

Acrobat

outsourcing

Your Hospitality Staffing Professionals

Initial Drug Screening Results Form

Date: 10/12/2018

Time: 11:15 AM

Location of Collection:

Address: 665 3rd St.

City, State, Zip: San Francisco, CA

Administrator: Keenan Sowells

Phone: (415) 431 8826 x1

Donor:

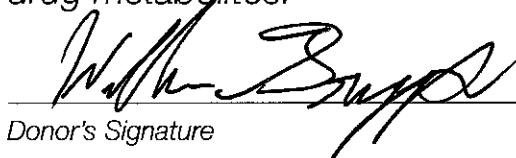
Name: Willie Briggs

Date of Hire: 9/10/2018

Email: Willieb2023@gmail.com

Phone: (415) 684-6919

I Hereby Certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites.

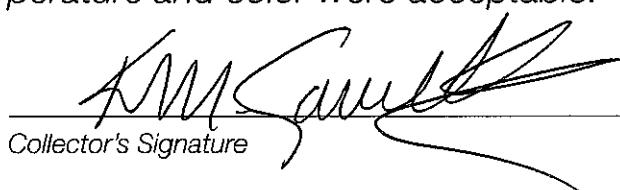


Donor's Signature

10/12/2018

Date

I Hereby Certify that I collected the specimen from the aforementioned donor and that it was not substituted or adulterated to the best of my knowledge. The specimen temperature and color were acceptable.



Collector's Signature

10/12/2018

Date

Substance	Device Code	Pass	Did Not Pass
Marijuana	THC	✓	
Cocaine	COC	✓	
Opiates/Morphine	OPI/MOR	✓	
Phencyclidine	PCP	✓	
Amphetamines	AMP	✓	
Methamphetamine	mAMP	✓	