation. These safeguards ensure protection of rights, as well as affording continued program reliability. Quality control reviews of DoD certified laboratories ensure that standards are maintained.

ENCLOSURE (3)

6. Screening Requirements

a. All units with Marines assigned aboard NAS Lemoore will conduct an aggressive periodic program of urinalysis screening, adapted as necessary to meet unit and local situations. This program will combine various types of urinalysis, to include command directed, random, and special testing. It is recommended that units conduct sweeps once per quarter. Random samples should be conducted continuously between quarterly unit sweeps. A urinalysis will be conducted on all Marines checking into a command within five days.

b. Command directed. Screening is directed by the Commanding Officer whenever any member of the command is suspected of illegally using drugs or whenever drug use is suspected within a unit. Although only the commander may direct this type of testing, the test will normally be conducted whenever a Marine is apprehended for illegal drug use or assault, larceny, indebtedness, or unauthorized absence. The Urinary Surveillance Program is command directed. References (a) and (c) set forth administrative and disciplinary action that may be taken based on the results of urinalysis screening.

c. Random. Urinalysis will be conducted on all Marines, regardless of grade or position, on a routine basis as frequently as testing facilities and the organization's mission permit. Testing should be done often enough to act as a deterrent, but not so frequently that it adversely affects morale or creates an administrative burden. A system should be used to ensure that Marines are tested at least annually in a truly random fashion. Random testing may take several forms, to include unit sweeps (simultaneous testing of all members of a command), partial unit testing using the last digit of the social security number, by work section, etc. An effective Urinalysis Program should include announced and unannounced testing.

d. Special. Urinalysis testing required for local command SACO/SANCO and any other individuals involved in the collection/testing/shipment of urine samples.

7. EVIDENTIARY USE OF COMPULSORY URINALYSIS RESULTS. Compulsory urinalysis results should be used in accordance with references (a) and (c).

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ENCLOSURE (3)



8. URINALYSIS TESTING POLICY UPON CHECK-IN.

a. MATSG permanent personnel will be tested within 5 days of check-in.

b. Permanent personnel assigned to NAMTRAGRUDET will be tested upon check-in by NAMTRAGRUDET.

c. Permanent personnel and students assigned to VFA-125 will be tested upon check-in by VFA-125.

9. REPORTING PROCEDURES.

a. Laboratory confirmed positives will be reported by message to commanders for appropriate action.

b. The SACO will maintain stringent records on all test results, positive and negative, for 2 years. These records are used to back up judicial proceedings and for reporting purposes.

c. In the event a positive urinalysis result is returned on a Marine who has been transferred, the unit will forward the results to the Marine's new command with a recommendation for action to be taken.

10. URINE SAMPLE COLLECTION PROCEDURES.

a. Only a Unit Commander or a Medical Officer may direct that a urine sample be taken to test for drug presence. The individual member, unit, or part of a unit, to be tested must be specified.

b. A responsible individual designated by the Commanding Officer will be assigned to coordinate the urine collection. This individual will be known as the coordinator. The coordinator should be the SACO or SANCO. The coordinator will receive the urine sample bottles and prepare each as follows:

(1) Record only the following on gummed label.

(a) Date of collection (DAY/MONTH/YEAR)

(b) Batch number (FOUR DIGIT NUMBER ASSIGNED BY CDAC)

ENCLOSURE (3)

GruO 5355.1D  
21 Sep 92

- (c) Sample (SPECIMEN) number
- (d) Individual's social security number (USE ALL DIGITS)
- (e) Testing premise

(2) Attach gummed label to bottle.

c. The SACO/SANCO will maintain a urinalysis ledger (Log Book, self serve, NSN 7530 00 2221 3525). In accordance with SECNAVINST 5215.5B the ledger will be retained for 2 years. The ledger will record all test samples with the following identifying information:

- (1) Date of sample collection (DAY/MONTH/YEAR).
- (2) Batch Number.
- (3) Specimen Number.
- (4) Individual's SSN.
- (5) Testing premise identifier.
- (6) Name and signature of observer.
- (7) Name and signature of member providing sample.

(This ledger shall be maintained in a secure place when not in use).

d. The designated observer must be thoroughly familiar with all requirements of reference (a), chapter 3. A designated individual of the same sex as the Marine being tested shall observe the complete sample collection process. The coordinator will not act as the observer. The observer shall observe the Marine urinate in the sample bottle, replace the lid to the bottle, affix the evidence tape, (ensuring the bottle label is not covered) and observe the individual deliver the bottle to the coordinator. After the sample is collected, the observer will sign the urinalysis ledger certifying that the sample bottle contains urine provided by the Marine. The observer shall observe only one individual at a time, through the entire collection process, including delivery of the sample to the coordinator. For example, if you wish to allow three persons to provide samples at a time, three observers are required. It is not necessary for the observer to handle the sample bottle, however, no individual shall have possession of their own sample bottle, (full or empty),

ENCLOSURE (3)

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ENCLOSURE (3)



except while under the direct observation of the designated observer or the coordinator. Samples provided by women Marines may be collected in wide mouth medical specimen containers, such as NSN 6530-00-8370-7472, but must be transferred to the standard container for shipment. This transfer will be done by the Marine providing the sample in the presence of the observer. After the sample is collected, the observer will sign the urinalysis ledger certifying that the sample bottle contains urine provided by the Marine. The coordinator must ensure that the lid is screwed onto the bottle tightly.

e. The coordinator will ensure the sample bottle is validated by the Marine, who will verify the identifying information by signing the ledger and initialing the label. If the Marine refuses to cooperate, verification may be done (signed and initialed) by the observer and witnessed by the coordinator.

f. The coordinator will receive the sample bottle from the member, ensuring that it contains a minimum volume of 60 milliliters (approximately three quarters full). The coordinator will initial the label and transcribe the information contained thereon to the Urine Sample Custody Document OPNAV 5350/2 (Enclosure (8)). When all samples have been collected and recorded, the coordinator will sign and date block 11(a) of the urine sample custody document(s), and deliver it for testing.

g. Identification. Methods should be aggressive, continuous and in accordance with reference (a), paragraph 2201.

h. Administrative Measures. Separation from service as a result of drug use or possession will be in accordance with references (a) and (c).

i. Treatment and rehabilitation. Treatment and rehabilitation procedures for drug abuse or dependency are outlined in reference (a).

ENCLOSURE (3)



REPORTS REQUIRED

1. General. The goals of the Marine Corps Substance Abuse Program are the prevention of drug and alcohol abuse and the identification, treatment, and return to productive duty of rehabilitated alcohol abusers with potential for further service. Drug abusers will be processed for separation. Accurate information concerning drug and alcohol abuse is essential to the achievement of these goals and the fulfillment of the reporting requirements of higher authorities. Specifically, information is essential to:

a. Indicate the scope of drug and alcohol abuse.

b. Evaluate the effectiveness of current education, enforcement, treatment, and rehabilitation programs and to effect necessary changes.

c. Provide data for replies to public, congressional, and other governmental agency inquiries, and support budget requests for drug and alcohol abuse funds.

2. Action.

a. The SACO shall submit the reports contained in this enclosure semiannually. Reports are due the 30th day following the end of the 6-month period. Reports cover the 6-month period ending March 31 and September 30.

ENCLOSURE (4)

RCS DD 5355-06  
FORMAT FOR REPORT ON URINALYSIS TESTING FOR DRUG ABUSE

1. Command: Identify by name the command submitting the report.
2. Reporting Period: Semiannually, as described in paragraph 4001.1 of reference (a).
3. Results of Laboratory Urinalysis Testing: Indicate for each drug listed the number of laboratory positives and the number of specimens tested by the drug testing laboratories during the reporting period. Those specimens submitted in one period and processed in another shall be reported in the later period. Note that specimens, not individuals, are counted. Indicate results for each test occasion as listed:
  - a. Inspection. An inspection under Military Rule of Evidence 313, Manual for Courts-Martial. This includes random samples and unit sweeps.
  - b. Probable Cause Search or Seizure. A search or seizure under Military Rules of Evidence 311-317, Manual for Courts-Martial.
  - c. Command-Directed. A command-directed examination or referral of a specified Marine for a valid medical purpose under Military Rule of Evidence 312(f), Manual for Courts-Martial, when there is a reasonable suspicion of drug abuse, an examination of a specified Marine incident to a mishap or safety investigation, or an examination of a specified Marine in conjunction with a Marine's participation in a DoD Drug Treatment and Rehabilitation Program. This includes a command-directed examination of a specified individual to determine a Marine's competency for duty or to ascertain whether a Marine requires counseling, treatment, or rehabilitation for drug abuse.
  - d. Medical. Any other examination ordered by medical personnel for a valid medical purpose under the Manual for Courts-Martial, including emergency medical treatment, periodic physical examinations, and such other medical examinations as are necessary for diagnostic or treatment purposes.
4. Results of Field Testing: Indicate for each drug listed the number of specimens field tested positive and the number of specimens field tested during the reporting period. Specimens submitted in one period and tested in another shall be included in the later period. Note that specimens, not individuals, are counted. Indicate results for each test occasion as listed. (See explanation of terms paragraph 3, above.)

ENCLOSURE (4)

GruO 5355.1D  
21 Sep 92

5. Individual Preparing Report: Indicate the name and telephone number of the individual who is preparing the report and who is responsible for its accuracy. Indicate the date the report is forwarded.

ENCLOSURE (4)

THE MARINE CORPS SUBSTANCE ABUSE PROGRAM

(RCS DD 5355-06)

| REPORT ON URINALYSIS TESTING FOR DRUG ABUSE |                   |                                 |   |              |                           |
|---|-------------------|---------------------------------|---|--------------|---------------------------|
| 1. ORGANIZATION                             |                   |                                 | 2. REPORTING PERIOD (Y)                 |              |                           |
|   |                   |                                 | a. OCTOBER - MARCH                      |              |                           |
|   |                   |                                 | b. APRIL - SEPTEMBER                    |              |                           |
| 3. RESULTS OF LABORATORY URINALYSIS TESTING |                   |                                 |   |              |                           |
| TYPE DRUG                                   | OCCASION FOR TEST |                                 |   |              | MEDICAL                   |
|   | INSPECTION        | PROBABLE CAUSE SEARCH / SEIZURE | COMMAND-DIRECTED                        |              |                           |
|   | POS (1) SENT      | POS (2) SENT                    | POS (3) SENT                            | POS (4) SENT |                           |
| a. CANNABIS                                 |                   |                                 |   |              |                           |
| b. COCAINE                                  |                   |                                 |   |              |                           |
| c. AMPHETAMINE                              |                   |                                 |   |              |                           |
| d. BARBITURATES                             |                   |                                 |   |              |                           |
| e. PCP                                      |                   |                                 |   |              |                           |
| f. OPIATES                                  |                   |                                 |   |              |                           |
| g. OTHER (NAME)                             |                   |                                 |   |              |                           |
| h.  |                   |                                 |   |              |                           |
| i.  |                   |                                 |   |              |                           |
| j.  |                   |                                 |   |              |                           |
| 4. RESULTS OF FIELD TESTING                 |                   |                                 |   |              |                           |
| TYPE DRUG                                   | OCCASION FOR TEST |                                 |   |              | MEDICAL                   |
|   | INSPECTION        | PROBABLE CAUSE SEARCH / SEIZURE | COMMAND-DIRECTED                        |              |                           |
|   | POS (1) SENT      | POS (2) SENT                    | POS (3) SENT                            | POS (4) SENT |                           |
| a. CANNABIS                                 |                   |                                 |   |              |                           |
| b. COCAINE                                  |                   |                                 |   |              |                           |
| c. AMPHETAMINE                              |                   |                                 |   |              |                           |
| d. BARBITURATES                             |                   |                                 |   |              |                           |
| e. PCP                                      |                   |                                 |   |              |                           |
| f. OPIATES                                  |                   |                                 |   |              |                           |
| g. OTHER (NAME)                             |                   |                                 |   |              |                           |
| h.  |                   |                                 |   |              |                           |
| i.  |                   |                                 |   |              |                           |
| j.  |                   |                                 |   |              |                           |
| 5. INDIVIDUAL PREPARING REPORT              |                   |                                 | 6. TELEPHONE NUMBER (INCLUDE AREA CODE) |              | 7. DATE SUBMITTED (Y/M/D) |
| a. NAME (LAST, FIRST, MIDDLE INITIAL)       |                   |                                 |   |              |                           |

ENCLOSURE (4)

RCS DD-5300-05  
FORMAT FOR REPORT ON DRUG OR ALCOHOL AWARENESS EDUCATION  
OR REHABILITATION PROGRAMS

1. Command: Identify by name the command submitting the report.
2. Reporting Period: Semiannually, as described in paragraph 4001.1 of reference (a).
3. Type of Report: Indicate whether the report concerns drug or alcohol abuse by checking the appropriate item. A separate report shall be submitted for each category of abuse.
4. Awareness Education and Rehabilitation: Awareness education figures refer to the number of Marines directed to complete an alcohol awareness program (Level I) who are judged not to meet entry criteria for residential (Level III) or nonresidential (Level II) programs. Rehabilitation figures refer to the number of Marines involved in resident or nonresident treatment and rehabilitation programs. A resident is a Marine who normally resides at a live-in rehabilitation facility established to treat drug or alcohol abuse. A nonresident is a Marine on active duty with a unit and undergoing rehabilitation counseling. The number of individuals in each program shall be provided according to sex.

a. New cases: The number of Marines identified and referred to a program during the reporting period.

(1) Specify the number of Marines according to pay grade.

(2) Specify the number of Marines according to referral source.

(a) Commander or supervisor referrals are only those initiated by the commander or supervisor. These identifications do not include commander or supervisor referrals that are brought to the commander's or supervisor's attention by positive urine samples (Submitted upon their demonstration of bizarre or irregular behavior).

(b) Self-referrals are only those Marines who are authentic volunteers for treatment and rehabilitation under the policy published by Marine Corps directives.

ENCLOSURE (4)

(c) Urinalysis referrals are those Marines confirmed by the commander as authentic drug abusers following notification from a DoD certified laboratory that the Marine concerned submitted a urine sample which was found positive for drug abuse. (This includes all types of urinalysis.) Do not include laboratory positives which are subsequently found to be caused by medications which were legally and properly prescribed and used.

(d) Medical referrals are those Marines referred by medical personnel in the exercise of their duties.

(e) Law enforcement referrals are those Marines brought to the attention of appropriate authorities through military or civilian police or investigative agency.

(f) Other program referrals are those not included in the above sources.

b. Total Cases: Indicate the total number of Marines in the program during the reporting period.

(1) Returned to Duty: Indicate the number of Marines returned to duty who have or have not completed the program.

(2) Separated from Service: Indicate the number of Marines returned who were separated from the Marine Corps whether or not they completed the program.

5. Individual Preparing Report: Indicate the name and telephone number of the individual who is preparing this report and who is responsible for its accuracy. Indicate the date the report is forwarded.

ENCLOSURE (4)

THE MARINE CORPS SUBSTANCE ABUSE PROGRAM

GruO 5355.1D

21 Sep 92

(RCS DD 5300-05)

| REPORT ON DRUG OR ALCOHOL ABUSE AWARENESS EDUCATION OR REHABILITATION PROGRAMS |                        |            |                                      |            |                                    |            |
|--|------------------------|------------|--------------------------------------|------------|------------------------------------|------------|
| 1. COMMAND   | 2. REPORTING PERIOD BY |            | 3. TYPE OF REPORT                    |            |                                    |            |
|  | a. October - March     |            | a. Drug Abuse                        |            |                                    |            |
|  | b. April - September   |            | b. Alcohol Abuse                     |            |                                    |            |
| 4. AWARENESS EDUCATION AND REHABILITATION                                      |                        |            |                                      |            |                                    |            |
| NUMBER OF INDIVIDUALS  | AWARENESS EDUCATION    |            | REHABILITATION                       |            |                                    |            |
|  | Male (a)               | Female (b) | RESIDENT                             |            | NONRESIDENT                        |            |
|  |                        |            | Male (c)                             | Female (d) | Male (e)                           | Female (f) |
| <b>A. NEW CASES</b>  |                        |            |                                      |            |                                    |            |
| <b>PAY GRADE</b>   |                        |            |                                      |            |                                    |            |
| (1) E1-E5  |                        |            |                                      |            |                                    |            |
| (2) E6-E9  |                        |            |                                      |            |                                    |            |
| (3) W1-W4  |                        |            |                                      |            |                                    |            |
| (4) O1-O2  |                        |            |                                      |            |                                    |            |
| (5) O4 and above   |                        |            |                                      |            |                                    |            |
| <b>REFERRAL SOURCE</b>   |                        |            |                                      |            |                                    |            |
| (6) Command or Supervisor  |                        |            |                                      |            |                                    |            |
| (7) Self-referral  |                        |            |                                      |            |                                    |            |
| (8) Urinals  |                        |            |                                      |            |                                    |            |
| (9) Medical  |                        |            |                                      |            |                                    |            |
| (10) Law Enforcement   |                        |            |                                      |            |                                    |            |
| (11) Other Program   |                        |            |                                      |            |                                    |            |
| <b>B. TOTAL CASES</b>  |                        |            |                                      |            |                                    |            |
| <b>RETURNED TO DUTY</b>  |                        |            |                                      |            |                                    |            |
| (1) Completed Program  |                        |            |                                      |            |                                    |            |
| (2) Did Not Complete Program   |                        |            |                                      |            |                                    |            |
| <b>SEPARATED FROM SERVICE</b>  |                        |            |                                      |            |                                    |            |
| (3) Completed Program  |                        |            |                                      |            |                                    |            |
| (4) Did Not Complete Program   |                        |            |                                      |            |                                    |            |
| <b>5. INDIVIDUAL PROGRAM REPORT</b>  |                        |            |                                      |            |                                    |            |
| a. NAME (Last, First, Middle Initial)  |                        |            | b. TELEPHONE NUMBER (Area and Local) |            | c. DATE SUBMITTED (Month/Day/Year) |            |

ENCLOSURE (4)



DAPA ADMIN SCREENING FORM

The below information will help the Commanding Officer/DAPA determine whether the servicemember has potential for further useful service and whether he/she is eligible for treatment, if appropriate. A copy of this Administrative Screening must be forwarded to CAAC, Medical, NAVALREHCEN/ARD, or Family Service Center, if such referral is made.

DRUG AND ALCOHOL PROGRAM ADVISOR ADMINISTRATIVE SCREENING

Date admin screening completed: \_\_\_\_\_

Servicemember's Name: \_\_\_\_\_  
(Last) (First) (MI) USA USNR  
USMC USAF  
USCG

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Rate/Rank) (SSN) (Sex) (Age)

\_\_\_\_\_  
(Division/Work Center) (Telephone #)

\_\_\_\_\_  
(Command, include full address) (UIC)

Referring incident/servicemember identified through:

\_\_\_\_ Self-referral \_\_\_\_\_ Urinalysis (date: \_\_\_\_\_)  
\_\_\_\_ Shore patrol/MAA/Security Dept.  
\_\_\_\_ Navy medical \_\_\_\_\_ Civilian medical  
\_\_\_\_ Supervisor \_\_\_\_\_ Other (specify) \_\_\_\_\_

Substance Involved: \_\_\_\_\_ Alcohol \_\_\_\_\_ Other illicit drug (identify)  
\_\_\_\_\_ Marijuana \_\_\_\_\_ Food  
\_\_\_\_\_ Cocaine

Describe incident/additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAPA's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



DAPA ADMIN SCREENING FORM

SVM Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date reported this command: \_\_\_\_\_

Previous duty station: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Prev. duty sta: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Prev. duty sta: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Evidence of TEMDU/TAD for treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Facility \_\_\_\_\_ dates \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unauthorized absences? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, dates \_\_\_\_\_, circumstances \_\_\_\_\_

\_\_\_\_\_

Was UA alcohol or other drug related? If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Courts Memoranda \_\_\_\_\_ None \_\_\_\_\_ Yes

If yes: \_\_\_\_\_ date(s)  
\_\_\_\_\_ type(s) of court  
\_\_\_\_\_ UCMJ article(s)  
\_\_\_\_\_ forfeiture/reduction in rate/  
\_\_\_\_\_ restriction

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAVPERS 6350 (11/91)

1

ENCLOSURE (5)

21 Sep 92

DAPA ADMIN SCREENING FORM

SVM: \_\_\_\_\_ SSN: \_\_\_\_\_

Enlisted: Past two evaluations:

Command: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

|                  |             |                  |                   |         |
|------------------|-------------|------------------|-------------------|---------|
| Rating Knowledge | Reliability | Military Bearing | Personal Behavior | Overall |
|------------------|-------------|------------------|-------------------|---------|

Command: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_

|                  |             |                  |                   |         |
|------------------|-------------|------------------|-------------------|---------|
| Rating Knowledge | Reliability | Military Bearing | Personal Behavior | Overall |
|------------------|-------------|------------------|-------------------|---------|

Narrative alcohol/other drug related entries? If yes, describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Record of Naval Reserve Service: \_\_\_ No \_\_\_ Yes

If yes, years of Reserve time: \_\_\_\_\_.

Completion: \_\_\_ SAT \_\_\_ UNSAT

DAPA ADMIN SCREENING FORM

SVM Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Misconduct warnings (page 13 entries)  No  Yes If yes,  
give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attended NADSAP?  No  Yes More than once?  No  Yes  
If yes, dates: \_\_\_\_\_ for education;  
\_\_\_\_\_ incident referred.

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Security clearance:

|   |   |
|---|---|
| <input type="checkbox"/> downgraded       | If any of these, describe circum-<br>stances: _____ |
| <input type="checkbox"/> removed          |   |
| <input type="checkbox"/> access denied    |   |
| <input type="checkbox"/> special handling |   |

DD 1966 in service record?  No  Yes If yes, list prior  
civilian employment: \_\_\_\_\_

Pre-service arrests/convictions/charges/court actions: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAVPERS 5350/3 (11/91)

21 Sep 92

DAPA ADMIN SCREENING FORM

SVM Name: \_\_\_\_\_ SSN: \_\_\_\_\_

MEDICAL RECORD REVIEW

1. Has servicemember been treated for any injuries/accidents/fights? (Describe/give date(s)) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Has servicemember ever been tested by medical for a BAC as a result of an accident or fitness for duty exam? If so, list the date(s), the reason(s) and the results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Does the medical record show a pattern of:

\_\_\_\_\_ Stomach ailments \_\_\_\_\_ Dizziness/loss of memory

\_\_\_\_\_ Frequent minor illnesses or injuries

\_\_\_\_\_ Repeated prescriptions written for sedatives, pain killers, diet pills, etc.

If so, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Does the medical record show any previous visits or referrals to (if yes, give date, facility and reason):

\_\_\_\_\_ Psychologist/psychiatrist

\_\_\_\_\_ Family Advocacy

\_\_\_\_\_ Navy Alcohol Rehabilitation Center/Department

\_\_\_\_\_ Counseling and Assistance Center

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAVPERS 5350/3 (11/91)

ENCLOSURE (5)



21 Sep 92

DAPA ADMIN SCREENING FORM

SVM Name: \_\_\_\_\_ SSN: \_\_\_\_\_

ADMINISTRATIVE SCREENING CHECKLIST

| ACTION  | DATE | COMMENTS |
|---|------|----------|
| Member identified as drug/<br>alcohol abuser  |      |          |
| Collect svc/med record;<br>send pages 9 & 10 to<br>supervisor   |      |          |
| Supervisor eval received  |      |          |
| Member interviewed  |      |          |
| CAAC appointment made (if<br>required)  |      |          |
| Advise SVM of his/her CAAC<br>appointment and reason for<br>referral  |      |          |
| Advise SVM must be in clean<br>uniform of the day and<br>present this Administrative<br>Screening, service record,<br>medical record, etc., to CAAC |      |          |
| Advise SVM where to report<br>after CAAC completes screen   |      |          |
| CAAC evaluation received  |      |          |
| Medical Officer appointment<br>made (if required)   |      |          |
| Medical eval received   |      |          |

DAPA: DETACH PAGES 9 AND 10; COMPLETE DAPA PORTION; HAND CARRY/INTERNAL MAIL (IN SEALED ENVELOPE) TO SERVICEMEMBER'S SUPERVISOR.

NAVPERS 5350/3 (11/91)

ENCLOSURE (5)

DAPA ADMIN SCREENING FORM

5350  
Ser

MEMORANDUM FOR \_\_\_\_\_  
(Supervisor's name/work center/division)

Subj: ADMINISTRATIVE SCREENING ICO \_\_\_\_\_  
(Name, rate/rank,  
work center/division)

1. Subject servicemember is being administratively screened. Your input is extremely important in helping the commanding officer make a determination concerning this individual's potential for further useful military service if the suspected problem is corrected. Please be as frank as possible in completing the following.

2. How long have you supervised this servicemember? \_\_\_\_\_

3. Please place a check mark by the word which best fits servicemember (more than one may be checked):

a. Military performance in the past 12 months:

|                                    |                                      |                                    |
|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Superior  | <input type="checkbox"/> Adequate    | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Substandard | <input type="checkbox"/> Declining |

b. Work performance in the past 12 months:

|                                    |                                      |                                    |
|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Superior  | <input type="checkbox"/> Adequate    | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Substandard | <input type="checkbox"/> Declining |

c. Uniform/military appearance in the past 12 months:

|                                    |                                      |                                    |
|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Superior  | <input type="checkbox"/> Adequate    | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Substandard | <input type="checkbox"/> Declining |

d. Relationships with peers and superiors:

|                                    |                                      |                                    |
|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Superior  | <input type="checkbox"/> Adequate    | <input type="checkbox"/> Improving |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Substandard | <input type="checkbox"/> Declining |

Additional comments about a, b, c, or d above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



GENERAL PURPOSE PRIVACY ACT STATEMENT (5 U.S.C. 552A)  
OPNAV 5211/12 (11-78) S/N 0107-LP-082-1180

| PART A—IDENTIFICATION OF REQUIREMENT                                    |                 |
|---|-----------------|
| 1. REQUIRING DOCUMENT (Describe—SECNAVINST, OPNAVNOTE, SECNAV LR, etc.) | 2. SPONSOR CODE |
| MCO P5300.12  | MHD             |
| 3. DESCRIPTIVE TITLE OF REQUIREMENT (Form title, report title, etc.)    |                 |

SUBSTANCE ABUSE COUNSELING/REHABILITATION RECORDS

| PART B—INFORMATION TO BE FURNISHED TO INDIVIDUAL |
|--|
| 1. AUTHORITY                                     |

The authority for requesting the information for this record is 5 U.S.C. Section 301. Executive Order 9397 of 22 November 1943 authorizes us of your social security number.

|                         |
|-------------------------|
| 2. PRINCIPAL PURPOSE(S) |
|-------------------------|

The purpose for requesting this information is to aid counselors in the substance abuse counseling process to effectively evaluate the type and extent of drug or alcohol usage.

M

|                   |
|-------------------|
| 3. ROUTINE USE(S) |
|-------------------|

The information will be used by counseling personnel for evaluating personal drug or alcohol involvement, by command staff personnel in evaluating counseling program effectiveness, and to provide data for use in compiling statistical reports required by DoD.

P

|   |
|---|
| 4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION |
|---|

Providing the requested information is voluntary; however, failure to disclose certain information could result in an incomplete and inaccurate analysis of personal drug or alcohol abuse.

| PART C—IDENTIFICATION OF FORM/REPORT/OTHER REQUIREMENT               |                       |
|--|-----------------------|
| 1. FORM NO./REPORT CONTROL SYMBOL/OTHER IDENTIFICATION NAME/SSN/DATE | PRIVACY ACT STATEMENT |

E



## URINE SAMPLE CUSTODY DOCUMENT

Read Instructions on Reverse Before Completion

|   |  |                    |                      |   |  |
|---|--|--------------------|----------------------|---|--|
| 1. PRIMARY UNIT MESSAGE ADDRESS & UIC   |  |                    |                      | A. DSL CONDUCTING TESTING   |  |
| 2. SECOND ECHOLON COMMANDER MESSAGE ADDRESS   |  |                    |                      | B. RECEIVED FROM SHIPMENT   | C. CONDITION OF SHIP CONTAINER<br><input type="checkbox"/> UNDAMAGED<br><input type="checkbox"/> DAMAGED (Describe in K) |
| 3. DATE SAMPLE(S) OBTAINED  | 4. GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION |                    |                      | D. NAME, GRADE/TITLE & SIGNATURE OF RECEIVING OFFICIAL <span style="float: right;">DATE</span>                  |  |
| 5. ORIGINALLY ASSIGNED BATCH NUMBER   | 6. DATE PREPARED FOR SHIPMENT                        |                    |                      | E. DSL BATCH NUMBER   | F. ASSIGNED INTRA-LAB CHAIN-OF-CUSTODY DOCUMENT NUMBER   |
| 7. SPECIMEN NUMBER  | 8. SSN OF PERSON PROVIDING SPECIMEN                  | 9. TESTING PREMISE | 10. PTK/DAU POSITIVE | G. DSL ACCESSION NUMBER   | H. DSL FINDINGS (Results Negative Unless Marked)   |
| 01  |  |                    |                      |   |  |
| 02  |  |                    |                      |   |  |
| 03  |  |                    |                      |   |  |
| 04  |  |                    |                      |   |  |
| 05  |  |                    |                      |   |  |
| 06  |  |                    |                      |   |  |
| 07  |  |                    |                      |   |  |
| 08  |  |                    |                      |   |  |
| 09  |  |                    |                      |   |  |
| 10  |  |                    |                      |   |  |
| 11  |  |                    |                      |   |  |
| 12  |  |                    |                      |   |  |
| I. CHAIN OF CUSTODY (Continue on reverse if necessary)  |  |                    |                      | I. REPORT OF RESULTS (Date-Time -Group)   |  |
| a. I certify that I received all specimens, verified for accuracy both the identification on each sample bottle & this chain-of-custody document, & properly packaged & sealed the specimens for shipment |  |                    |                      | J. I certify that the findings noted above are correct and have been accurately reported to the submitting unit |  |
| NAME, GRADE & SIGNATURE OF UNIT COORDINATOR <span style="float: right;">DATE</span>   |  |                    |                      | NAME, GRADE/TITLE & SIGNATURE OF CERTIFYING OFFICIAL <span style="float: right;">DATE</span>                    |  |
| (b) RELEASED FOR SHIPMENT BY THE FOLLOWING MODE   |  |                    |                      | K. DAMAGE TO SHIPPING CONTAINER   |  |
| NAME, GRADE & SIGNATURE OF RELEASER <span style="float: right;">DATE</span>   |  |                    |                      |   |  |

# URINE SAMPLE CUSTODY DOCUMENT

| 11(a) CONTINUATION OF CHAIN OF CUSTODY |  |  |      |
|--|--|--|------|
| PURPOSE OF CHANGE OF CUSTODY           | RELEASED BY<br>(Name, Grade/Title, Activity & Signature) | RECEIVED BY<br>(Name, Grade/Title, Activity & Signature) | DATE |
|  |  |  |      |
|  |  |  |      |
|  |  |  |      |
|  |  |  |      |

### General Instructions

1. Forward original and one copy with the urine specimens (original in envelope attached to inner sealed box or container and copy in a waterproof mailer inside box or container)
2. Submitting unit shall retain one copy
3. Testing laboratory shall retain the completed original for a minimum of one year
4. All unshaded entries are to be completed by the submitting unit. All shaded areas are to be completed by the laboratory

#### SUBMITTING UNIT INSTRUCTIONS

- Block Number**
1. **SUBMITTING UNIT MESSAGE ADDRESS & UIC**  
Message address and unit identification code (UIC) of unit submitting urine samples
  2. **SECOND ECHELON COMMANDER MESSAGE ADDRESS**  
Message address of second echelon commander to whom submitting unit reports administratively
  3. **DATE SAMPLE(S) OBTAINED**  
Timeframe in which sample(s) provided
  4. **GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION**  
Geographic location of unit when sample(s) are obtained (ie, Jacksonville, FL, Inport Naples, IT, at sea, etc.)
  5. **LOCALLY ASSIGNED BATCH NUMBER**  
Each batch of 12 samples or portion thereof shall be assigned a separate number by the submitting unit
  6. **DATE PREPARED FOR SHIPMENT**  
Date shipping container sealed and prepared for transportation to laboratory
  7. **SPECIMEN NUMBER**  
Preprinted on form
  8. **SSN OF PERSON PROVIDING SPECIMEN**  
Full social security number of person from whom sample obtained
  9. **TESTING PREMISE AUTHORIZATION**  
Indicate the testing premise authorization used to conduct the test. The following abbreviations are authorized:  

|   |   |
|---|---|
| <b>INSPECTIONS</b><br>RS - Random sample<br>SS - Unit sweep<br>AT - Accessions testing<br>OS - Other service-directed testing (specify)<br>RF - Rehabilitation facility staff testing | <b>SEARCH OR SEIZURE</b><br>CT - Consent testing<br>PC - Probable cause<br><b>FITNESS FOR DUTY</b><br>CD - Command-directed<br>PD - Physician-directed<br>SA - Official safety, mishap, accident testing<br>RA - Rehabilitation program/aftercare testing |
|---|---|
  10. **ATK DAU POSITIVE**  
If screened positive by EMIT or portable kit or EMIT DAU in the field, indicate for which drugs screened positive. Leave blank if not screened prior to submission to lab. The following abbreviations are authorized:  

|   |   |
|---|---|
| <b>MEDICAL EXAMINATION</b><br>ME - Medical examination<br><b>OTHER</b><br>OT - Other authorized testing (specify)<br><b>ADDITIONAL AUTHORIZED MARKINGS</b><br>CM - May be used in court-martial proceedings<br>PR - Member in a Personnel Reliability Program<br>NP - Member in a Nuclear Power Program | AMP = Amphetamine<br>PCP = Phencyclidine<br>THC = Marijuana/Hashish<br>BAR = Barbiturate<br>QUA = Methaqualone<br>OPI = Opiate<br>COC = Cocaine |
|---|---|
  11. **CHAIN OF CUSTODY**  
 (a) Certification of Coordinator  
 (b) Specify the mode of accountable transportation utilized to ship specimens to the lab  
 (c) If when custody of specimens changes (other than for shipment (unless hand carried), each change of custody must be documented in this block. If a continuation sheet is necessary, continuation sheets must contain the information of blocks 1, 3 and 5.

#### LABORATORY INSTRUCTIONS

- Block Number**
- A. **DSL CONDUCTING TESTING**  
Message address of NRMIC drug screening lab which will report out the findings
  - B. **RECEIVED FROM SHIPMENT**  
Identify the accountable mode of transportation utilized in shipping the samples to the lab
  - C. **CONDITION OF SHIPPING CONTAINER**  
Indicate undamaged/damaged. Describe damage in block K
  - D. **RECEIVING OFFICIAL**  
Name, grade/title & signature of official receiving the shipment for the lab and date received
  - E. **DSL BATCH NUMBER**  
If used by the lab, indicate batch number assigned to the samples listed on this form
  - F. **ASSIGNED INTRA-LAB CHAIN OF CUSTODY DOCUMENT NUMBER**  
If used by the lab, identify the chain of custody document which tracks samples through the lab
  - G. **DSL ACCESSION NUMBER**  
Sequential number assigned to each sample
  - H. **DSL FINDINGS**  
Indicate for which drug(s) confirmed positive (leave blank if negative or affix stamp indicating results negative)
  - I. **REPORT OF RESULTS**  
Date-time-group of message informing submitting command of results of lab testing
  - J. **DSL CERTIFYING OFFICIAL**  
Certification of certifying official and date
  - K. **DAMAGE TO SHIPPING CONTAINER**  
Describe damage to container if "damaged" marked in C.

ENCLOSURE (7)