

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY AND CONTROL FORM (49 CFR 219) NOTE: This form is to completed in accordance with instructions contained in 49 CFR 219, Control of Alcohol and Drug Use in Railroad Operations, and supplemental instructions that accompany the specimen collection materials in the FRA Post-Accident Toxicology Kit.

_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION URINE BOTTLE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. A No 112181	Date _____ _____ Signature of Collector
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION URINE BOTTLE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. B No 112181 -S	KIT CUSTODY SEAL Federal Railroad Administration
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION BLOOD TUBE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. A No 112181	
_____ Donor's Initials _____ Date	PLACE OVER CAP	FEDERAL RAILROAD ADMINISTRATION BLOOD TUBE CUSTODY SEAL SPECIMEN IDENTIFICATION NO. B No 112181 -S	