

**EMPLOYEE CHECKLIST FOR REASONBLE SUSPICION DRUG TEST PROGRAM**

You have been identified for a reasonable suspicion drug testing by urinalysis. Please take a few minutes to read the following information that describes your role in the collection process.

- Please arrive at the collection site on time.
- Collection site personnel will ask you to verify your social security number and provide a photo identification such as a driver's license or agency badge. Collection site personnel are required to contact USDA for guidance if proper identification is not obtained. You will be asked to verify your social security number and provide your initials or signatures at several stages throughout the collection process. The precautions are for your protection and will help ensure that all specimens are labeled correctly.
- A technician will explain collection site procedures. Personnel will also be available to answer questions you might have or they will refer you to the appropriate individual from your Agency.
- You will be asked to remove outer garments such as overcoats and suit jackets. You may not take a carrying bag into the collection room, but you may take your wallet with you.
- Your technician will provide you with a sample collection container and instructions.
- You must wash and dry your hands before entering the collection room.
- Unless otherwise directed by the Agency, you may provide the specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy. It is necessary for you to provide a specimen of at least 30 milliliters for the Agency sample. If you are unable to provide a sufficient quantity, you will be given a reasonable period of time to provide an adequate specimen. As a general rule, you will be allowed to drink water and allowed until the end of your tour of duty that day (or a reasonable period of time if this is inappropriate) to supply a sample. **DO NOT** leave the clinic's lobby or waiting area while waiting to complete the collection. Failure to abide with this guideline may be presumed to be a refusal to take the test and a proposal for removal will result, unless satisfactory medical documentation is furnished to support the actions.
- **DO NOT** flush the toilet at any time during the collection process.
- Give the collection container to the technician who, after checking the temperature (within four minutes of collection) and general appearance of the sample, will transfer the sample to a sealable shipping bottle. If the temperature reading is found to be outside the acceptable range (90 - 100 F) you may request that the collector take an oral temperature. The technician will tighten the bottle cap and place the prepared evidence tape over the cap and down the sides of the bottle. You should then initial the seal and the label confirming that it is your sample in the bottle and that the social security number and other information are correct. You must observe this process continuously.

- If the collector has reason to believe that the urine specimen has been altered or substituted they will notify a higher level supervisor. Should you tamper, adulterate or in any other manner attempt to alter the specimen, the collector will request authorization from your Agency to collect a second specimen under direct observation by a same gender collection site individual. Both specimens will be sent to the laboratory for analysis.
  - You may then wash your hands.
  - You may elect to have a second sample collected at the same time as the USDA sample and have it submitted by the sample collector to the Department's contract laboratory for storage. The collection site personnel will assist you in this determination.
  - Failure to appear for testing will be considered a refusal to participate in testing, and will result in a proposal for removal from employment. The Department's Plan for a Drug-Free Workplace is available on the website:  
<http://www.usda.gov/da/shmd/dfwp.htm>
  - If you have any questions or concerns, share them with your supervisor, the Agency Drug Testing Liaison at (202) 720-5657 or the Departmental Employee Assistance Program Manager, at (202) 720-9010.
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Employee's Name: **[Employee's Full Name]**

The reason for ordering the reasonable suspicion test: [Reason]

The reporting time, name, address and telephone number of the collection site where you are to report is:

Report Time: **[Time]** AM/PM

Address: **[Name of Laboratory]**  
**[Street Address]**  
**[City, State, Zip]**

Telephone: **[Telephone Number]**