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MILITARY DRUG DEMAND REDUCTION PROGRAM

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This Instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*, Department of Defense Directive (DoDD) 1010.1, *Military Personnel Drug Abuse Testing Program*, and Department of Defense Instruction (DoDI) 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*, and prescribes the Air Force Drug Testing Program. It assigns responsibility for carrying out the program at installation level. This Instruction applies to all active duty Air Force members, Air Force Reserve members, applicants for the Air Force Academy, Advanced Reserve Officers' Training Corps (ROTC), regular Armed Forces, appointment or enlistment (or re-enlistment if discharged more than 6 months earlier) into Active or Reserve Components, and Air National Guard (ANG) members on AGR (Active Guard Reserve) status, Title 10 status (when activated longer than 30 days), or on Personnel Reliability Program (PRP) status. The ANG will comply with the current Memorandum of Agreement between the Air Force and the National Guard Bureau. For guidance not addressed in the current MOA, AFI 44-120 applies. Failure to comply with the mandatory provisions of

paragraphs **1.1.5**, **1.1.6**, **4.6.13.1**, **4.6.13.2**, **4.6.13.3**, or **9.1.2.4** of this Air Force Instruction (AFI) by military personnel is a violation of Article 92, Failure to Obey Order or Regulation, Uniform Code of Military Justice (UCMJ).

This Instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW the *Air Force Records Disposition Schedule (RDS*) located at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**. Send comments and suggested improvements using the AF Form 847, *Recommendation for Change of Publication*, through channels, to AFMOA/SGHW, 3515 General McMullen Road, Bldg 171, Ste 400, San Antonio TX 78226.

(MCCONNELLAFB) AFI 44-120, *Military Drug Demand Reduction Program*, dated 3 January 2011 is supplemented as follows: this instruction provides information on and explains procedures concerning the Military Drug Demand Reduction Program specific to McConnell AFB.

Ensure that all records created as a result of processes prescribed in this publication are maintained In Accordance With (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW with the Air Force Records Information Management System (AFRIMS) located at https://www.my.af.mil/gcss-af61a/afrims/afrims/. This instruction requires collecting and maintaining information in accordance with the requirements established in Public Laws 91-513 and 92-255; Chapters 13 and 16 of Title 21, United States Code (U.S.C.); Public Law 92-129; 5 U.S.C. 501; and 10 U.S.C. 8013. System of records notice F044 AF SG B applies. Maintain and dispose of all records created by processes prescribed in this publication in accordance with AFMAN 37-139, *Records Disposition Schedule*. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command.

SUMMARY OF CHANGES

This interim change deletes reference to the obsolete name Armed Forces Institute of Pathology, adds guidance for drug testing processes at Joint Bases, clarifies the requirement for 100% end strength testing, updates procedures for drug testing at Geographically Separated Units (GSUs), updates MAJCOM responsibilities for ensuring positive results are entered on the Drug Testing Portal by installation DDRPMs, updates processes for tracking untestable specimen rates, clarifies that backup support to maintain collection operations is mandatory, updates membership requirements for the Cross Functional Oversight Committee (CFOC), updates guidance on Medical Review Officer (MRO) responsibilities, removes alignment of the installation Drug Demand Reduction Program Manager (DDRPM) under the installation commander to be consistent with other parts of this Instruction and other Air Force (AF) guidance, removes requirement for AF Drug Testing Program Manager (AFDTPM) to review MRO findings prior to DDRPM making notification of positive results, adds guidance for drug testing Service Members who are approved for telework, moves guidance from AFI 44-159 (scheduled to be rescinded) to this Instruction regarding Drug Demand Reduction (DDR) outreach and education

activities and Civil Air Patrol, and allows for use of alternative DoD drug testing laboratories when approved by the AFDTPM).

This Instruction implements Air Force Policy Directive (AFPD) 44-1, *Medical Operations*, Department of Defense Directive (DoDD) 1010.1, *Military Personnel Drug Abuse Testing Program*, and Department of Defense Instruction (DoDI) 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*, and prescribes the AF Drug Testing Program. It assigns responsibility for carrying out the program at installation level. This Instruction applies to all active duty (AD) AF members, Air Force Reserve members, applicants for the Air Force Academy, Advanced Reserve Officers' Training Corps (ROTC), regular Armed Forces, appointment or enlistment (or re-enlistment if discharged more than six months earlier) into Active or Reserve Components, and Air National Guard (ANG) members on Active Guard Reserve (AGR) status, Title 10 status (when activated longer than 30 days), or on Personnel Reliability Program (PRP) status. The ANG will comply with the any ANG Regulation, Instruction or memorandum of agreement (MOA) between the AF and the National Guard Bureau (NGB) that modifies guidance in this Instruction. For guidance not addressed in the current ANG guidance or MOA, AFI 44-120 applies. Failure to comply with the mandatory provisions of paragraphs **1.1.5**, **1.1.6**, **4.6.13.1**, **4.6.13.2**, **4.6.13.3**, or **9.1.2.4** of this Air Force Instruction (AFI) by military personnel is a violation of Article 92, Failure to Obey Order or Regulation, Uniform Code of Military Justice (UCMJ).

(MCCONNELLAFB) This document is substantially revised and must be completely reviewed**.** It clarifies procedures at base level concerning Medical Review Officer Responsibilities, testing AF Reserve units, positive UA notification procedures for DDRPM and unit, process for conducting unit sweeps, observer requirements, Trusted Agent responsibilities, protocol for tests other than random, Operation Night Hawk (ON) procedures, Shy Bladder procedures, and provides sources for supplies.

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Section A—PROGRAM GOALS AND REQUIREMENTS

1. The Drug Demand Reduction Program (DDRP) directly impacts mission readiness. The success of this long-standing program can be traced directly to strong command support at all levels.

1.1. Illicit Drug Use. The Air Force does not tolerate the illegal or improper use of drugs by Air Force personnel. Such use:

1.1.1. Is a serious breach of discipline.

1.1.2. Is not compatible with service in the Air Force.

1.1.3. Automatically places the member's continued service in jeopardy.

1.1.4. Can lead to criminal prosecution resulting in a punitive discharge or administrative actions, including separation or discharge under other than honorable conditions.

1.1.5. Studies have shown that products made with hemp seed and hemp seed oil may contain varying levels of tetrahydrocannabinol (THC), an active ingredient of marijuana which is detectable under the Air Force Drug Testing Program. In order to ensure military readiness, the ingestion of products containing or products derived from hemp seed or hemp seed oil is prohibited. Failure to comply with the mandatory provisions of this paragraph by military personnel is a violation of Article 92, UCMJ.

1.1.6. In order to ensure military readiness; safeguard the health and wellness of the force; and maintain good order and discipline in the service, the knowing use of any intoxicating substance, other than the lawful use of alcohol or tobacco products, that is inhaled, injected, consumed, or introduced into the body in any manner to alter mood or function is prohibited. These substances include, but are not limited to, controlled substance analogues (e.g., designer drugs such as "spice" that are not otherwise controlled substances); inhalants, propellants, solvents, household chemicals, and other substances used for "huffing"; prescription or over-the-counter medications when used in a manner contrary to their intended medical purpose or in excess of the prescribed dosage; and naturally occurring intoxicating substances (e.g., Salvia divinorum). The possession of any intoxicating substance described in this paragraph, if done with the intent to use in a manner that would alter mood or function, is also prohibited. Failure to comply with the prohibitions contained in this paragraph is a violation of Article 92, UCMJ.

2. Goals and Objectives of the Drug Abuse Testing Program.

2.1. Enhance mission readiness and foster a drug free environment through a comprehensive program of education, prevention, deterrence and community outreach in support of the President's National Drug Control Strategy.

2.1.1. Community outreach is defined as on and off base prevention, drug education/awareness and deterrence activities targeted to Department of Defense (DoD) family members, retirees, civilians and contractors.

2.2. Maintain the health and wellness of a fit and ready fighting force as well as a drug-free Air Force community.

2.3. Deter military members, including those members on initial entry on active duty after enlistment or appointment, from using illegal drugs and abusing controlled substances.

2.4. Assist commanders in assessing the security, military fitness, readiness, and good order and discipline of their commands.

2.5. Detect and identify those individuals who use and abuse illegal drugs and other controlled substances.

2.6. Provide a basis for action against a service member who tests positive for illicit drug use.

2.7. Ensure that urine specimens collected as part of the drug abuse testing program are supported by a legally defensible chain of custody procedure at the collection site, during transport, and at the drug testing laboratory.

2.8. Ensure that all AF military specimens are tested by a DoD certified drug testing laboratory. Re-tests may be sent to a DoD-certified laboratory, the Armed Forces Medical Examiner System (AFMES) or a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified laboratory.

2.9. Ensure Air Force personnel recognize that the wrongful use of anabolic steroids, controlled substances, and other substances such as inhalants, prescription drugs, and over-the-counter medications by Air Force military members is an offense under the UCMJ.

2.10. Ensure that AF members serving in Joint-Service commands, operations, and schools are tested according to the commanding service requirements. Host commanders may, at their discretion, test any and all Temporary Duty (TDY) personnel assigned to their units IAW the procedures outlined in this Instruction. Urinalysis collection of other Service personnel may be performed under the AF Drug Testing Program, provided the commanding Service establishes either a Memorandum of Understanding (MOU) or a Memorandum of Agreement (MOA) to perform such testing. Absent the establishment of an MOU or MOA, testing of other Service personnel will be the responsibility of the respective Service.

2.10.1. IAW Department of Defense Supplemental Guidance for Implementing and Operating a Joint Base, the supporting Component at joint bases will manage the drug testing program for all military personnel assigned to the joint base and any affiliated geographically separate units and detachments, in accordance with each supported Component's respective policies and procedures for selection, collection, packaging,

shipping, and testing (including utilizing supported component personnel as needed to comply with those policies and procedures).

2.11. Foreign/International students will be tested using the same standard as U.S. military members only when authorized by international agreement or other legal authority.

3. Levels and Frequency of Testing.

3.1. AF DDRPs will ensure 100 percent of AF end strength population is tested annually. For example, an installation with an end-strength of 5,000 activity duty personnel must collect and ship a total of 5,000 specimens per year. This can be accomplished through random selection of active duty personnel using the Air Force Drug Testing Program (AFDTP) software or through a combination of random selection and unit sweeps/gate sweeps.

3.1.1. If a combination of random selection and unit sweeps/gate checks is used, random selection using the AFDTP software must be at a level commensurate with guidelines established or agreed upon by DoD, Drug Enforcement Policy and Support and Secretary of the Air Force (SECAF). This allows for Air Force "Smart Testing" to be used. "Smart Testing" is the random selection of members of the ranks of E-1 to E-4, O-1, and O-2 at a rate of one test per member per year. All other members are selected at a rate of 65 percent tested per year. In order to ensure sufficient numbers are selected, the AFDTP software selection rate should be set at a selection rate no less than 6% per month for Service Members outside the E-1 to E-4, O-1, and O-2 rank group. Since "Smart Testing" will yield less than the mandated 100 percent of end strength, it is imperative that commanders conduct other forms of testing, such as gate checks and unit sweeps, to ensure the installation achieves its mandated goal of 100 percent of AF end strength.

3.1.2. Alternatively, if the DDRP intends to meet the mandated goal though random selection alone, the AFDTS software selection rate can be set at a selection rate of 9% per month, for an annual selection rate of 108%. This will eliminate the necessity to conduct other forms of testing to meet the mandated goal.

3.2. All new accessions (officer and enlisted personnel) will be tested, as defined in Section F of this Instruction.

3.3. Air Force Reserve Command (AFRC) members will be tested utilizing available Reserve Component resources and constraints on training time. Reserve minimum rates of random testing must be as close as possible to rates established for the active force as determined by Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR). Reserve component personnel on extended active duty (Guard in Federal status or active Reserve personnel) will be tested at the same rate as the active duty component. Individual Mobilization Augmentees (IMAs) are the responsibility of the Active Duty. Activated and mobilized reservists are the responsibility of the gaining Major Command (MAJCOM).

3.4. A combination of random and other forms of inspection testing (e.g. unit/gate sweeps) shall be performed no less than eight days per month (four days at GSUs). Computer generated random testing days or commander (computer code: CO) selected testing days for Random Selection Testing must occur on at least six days per month (three days at GSUs).

3.4.1. The DTPAM at a GSU can run local drug testing software to select testing days and personnel for testing. Alternatively, personnel assigned to GSUs can be included in the drug testing software of the host-base DDRP. The latter option is preferable at small GSUs to prevent personnel from being selected more frequently than personnel assigned to larger facilities.

3.4.1. **(MCCONNELLAFB)** The DDR Program Manager is not required to route exceptions for software operation to the 22 ARW/CC. However, the program manager will utilize sound judgment and consult with the 22 MDG/CC and/or 22 ARW/SJA for unusual or difficult situations

3.4.1.1. When the host base software is used to select GSU personnel for testing, the DDRPM will pre-designate at the beginning of the month which host-base testing days will include the GSU (for example, the first, third, fourth and seventh random testing days will include the GSU). The selected schedule will not be shared with the GSU; the DTPAM at the GSU will be notified only on the day of testing.

3.4.1.2. Names of GSU personnel selected by the host base on days that are not designated for testing at the GSU will be held by host-base DDRP and not communicated to the trusted agent or DTPAM at the GSU until the next GSU testing day. If the host base software does not select personnel from a specific GSU to meet the minimum requirement of four testing days, this should be documented in an MFR by the host base and the GSU will not be required to test four days (so long as all assigned personnel are in the selection pool and are vulnerable to selected each time the software selects names).

3.4.2. Daily random testing is strongly encouraged.

3.4.2. **(MCCONNELLAFB)** In addition to the AFMOA approved reasons for not querying the software, 22 ARW includes the following: conducting sweeps (including pre and post activities, if needed) and Administrative days (at the discretion of the program manager).

3.4.3. **(Added-MCCONNELLAFB)** DDRP staff will utilize the software's System Activity Report with a monthly report to document rationale for when checking for testing does not occur and forward to 22 MDG/CC, 22 ARW/SJA, 22 ARW/CV and 22 ARW/CC with voting buttons "Approve/Reject". The DDRPM will print coordination and file with the system activity report.

3.5. AFRC will perform random and other forms of inspection testing at a frequency deemed appropriate by the reserve wing commander to meet SAF/MR's established rates. The reserve wing commander is responsible for ensuring randomization and level of testing is met. Monthly testing is highly encouraged. While the minimum rate of testing outlined in this paragraph does not strictly apply to Reserve Component units, every effort to achieve an equivalent rate of testing should be made.

3.6. Field testing (rapid screening tests) is not authorized.

3.7. All requests for waivers to any portion of this AFI, must be submitted to SAF/MR through the MAJCOM/Commander (CC) (or Vice Commander (CV)) and AFMOA/SGHW.

3.8. Untestable Specimen Rate. The AF standard is that no more than one percent of collected specimens shall be untestable in a month. If the rate of untestable specimens exceeds one percent in a month, installation commanders should take appropriate action IAW paragraph **4.6.1.4**. Untestable discrepancies at GSUs will not be counted against the untestable rate at the host installation.

Section B—RESPONSIBILITIES

4. Responsibilities for the Drug Testing Program.

4.1. Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR) is responsible for providing guidance, direction, and oversight for all matters pertaining to the Air Force drug testing program formulation, review, and execution of plans, policies, programs, and budgets.

4.2. The Air Force Surgeon General (AF/SG) is the Office of Primary Responsibility (OPR) for the implementation of policy and guidance on AF drug testing. Ensures that the program meets the requirements outlined in this Instruction and any additional requirements established by the White House Office of National Drug Control Policy, SAF/MR, SECAF, and Assistant Secretary of Defense for Health Affairs (ASD (HA)).

4.3. The Deputy Chief of Staff for Manpower and Personnel (AF/A1) acts as an Office of Collateral Responsibility (OCR) for military drug testing, focusing on personnel actions (retention, separation, Permanent Change of Station (PCS), TDY, etc.) for military personnel involved in, or identified for illegal drug use.

4.4. Air Force Medical Operations Agency (AFMOA).

4.4.1. ADAPT/DDR Branch

4.4.1.1. Oversees the Air Force DDRP to include drug testing, prevention, education, and outreach programs designed to reduce potential for use of illegal and/or abuse of controlled substances among Air Force military members.

4.4.1.2. Coordinates with Office of the Assistant Secretary of the Air Force for Financial Management and Comptroller (SAF/FM) for budget planning and execution.

4.4.1.3. Coordinates with SAF/MR on matters concerning Air Force drug testing and implements established Air Force policy.

4.4.1.4. Oversees operations of the Air Force Drug Testing Laboratory (AFDTL) and ensures compliance with policy established by higher headquarters.

4.4.2. ADAPT/DDR Branch Chief, AFMOA/SGHW.

4.4.2.1. Oversees the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program, including programs for assessing and treating individuals identified for substance abuse.

4.4.3. Air Force Drug Testing Program Manager.

4.4.3.1. Serves as the OPR for all drug testing issues.

4.4.3.2. Develops, implements, and manages Air Force drug testing program operations to support established guidance and procedures.

4.4.3.3. Manages programming and execution of the Air Force drug testing program budget.

4.4.3.4. Coordinates with HAF offices involved in drug testing/demand reduction programs.

4.4.3.5. Communicates with other Air Force, DoD, and civilian agencies having collateral responsibilities and interests.

4.4.3.6. Provides implementing and operational guidance to MAJCOMs.

4.4.3.7. Coordinates, facilitates, and attends conferences and other professional forums that address demand reduction issues and determines appropriate Air Force representation at these events.

4.4.3.8. Develops procedures for managing and documenting drug testing activities.

4.4.3.9. Responds to drug testing program related issues, Air Force suggestions, Congressional and high-level inquiries, and Freedom of Information Act requests.

4.4.3.10. Establishes and aggregates biometric data on the testing program.

4.4.3.11. Identifies and assesses drug abuse trends and ensures Quality Assurance (QA) inspections of the military drug testing laboratory are conducted at least three times annually. The QA inspection shall assess the performance of the laboratory and its adherence to the requirements as outlined in DoDI 1010.16.

4.4.3.12. Monitors, and when appropriate, participates in laboratory inspections.

4.4.3.13. Evaluates performance on external proficiency programs conducted by the AFIP/AFMES to ensure continuous accuracy in test results.

4.4.3.14. Provides guidance for all testing situations not covered by this Instruction.

4.4.3.15. Reviews AFDTL operating instructions (OIs) and any changes deemed necessary by the AFDTL.

4.4.3.16. Serves as the Air Force voting member on the DoD Biochemical Testing Advisory Board (BTAB).

4.4.3.17. Ensures execution of an effective QA program at the AFDTL. Monitors the internal and external quality control (QC) programs to ensure test results are scientifically sound.

4.4.3.18. Serves as the Air Force technical representative for developing specifications and awarding contracts at the DoD and AF levels.

4.4.3.19. Establishes testability status of discrepancy codes in coordination with the DoD BTAB.

4.4.3.20. Reviews and approves AFDTL inspection reports.

4.4.3.21. Coordinates with AFIP/AFMES to ensure the completion of DoD re-certification inspections of the AFDTL occurs every two years, as required by DoD.

4.4.3.22. Reviews Medical Review Officer (MRO) interpretation in DoD Portal or appoints designee to complete this function.

4.4.4. Air Force Drug Testing Laboratory (AFDTL).

4.4.4.1. Supports DoD and Air Force objectives to provide a work place free of illicit drug use and provide a mission-ready fighting force at all times.

4.4.4.2. Receives, processes, maintains, and reports results of drug urinalysis specimens in support of the Air Force and other DoD DDRPs.

4.4.4.3. Ensures the control and security of all specimens while they remain in possession of the laboratory.

4.4.4.4. Ensures accurate and timely processing and reporting of results, both positive and negative.

4.4.4.5. Ensures each test result report and urinalysis report undergoes appropriate reviews of analytical data, chain of custody compliance, and cross-referencing of specimen identification numbers.

4.4.4.6. Ensures results are not reported until certified by a Laboratory Certifying Official (LCO).

4.4.4.7. Ensures release of information or analytical results complies with the Air Force and DoD guidance.

4.4.4.8. Ensures competency of laboratory certifying officials/expert witness personnel to certify positive and negative results, provides consultation services to installation legal officials and health officers on drug testing procedures and policies, and ensures expert witness competency to provide testimony at Air Force administrative boards and courts-martial.

4.5. **Judge Advocate General (AF/JA).**

4.5.1. Assists SAF/MR, AF/SG, AFMOA, and MAJCOM/FOAs/DRUs in managing legal aspects of the drug testing program.

4.5.2. Provides advice regarding legal requirements.

4.5.3. Provides a legal advisor to the Air Force Drug Testing Program who performs the following functions:

4.5.3.1. Serves as advisor to the Air Force Substance Abuse Prevention and Treatment Program Manager and the Air Force Drug Testing Program Manager on all legal issues related to the Air Force Drug Testing Program.

4.5.3.2. Monitors, and when appropriate, participates in all laboratory inspections.

4.5.3.3. Advises AFDTL on compliance with all applicable guidance to maintain forensic integrity of the drug testing program.

4.5.3.4. Works with representatives of ASD (HA), AFIP/AFMES, AF/SG, and Staff Judge Advocates (SJAs) at all command levels to ensure compliance with applicable law and policy and forensic integrity of the drug testing program.

4.5.4. Ensures adequate facilities and equipment to support the legal advisor to the AFDTL.

4.5.5. Provides a legal advisor to the AFDTL who performs the following functions:

4.5.5.1. Serves as advisor to the AFDTL on all legal issues related to drug testing at the AFDTL.

4.5.5.2. Provides legal advice concerning urine testing discrepancy resolution.

4.5.5.3. Manages and facilitates litigation support.

4.5.5.4. Assists DoD trial counsel in producing materials needed to fulfill the United States' discovery obligations.

4.5.5.5. Interfaces between the AFDTL and the legal community, commanders, and law enforcement.

4.5.5.6. Receives copies of the completed Staff Judge Advocate assessments from each installation within five working days of completion of the documentation IAW paragraph **4.6.12.1** below.

4.6. **MAJCOMs.**

4.6.1. The Command SG is the OPR for implementation of guidance over the command-level drug testing program and appoints a command level Drug Demand Reduction Program Manager (DDRPM).

4.6.1.1. The command level DDRPM assists and serves as the primary focal point for installation level DDRPM and Drug Testing Program Administrative Managers (DTPAMs) in administering the drug testing program.

4.6.1.2. MAJCOM DDRPMs will ensure that each installation has in place a mechanism to provide adequate training of personnel assigned to the installation-level DDRPM and DTPAM functions.

4.6.1.3. MAJCOM DDRPMs will ensure that each installation-level DDRPM conforms to the guidelines established in the Air Force Drug Testing Instructional Guide. Information and training should be tailored to fit the needs of each installation. Training manuals will be updated annually and must be reviewed and approved by the MAJCOM DDRPM prior to implementation.

4.6.1.3.1. MAJCOM DDRPMs will ensure that installation DDRPMs enter positive results on the Drug Testing Portal in a timely manner following MRO review. The AFDTL will provide MAJCOMs with a list of delinquent results on a quarterly basis to facilitate follow-up.

4.6.1.4. MAJCOM DDRPMs must track all installations with untestable specimen rates exceeding one percent in a given month and ensure that the installation in question develops an action plan identifying specific steps to reduce the untestable error rate, as well as a reasonable timetable for resolution. Untestable discrepancies at GSUs will not be counted against the untestable rate at the host installation. On a quarterly and yearly basis, MAJCOM DDRPMs will forward the information to AFMOA/SGHW identifying the installation(s) and the corrective actions implemented to reduce or eliminate excessive untestable specimen rates.

4.6.1.5. MAJCOM DDRPMs are responsible for assessing drug abuse trends and maintaining statistical data for installations in their command.

4.6.2. The MAJCOM SJA is the MAJCOM OCR assisting the Command SG in managing the legal aspects of the MAJCOM drug testing program.

4.6.3. Installation.

4.6.4. Installation Commander.

4.6.4.1. Ensures the drug testing program is conducted IAW this Instruction and all other applicable guidance.

4.6.4.2. Ensures testing level and type of test is appropriate to the local drug threat and is consistent with Air Force guidance. Inspection random testing shall be the predominant type of test used in non-deployed settings. Commanders should also consider using other types of additional inspections such as unit sweeps and gate sweeps. Commanders may establish testing levels in excess of the Air Force minimum requirements but must ensure staffing to support additional testing levels.

4.6.4.3. May test any and all TDY Air Force personnel assigned to their units IAW the procedures outlined in this Instruction. Frequency of testing for TDY personnel will be determined by the level of perceived threat and shall be established by the installation commander following consultation with the SJA and DDRPM.

4.6.4.4. On a case-by-case basis, may postpone notification/testing of an individual after coordination with the SJA.

4.6.4.5. Ensures effective cross-functional oversight of the installation drug testing program by appointing an installation-level CFOC. The committee will be chaired by the Installation/CC or Installation/CV, and convene no less than quarterly to assess the status and effectiveness of drug testing program operations. Committee membership must include as a minimum the following: the Medical Treatment Facility (MTF) commander (except for ANG units; can be delegated to the deputy MTF commander at medical wings), Group Commanders or suitable designees as determined by each Group Commander, Air Force Office of Special Investigations (AFOSI) (except for ANG units), Security Forces (SF) (installations with a Joint Drug Enforcement Team (JDET) may provide a single team member to represent both AFOSI and SF), SJA, Command Chief, a representative from the First Sergeant's council, and the installation DDRPM. The intent of group commander representation at the CFOC is to ensure senior leaders are informed of the current local drug threat and are active participants in drug deterrence activities. However, full participation in the CFOC by all group commanders or equivalents may be unrealistic at joint bases, installations with multiple wings, and installations with more than five units led by group commander equivalents. At these installations, the CFOC chair will determine which group commanders will attend. At a minimum, four group commanders, including the MTF Commander, will be designated to attend. Nevertheless, all group commanders and equivalents are encouraged to participate to enhance the effectiveness of drug demand reduction efforts.

4.6.4.5.1. Additional members may include: the ADAPT Program Manager, Squadron Commander representatives, and others as deemed appropriate by the Installation Commander. AFRC and ANG will meet at least annually or more frequently if deemed appropriate.

4.6.4.6. Provides adequate and appropriate facilities dedicated for full-time use by the DDRPM and the DTPAM to include: a secured, private work area sufficient for the performance of administrative functions, the safeguarding of files and supplies to carry out and maintain the integrity of the drug testing program, and appropriate urine collection facilities. (See **Attachment 16** for facility guidelines.)

4.6.4.6.1. Ensures adequacy of personnel resources to meet program administration requirements (e.g., DTPAM(s), observers, collection personnel). This must include backup support to maintain DDRP collection operations when regular DDRP personnel are absent.

4.6.4.6.1.1. Appoints in writing a DDRPM.

4.6.4.6.1.2. Appoints in writing a DTPAM. Commanders can resource this position as they see fit with the exception that medical personnel cannot be exclusively used. Medical personnel can be used on an equitable basis with other units to support the program. Additionally, commanders can use O&M funding for a full-time position.

4.6.4.6.1.3. If the testing population size and workload of the installation warrants additional program resources (including backup support when the DTPAM is unavailable), appoints in writing an assistant(s) to the DTPAM to serve for a minimum period of three (3) consecutive months. Strongly recommend the assistant to the DTPAM should be appointed to serve a minimum of twelve (12) consecutive months to enhance and maintain a high level of program integrity.

4.6.4.6.1.4. AFRC units should assign DDRPMs/DTPAMs for a minimum of 18 months.

4.6.5. Functions of the Cross Functional Oversight Committee (CFOC).

4.6.5.1. The CFOC will advise the Installation Commander and provide recommendations to improve the efficiency of the drug testing program. The CFOC will monitor and evaluate:

4.6.5.1.1. The installation drug testing program's ability to meet the drug testing program goals as outlined in Paragraph **1.** Particular attention should be given to the quality of compliance with guidelines for specimen collection, packaging, and shipment.

4.6.5.1.2. Commanders' and supervisors' understanding and support for the goals of the drug testing program, its readiness and health implications, as well as its effectiveness in ensuring a drug-free workplace.

4.6.5.1.3. Compliance with the required testing and the type of test appropriate to the local threat.

4.6.5.1.4. Testing of personnel assigned to the installation regardless of grade, status, or position, including tenant units.

4.6.5.1.5. Commanders' and supervisors' understanding of the random selection process and range of appropriate responses to military members who fail to go for testing or refuse to provide a specimen.

4.6.5.1.6. Commanders' referral to ADAPT Program and drug testing for incidents of known or suspected substance abuse or indication of deterioration of duty performance, behavioral changes such as aggressiveness, destruction of government/personal property, failure to obey orders, or other abnormalities deemed unusual or suspicious in nature IAW AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*.

4.6.5.1.7. Compliance with established procedures to test individuals who receive support from an installation but physically reside with a GSU.

4.6.5.1.7.1. Numbered Air Forces (NAFs) will ensure the parent wing or host Reserve Medical Unit (RMU) provides support to their assigned GSUs and complies with required drug testing procedures.

4.6.6. The MTF or RMU Commander.

4.6.6.1. Serves as the installation OPR for DDRP and ensures appropriate supervision of the DDRPM .

4.6.6.2. Forwards all DDRP correspondence received from higher headquarters and AFMOA/SGHW to the installation DDRPM.

4.6.6.3. Appoints in writing qualified licensed physicians to serve as primary and alternate MRO for the military drug testing program.

4.6.7. Medical Review Officer (MRO).

4.6.7.1. Is responsible for reviewing test-positive messages and reports from the AFDTL.

4.6.7.1.1. Must be a physician who has appropriate medical training to interpret and evaluate an individual's positive test result based on review of information in the member's medical record. Must be knowledgeable in the medical use of prescription drugs and the pharmacology and toxicology of prescription and illicit drugs. *Only individuals holding either a Doctor of Medicine (MD) or a Doctor of Osteopathy (DO) degree may serve as MRO*s.

4.6.7.2. Must determine whether the member's positive drug test could be caused by prescribed medication or other natural or synthetic substances to which the member has been exposed. The MRO will review the member's medical, pharmacy, and dental records as well as any other documents deemed appropriate in assessing a positive test result.

4.6.7.2.1. Because a positive result(s) may be caused by legitimate use of a valid medication prescription, the following urinalysis drug test results require review by the MRO:

a. Amphetamines (d-methamphetamine and d-amphetamine).

b. Opiates (codeine, morphine).

c. Steroids (all steroids analyzed through the University of California Los Angeles laboratory).

d. Synthetic opiates (oxycodone, oxymorphone, hydrocodone, and hydromorphone).

e. Benzodiazepines.

f. Any positive reported for any Schedule II to V drug prescription if requested by an appropriate authority or if the drug has been added to the drug program testing panel.

4.6.7.2.2. The drugs in a through e below do not require review by an MRO and are sent directly to unit commanders for action. A review may still be requested in special circumstances.

a. 6-monoacetylmorphine (6-MAM) – heroin metabolite.

b. Benzoylecgonine – cocaine metabolite.

c. Methylenedioxymethamphetamine (MDMA), methylenedioxyamphetamine (MDA) – amphetamine and methamphetamine designer drugs (see glossary).

d. Phencyclidine (PCP).

e. Tetrahydrocannabinol (THC) – marijuana parent compound.

4.6.7.3. Must not interview or otherwise communicate with the individual in question.

4.6.7.4. Should consult with a forensic toxicologist at the AFDTL on an as needed basis regarding drug testing results.

4.6.7.5. Receives all positive drug reports from the DDRPM/DTPAM and provides a review to the DDRPM/DTPAM preferably within one duty day of receipt, not to exceed two duty days. If the positive drug report is deemed to be the result of lawful drug use, the MRO will include the name of the lawful drug used, the amount prescribed/used, the directions/circumstances for use, and the date of prescription/use in his or her report to the DDRPM/DTPAM.

4.6.7.6. Is not involved in making determinations of chain of custody issues (i.e., specimen authenticity and integrity).

4.6.7.7. Must complete AFMOA-approved MRO training within four months of appointment as MRO.

4.6.7.7.1. **(Added-MCCONNELLAFB)** Completion of the online exam with a score of 70% or greater certifies a physician to be a military MRO. To register for the AFMOA MRO approved training see attachment 2.

4.6.8. The Drug Demand Reduction Program Manager (DDRPM).

4.6.8.1. Must be an individual possessing unquestionable integrity and trustworthiness and meet the following criteria:

4.6.8.1.1. If active duty, no Unfavorable Information File (AFI 36-2907 *Unfavorable Information File (UIF) Program).*

4.6.8.1.2. Individuals are ineligible to serve as DDRPMs if they have a record of conviction by courts-martial or civilian criminal court. Additionally, the individuals are ineligible if they have received non-judicial punishment under Article 15, UCMJ, or a Letter of Reprimand or similar administrative action (Letter of Admonishment, Letter of Counseling) for misconduct involving dishonesty, fraud, or drug abuse (including use, possession, or distribution). Prior to assigning an individual to serve

as a DDRPM, the unit commander will review the individual's Personnel Information File - PIF (military) or personnel record (civilian).

4.6.8.1.3. Commanders, on a case-by-case basis, make the determination on whether conduct is dishonest and/or fraudulent. Commanders will receive advice from the servicing SJA in situations in which it is unclear as to whether past misconduct is disqualifying.

4.6.8.1.4. No pending UCMJ action (court-martial, Article 15), pending civilian criminal action, or pending administrative action (Separation, Letter of Reprimand/Counseling/Admonishment for dishonesty, fraud, or other integrity offenses).

4.6.8.1.5. No medical or mental health condition which will preclude him/her from responsibly performing his/her assigned duties as a DDRPM.

4.6.8.1.6. Finally, the individual will be asked to certify, and will sign a statement certifying, no record of conviction for any offense or history of past misconduct involving dishonesty, fraud, or drug abuse (including use, possession, or distribution).

4.6.8.2. Is responsible for the management of all aspects of the DDRP to include budget, military/civilian drug urinalysis testing programs, and drug prevention programs.

4.6.8.2.1. Budget management will include, but is not limited to, conducting and analyzing annual resource requirements, planning and submitting an annual budget, as well as ensuring proper expenditure of funds.

4.6.8.3. Acts as the focal point for installation-level drug testing, drug prevention/education issues, and serves as the subject matter expert on illicit drug use for the on-base and off-base communities.

4.6.8.4. Briefs unit commanders, first sergeants, and supervisors on the drug testing program.

4.6.8.5. Is responsible for base drug demand reduction outreach and education activities. These include all activities aimed at active duty and targeted populations (i.e., dependents, DoD civilian employees, retirees, and school-age children) and may include but are not limited to Red Ribbon Campaign, Civil Air Patrol Outreach Programs, Drug Education For Youth (DEFY), Drug Abuse Resistance Education (DARE), Community Anti-Drug Coalitions, Military Youth and Teen Programs, Family Community Center (FCC), Community Health Fairs, Base Sponsored Community Activities, Chaplain Activities, Parent Groups, and Mentoring Programs as resources permit.

4.6.8.5.1. AFRC outreach activities may include the above programs as applicable and should be targeted at service members and DoD civilians. Military and DoD civilian dependents should be included as time permits.

4.6.8.5.1.1. AFRC will provide one outreach activity annually that may include but is not limited to those activities listed in paragraph 4.6.8.5. that pertain directly to the Air Force Reserve personnel, their family members, and DoD civilian employees.

4.6.8.5.1.1.1. Local DDRPMs are responsible for reporting the results of the outreach activity to the AFRC DDRPM within 45 days of activity completion. Outreach activity participation is one key element in the AFRC DDRP Annual Award criteria.

4.6.8.6. Participates in the base Integrated Delivery System (IDS), Community Action Information Board (CAIB), Culture of Responsible Choices (CoRC), CFOC, or other similarly structured base and local community prevention coalitions.

4.6.8.7. Works closely with the ADAPT Program Manager (PM) in the development of substance abuse prevention education modules targeted towards active duty personnel.

4.6.8.8. Provides oversight for all aspects of the drug testing programs to comply with established guidance. Directly supervises personnel assigned to the drug testing program.

4.6.8.9. Ensures the DTPAMs (including GSU DTPAMs) are adequately trained and competent to perform associated duties. The DDRPM documents and certifies training for all DTPAMs who participate in the installation's DDRP.

4.6.8.10. Ensures trusted agents and observers have documented training.

4.6.8.11. Ensures Commanders and First Sergeants are briefed on their responsibilities within 30 days of assumption of duty.

4.6.8.12. Ensures a combination of random and other forms of inspection testing (e.g. unit/gate sweeps) are performed no less than eight days per month (four days at GSUs). Random testing must occur on at least six days per month (three days at GSUs). Daily random testing is strongly encouraged. Ensures the DTPAM utilizes the Air Force Drug Testing Program software for inspection (random) testing and CO Selected Random Selection Testing. Failure to use the Air Force Drug Testing Software will not affect the validity of results. Exemptions from the use of this software must be approved in writing by AFMOA/SGHW. Air Reserve Components are not required to strictly adhere to the requirements of this paragraph, but shall tailor their programs to mirror these practices as closely as feasible. AFRC units should refer to Chapter 2 for additional guidance. Deviations from these procedures must be approved by AFMOA/SGHW and, when appropriate, SAF/MR.

4.6.8.13. Maintains a current contact listing of all unit Commanders, First Sergeants, trusted agents, and legal office personnel.

4.6.8.14. Safeguards the sensitive medical information that testing may generate IAW AFI 33-332, *Privacy Act Program*.

4.6.8.15. Ensures the MRO is notified in writing within one duty day when positive drug test results are received, or in the case of Air Force Reserve Component units, as soon as practicable, not to exceed 7 days.

4.6.8.16. Inputs the MRO interpretation/findings into the DoD portal and ensures notification, verbally and/or in writing, to the member's Commander/First Sergeant, AFOSI/Security Forces, ADAPT Program Manager, and installation SJA of all drug positive results that are not medically excused/explained by the MRO, and samples determined by the AFDTL to be either adulterated or not consistent with human

urine. The installation CFOC may determine notification sequence. All other requests for drug testing data should be submitted to AFMOA/SGHW. AFRC units should request additional drug testing data from AFRC/SGPD.

4.6.8.16.1. AFRC notification of MRO confirmed positive drug testing results will be made by the RMU based AFRC guidance.

4.6.8.16.2. **(Added-MCCONNELLAFB)** Upon MRO confirmed positive urinalysis, notification by the DDRPM will be made in the following order: Unit Commander, Legal, OSI (Commander or Superintendent), SFS Investigations, and ADAPT Program Manager. Also notified is the MDG/CC, who will in turn notify the ARW/CC and appropriate Group Commander.

4.6.8.17. Maintains appropriate statistical data as required by higher headquarters and this AFI **()**. Provides statistical updates no less than quarterly to the installation-level CFOC (annually for Reserve Component).

4.6.8.17.1. In conjunction with the DTPAM, monitors the monthly rate of untestable specimens (fatal discrepancies) and non-fatal discrepancies **(Attachment 9**). Takes appropriate action to ensure less than one percent of specimens are untestable. Installations exceeding the one percent untestable level must develop an action plan identifying specific steps to reduce the untestable error rate and a timetable for resolution. This action plan must be forwarded to the MAJCOM DDRPM for review. Action plans should also be made available for review by the installation level CFOC (See **Attachment 14**.). Untestable discrepancies at GSUs will not count against the untestable rate at the host installation; however, the host installation DDRP is responsible for the action plan and training of collection personnel at the GSUs.

4.6.8.17.2. Specimens reported to be untestable by the lab with the following discrepancy codes may be contested through the MAJCOM program manager; those that are approved may be categorized as "Caused by Other:"

BC - Bottle leaked in shipment, quantity not sufficient to test

BU - Bottle empty

BY - Bottle discrepancy – Not tested (depending on the lab's explanation)

SC - Specimen quantity not sufficient to test

SE - Specimen volume <30ml

SY - Specimen discrepancy – not tested (depending on the lab's explanation)

GP - Form or other document contains service member's name/signature

GY - Form discrepancy – Not tested

PB - Package – Broken seal

PY - Package – Discrepancy – Not tested (depending on lab's explanation)

LQ - Label has service member's name/signature

LY - Label discrepancy – Not tested (depending on lab's explanation)

4.6.8.18. Uses the Air Force Drug Testing software to track individual(s) unavailable for testing due to leave, pass, TDY, quarters, flying status, crew-rest, missile duty, or non-duty status. The DDRPM will coordinate with commanders to ensure these

individuals will report to the testing location within two hours of notification upon their return to duty. Members who are flying at the time of notification must be tested as soon as reasonably possible following completion of the flying mission. Any member who is randomly selected more than once during a single period of absence will be required to provide only one specimen for testing upon their return.

4.6.8.18.1. **(Added-MCCONNELLAFB)** TA will coordinate pending tests with the DDRP staff upon return to duty/or following testing day. Once notified, members will report to the drug testing site immediately, without deviation but not to exceed 30 minutes. Therefore, the TA will ensure members are not engaged in a mission critical task before issuing the order. Unit commanders and the SJA will be notified of those who fail to report immediately/exceed 30 minutes by the DDRP personnel.

4.6.8.19. Ensures that, prior to the actual collection process, observers read, understand, sign, and date a "Drug Testing Observer's Briefing" acknowledging their acceptance and understanding of their responsibilities and the consequences of their actions for not performing their duties IAW established guidelines, as well as physically review the process involved in observation and collection. These signed briefing forms must be maintained as part of the drug urinalysis testing file IAW AFMAN 33-363, *Management of Records*. This briefing remains current for the observer for a maximum of five calendar days, after which the briefing must be re-accomplished. **Attachment 4** of this AFI provides a sample observer briefing letter.

4.6.8.20. Encourages attendance at professional conferences (e.g. Community Anti-Drug Coalitions of America (CADCA), Centers for the Application of Prevention Technologies (CAPTs), Society for Prevention Research, Society for Chemical Dependency, Center for Substance Abuse Prevention (CSAP)), online training, seminars, correspondence or other training as appropriate. Note: Certification and/or licensure is not a required qualification for this position. Continuing education opportunities must be structured to support the critical function areas of prevention, education, and outreach.

4.6.9. The Drug Testing Program Administrative Manager (DTPAM).

4.6.9.1. Coordinates drug testing activities with the DDRPM and other agencies as applicable.

4.6.9.1.1. Must be an individual possessing unquestionable integrity and trustworthiness and meet the following criteria:

4.6.9.1.1.1. No UIF (AFI 36-2907*).*

4.6.9.1.1.1.1. Individuals are ineligible to serve as DTPAMs if they have a record of conviction by courts-martial or civilian criminal court. Additionally, the individuals are ineligible if they have received non-judicial punishment under Article 15, UCMJ, or a Letter of Reprimand or similar administrative action (Letter of Admonishment, Letter of Counseling) for misconduct involving dishonesty, fraud, or drug abuse (including use, possession or distribution). Prior to assigning an individual to serve as a DTPAM, the unit commander will review the individual's Personal Information File - PIF (military) or personnel record (civilian).

4.6.9.1.1.1.2. Commanders, on a case-by-case basis, make the determination on whether conduct is dishonest and/or fraudulent. Commanders will receive advice from the servicing SJA in situations in which it is unclear as to whether past misconduct is disqualifying.

4.6.9.1.1.2. No pending UCMJ action (court-martial, Article 15), pending civilian criminal action, or pending administrative action (Separation or Letter(s) of Reprimand/Counseling/ Admonishment for dishonesty, fraud, or other integrity offenses).

4.6.9.1.1.3. No medical or mental health condition which will preclude him/her from responsibly performing his/her assigned duties as a DTPAM.

4.6.9.1.1.4. The individual will be asked to sign a statement certifying there is no record of conviction for any offense or history of past misconduct involving dishonesty, fraud, or drug abuse (including use, possession, or distribution), and no medical or mental health condition which will preclude them from responsibly performing their assigned duties as DTPAMs.

4.6.9.2. Ensures specimens are collected, packaged, and transported to the drug testing laboratory according to the forensic requirements of this Instruction and any guidance established by AFMOA/SGHW. **Attachment 3** of this AFI provides a sample checklist which may be used at the collection site.

4.6.9.2.1. Makes notifications for specimen collection to trusted agents, (e.g., Commanders, First Sergeants, or other designated individual) by confidential means.

4.6.9.2.2. In the event the DTPAM is randomly selected to provide a drug testing specimen, the DTPAM may not handle, prepare paperwork, or package and ship his/her own specimen for testing. Arrangements must be made to ensure that all aspects of packaging and shipment of the box containing the specimen of the DTPAM are performed by an alternate DTPAM (or the DDRPM) who is thoroughly knowledgeable and competent to perform this task and who is properly appointed. In those situations where the DDRPM and DTPAM functions are being performed by a military member, arrangements must be made to ensure that an alternate properly trained DTPAM prepares the paperwork, packages, and ships the specimens.

4.6.9.3. In conjunction with the DDRPM, monitors the rate of untestable specimens and takes appropriate action to ensure less than one percent of specimens are untestable.

4.6.9.4. Verifies results are received for every specimen sent for testing, tracks outstanding results, and performs follow-up with the testing laboratory to resolve issues of turnaround times, outstanding results, and untestable specimens. Communicates findings and proposed resolutions to untestable discrepancies to the DDRPM.

4.6.9.5. Safeguards the sensitive medical information that testing may generate IAW AFI 33-332.

4.6.10. AFRC units

4.6.10.1. Will conduct testing monthly random during the Unit Training Assembly (UTA) and/or during the member's annual tour. Monthly testing is recommended but not required as long as the annual quota is met and program maintains a deterrent effect. It is

suggested that drug testing of Active Reserves be conducted during the month in order to reduce the demands on limited time available during training assemblies and to enhance the deterrent effect.

4.6.10.1.1. **(Added-MCCONNELLAFB)** 931 AFRES manages their testing program; prior to running selection the DDRPM/DTPAM will contact the 22 ARW DDRPM/DTPAM to ensure their availability for courtesy testing of the 931 DDRPM/DTPAM in the event they both are selected for testing.

4.6.10.2. Selection of members for testing may be accomplished prior to the day of testing and selection rosters must be placed in secure storage with limited access. Notification of selection for testing will not be made until the day of testing. Once notified, individuals must report for testing within two hours. Individuals who are shift workers or on scheduled days off will be tested within two hours of reporting for duty during the next drug testing period.

4.6.10.3. In AFRC units with one allocated manpower position dedicated to drug testing, that individual will serve as both the DDRPM and DTPAM.

4.6.11. Group, Squadron, and Detachment Commander.

4.6.11.1. Commanders have the authority to order drug testing IAW guidelines in this AFI for sweep testing, probable cause testing, and commander directed testing.

4.6.11.2. Ensures that all unit military members regardless of rank or status, are subject to inspection testing. Commanders are responsible for issuing written notification letters to members and for ensuring that notification letters are appropriately acknowledged (date and time of acknowledgment, as well as the member's signature are evident) and a copy of such notification and acknowledgement letters are maintained within the unit IAW AFM 33-363 (**http://www.e-publishing.af.mil**). **Attachment 5** of this AFI provides a sample notification letter to provide a urine sample. Specimen collection is to be conducted on the day of selection. Once notified, members must report to the testing location within two hours. Exceptions: a. Commanders will permit personnel who must travel to the collection site more than two hours if required by distance and/or traffic or weather conditions. Any such time extension must be noted in the Notification of Selection to Provide a Urine Sample. b. Personnel who are shift workers or who routinely work alternative duty weeks with “weekends” during the regular duty week must report to the testing location within two hours of notification, as soon as possible upon returning to duty, preferably the same day the member returns to duty. Commanders and/or First Sergeants will coordinate such activities with the collector to ensure the member reports for testing, within two hours of notification, as soon as possible upon returning to duty, preferably the same day the member returns to duty. Commanders must not notify members of their selection sooner than one hour prior to the available testing period.

4.6.11.2.1. Commanders who choose to appoint a designee (such as a deputy commander) for issuing and ensuring member notification should consult with the servicing SJA. Designations must be made in writing.

4.6.11.2.2. **(Added-MCCONNELLAFB)** TA will coordinate pending tests with the DDRP staff upon return to duty/or following testing day. Once notified, members will report to the drug testing site immediately, without deviation but

not to exceed 30 minutes. Therefore, the TA will ensure members are not engaged in a mission critical task before issuing the order. Unit commanders and the SJA will be notified of those who fail to report immediately/exceed 30 minutes by the DDRP personnel.

4.6.11.3. Will ensure that members who are on leave, pass, TDY, quarters, flying status, crew-rest, missile duty, or non-duty status report to the testing location IAW the above paragraph 4.6.11. 2. within two hours of notification, as soon as possible upon returning to duty, preferably the same day the member returns to duty. Commanders or designee will coordinate such activities with the collector to ensure testing of these individuals.

4.6.11.3.1. Commanders or designee will coordinate with the collector to ensure testing of shift working individuals. Commanders must not notify members of their selection sooner than one hour prior to the scheduled collection time.

4.6.11.3.2. AFRC (to include IMAs). Members who are on leave, pass, TDY, quarters, flying status, crew-rest, missile duty, or non-duty status, or who did not attend training where their names were randomly selected for drug testing, will report for testing during the next training/drug testing period. Commanders must not notify members of their selection sooner than two hours prior to the scheduled collection time.

4.6.11.3.3. Commanders, at their discretion, may give Service Members who are approved for teleworking the option to select an alternate site for drug testing. While most teleworking Service Members will be able to present for drug testing at the installation DDRP, some may telework at a location which is a significant distance from the installation and an alternate DDRP location may be closer. When the Service Member chooses an alternate site, their name will be removed from the installation DDRP drug testing software and added to the selection pool at the alternate location. When selected for testing, the Service Member will report to the selected DDRP location regardless of whether they are teleworking or working at the traditional duty location. Alternatively, teleworking Service Members may also be given the option to be included in the selection pool at both the installation DDRP and an alternate DDRP. When this option is selected, the selected Service Member will report to the DDRP location that made the selection. If the Service Member is teleworking when selected by the assigned base DDRP, he or she will not be notified until the next work day at the traditional workplace. If the Service Member is working at the traditional workplace when selected by the alternate DDRP, he or she will not be notified until the next telework day. The choice to be included in the selection pool at two locations can significantly reduce travel time for some teleworkers; however, individuals choosing this option must be informed of the fact that their chances of being selected will increase two fold. Those not wanting to subject themselves to increased testing should decline this option.

4.6.11.3.3. **(MCCONNELLAFB)** Once notified for random drug testing, members will report immediately without deviation, to the drug testing site. Therefore, the TA will ensure members are not engaged in mission critical tasks before issuing the orders. Unit commanders and the SJA will be notified of those

who fail to report immediately/exceed 30 minutes by the DDRP personnel.

4.6.11.3.3.1. Service Members who are given the option to select an alternate drug testing site will be given a window of time annually to change their selection. The time period designated for changes to be made will be determined locally by each DDRPM. If they discontinue approved telework status, however, the installation DDRP will be notified and the member's name will be added to the installation selection pool and removed from the alternate site's pool.

4.6.11.3.3.2. If the alternate location is operated by another military Service, a memorandum of agreement (MOA) will be signed between the squadron or higher level commander and the equivalent commander at the alternate location. A single MOA can cover multiple Service members. If an MOA cannot be completed, the service member will not have the option to move to the alternate DDRP.

4.6.11.4. Take appropriate administrative or UCMJ action against personnel who fail to report for testing without a valid reason (leave, pass, TDY, quarters, flying status, crew-rest, missile duty, or non-duty status). All actions taken by commanders must be coordinated with the SJA to ensure the integrity of the program.

4.6.11.5. May order Commander-directed testing. Any Commander-directed drug testing must first be coordinated with the SJA.

4.6.11.5.1. **(Added-MCCONNELLAFB)** After coordination with the Staff Judge Advocate, unit commanders will direct drug testing within 24 hours of suspected alcohol related incidents of misconduct, episodes of aberrant or bizarre behavior, or where there is reasonable suspicion of drug use and the member refuses to provide consent for testing. Normal Protocol used with these incidents: 1) Ask for Consent; if member refuses to consent, then 2) Command Directed.

4.6.11.5.2. **(Added-MCCONNELLAFB)** Upon notification by the DDRPM of a member's positive urinalysis, it is imperative for unit commanders to verbally coordinate with the Legal office, OSI **AND** SFS Investigations *BEFORE* taking any action/notifying individual as our three goals are: 1) Safety--removing individual from a hazardous situation if necessary without alerting suspicion. 2) Allowing time for OSI/SFS for investigatory purposes. 3) No violation of member's rights.

4.6.11.5.3. **(Added-MCCONNELLAFB)** Conduct of Unit Sweeps: Due to several entities that have involvement in the program and the coordination required to support this mission, the following procedures apply:

4.6.11.5.3.1. **(Added-MCCONNELLAFB)** Commanders should conduct a unit sweep at his/her discretion, preferably once during his/her tenure. These operations require prior coordination with the DDRP and SJA. The unit commander or first sergeant will contact the DDRPM to arrange for a meeting between the commander or designated representative, and the first sergeant at least seven duty days in advance of the requested sweep. At this time, a listing of personnel (flight, squadron, etc) must be provided to the DDR for

administrative purposes. If personnel to be tested include shift workers, they must be recalled. No sweep splitting; sweep integrity could be compromised. Security of an upcoming sweep is essential; therefore, keep upcoming unit sweep knowledge of unit personnel to a minimum. Civilians will not be included in unit sweeps.

4.6.11.6. Will appoint in writing a Trusted Agent who performs the following duties:

4.6.11.6.1. Receives and maintains rosters (IAW AFMAN 33-363, (**https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**) of individuals selected for urinalysis testing.

4.6.11.6.2. Notifies individuals selected for urinalysis testing no earlier than one hour prior to the scheduled starting collection time and no later than one hour prior to the scheduled end of collection time. For GSU members, the one hour period may be extended by the commander.

4.6.11.6.3. Returns the Commander's Notification Letter to the collector with annotations of those members notified; those not notified; and/or those on leave, pass, TDY, quarters, flying status, crew-rest, missile duty, or non-duty status, (with return dates)/ by the time specified by the collector.

4.6.11.6.4. **(Added-MCCONNELLAFB)** Ensures one main POC per unit responds by designated time daily to the drug testing officer with members notified, in leave status, TDY/Deployed, on quarters, flying or crew rest (all with return dates) and not contacted. Failure to respond on status of all individuals by the designated time will receive a "no report" for each individual no status is reported on. Coordination by other unit TA's is required. This information is reported to CFOC.

4.6.11.6.5. **(Added-MCCONNELLAFB)** TA's must not delegate duties to an untrained individual or discuss selections with other appointed/trained TA's. Lists will be kept confidential.

4.6.11.7. Trusted Agent must be an individual possessing unquestionable integrity and trustworthiness, and meeting the following criteria:

4.6.11.7. **(MCCONNELLAFB)** 5 (Added) TA minimum rank is SSgt and will complete TA training (in person) prior to receiving notifications. Refresher training may be held annually.

4.6.11.7.1. No UIF (AFI 36-2907*).*

4.6.11.7.2. Individuals are ineligible to serve as Trusted Agents if they have a recent record (within five years) of conviction by courts-martial or civilian criminal court for matters not involving dishonesty, fraud, or drug abuse. Additionally, the individuals are ineligible if they have a record of conviction by courts-martial or civilian court or have received non-judicial punishment under Article 15, UCMJ, or a Letter of Reprimand or similar administrative action (Letter of Admonishment, Letter of Counseling) for misconduct involving dishonesty, fraud, or drug abuse (including use, possession, or distribution). Prior to assigning an individual to serve as a Trusted Agent, the unit commander will review the individual's PIF or equivalent personnel

record. Normally, misconduct, including drug abuse, that occurred prior to entering active duty service in the Air Force should not be considered a bar to service as a Trusted Agent.

4.6.11.7.2.1. Commanders, on a case-by-case basis, make determinations as to whether or not conduct is/was dishonest and/or fraudulent, and may make exceptions to the rule articulated in paragraph **4.6.11.7.2** Commanders will receive advice from the servicing SJA in situations in which it unclear as to whether past misconduct is disqualifying.

4.6.11.7.3. No pending UCMJ action (courts-martial, Article 15), pending civilian criminal action, or pending administrative action (Separation or Letter(s) of Reprimand/Counseling/ Admonishment for dishonesty, fraud, or other integrity offenses).

4.6.11.7.4. No medical or mental health conditions which will prevent them from performing their assigned duties as a Trusted Agent.

4.6.11.8. Provide observers who meet the following criteria:

4.6.11.8.1. Not selected for testing in the same session as the one in which they are observers.

4.6.11.8.2. Must be an individual possessing unquestionable integrity and trustworthiness and meet the following criteria:

4.6.11.8.2.1. No UIF (AFI 36-2907*)*.

4.6.11.8.2.2. Individuals are ineligible to serve as observers if they have a recent record (within five years) of conviction by courts-martial or civilian criminal court for matters not involving dishonesty, fraud, or drug abuse. Additionally, the individuals are ineligible if they have a record of conviction by courts-martial or civilian court or have received non-judicial punishment under Article 15, UCMJ, or a Letter of Reprimand or similar administrative action (Letter of Admonishment, Letter of Counseling) for misconduct involving dishonesty, fraud, or drug abuse (including use, possession, or distribution). Prior to assigning an individual to serve as an observer, the unit commander will review the individual's PIF or equivalent personnel record. Normally, misconduct, including drug abuse that occurred prior to entering active duty service in the Air Force should not be considered a bar to service as an observer.

4.6.11.8.2.2.1. Commanders, on a case-by-case basis, make determinations as to whether or not conduct is/was dishonest and/or fraudulent, and may make exceptions to the rule articulated in paragraph 4.6.11.8.2.2. Commanders will receive advice from the servicing SJA in situations in which it unclear as to whether past misconduct is disqualifying.

4.6.11.8.2.3. No pending UCMJ action (courts-martial, Article 15), pending civilian criminal action, or pending administrative action (Separation or Letter(s) of Reprimand/Counseling/ Admonishment for dishonesty, fraud, or other integrity offenses).

4.6.11.8.3. Not within six months of either separation or retirement from active duty, or in the case of the ANG and Air Force Reserve, one year of either separation or transfer from an active participation status.

4.6.11.8.4. No medical or mental health conditions which will prevent them from performing their assigned duties as observers.

4.6.11.8.5. Commissioned officers or noncommissioned officers (NCOs) are to be used as observers. In the event of the unavailability of officers or NCOs to perform observer duties, personnel in the grade of Senior Airman may be used, but only with the concurrence of the servicing SJA.

4.6.11.8.5.1. **(Added-MCCONNELLAFB)** The use of SrA as observers must be requested on an individual basis in writing by the commander or first sergeant prior to assigning them on the schedule. The request must attest to the individual's integrity and maturity and must be forwarded to the legal office, sending a copy to the DDRPM. Approval/Disapproval by the legal office will be sent to the unit commander and first sergeant with a copy to the DDRPM. Use of e-mail is acceptable.

4.6.11.8.6. Not assigned to work in any legal office.

4.6.11.9. Unless approved by AFMOA/SGHW, all drug testing managers, collectors, and observers will be active duty or reserve component AF personnel or AF civilian employees. At joint installations, other Services' military and civilian employees may serve in these roles to facilitate drug testing of AF personnel.

4.6.11.10. **(Added-MCCONNELLAFB)** The AFDTP observer detail is assigned to each group on a monthly basis (Attach 3). Each group assigns squadrons within their group observer duty weekly. Each squadron will assign two male and one female observers, forwarding information to the group. The group will then compile their information, ensuring appropriate coverage and forward to the DDRPM. Each squadron is responsible for ensuring the individuals selected are qualified, available for training and the duration of drug testing hours. Share Pointe may be used to streamline the detail process.

4.6.11.11. **(Added-MCCONNELLAFB)** In addition to the random program, the group and/or unit may be required to provide support for unit, dorm sweeps or Operation Nighthawk outside of normal duty hours. For unit sweeps, the group having observer duty for the month may be called to provide observers and administrative personnel. For Operation Nighthawk, there is a designated O-6 in charge and squadron commanders and first sergeants act as notification officials and provide observers during their designated month. *SNCOs and CGOs are utilized for these operations. During this time it is advisable to have personnel on stand-by. Training is accomplished prior to the event.*

4.6.12. The Staff Judge Advocate (SJA).

4.6.12.1. Performs and documents periodic (no less than quarterly) assessments of the drug testing program using DoDDs and DoDIs, AFIs, and/or appropriate checklists derived from these publications or other applicable publications and shall document the

results within five duty days from the date of the completion of the assessment. Copies of the completed assessments will be sent to the AFDTL's legal advisor within five working days of completion of the documentation. Ensures that all phases of installation level drug testing program (i.e. member selection, notification, sample collection, storage, packaging, and shipping) are forensically sound. Recommends and ensures implementation of corrective actions to the DDRPM when necessary. Any observations which negatively impact on the integrity of the program must be communicated through appropriate channels to the MAJCOM SJA representative; Office of the Judge Advocate General, Administrative Law Division (AF/JA); and AFMOA/SGHW. The local SJA will be responsible for performing (no less than annually) an audit of collection procedures at GSUs. AFRC and ANG perform and document periodic assessments no less than annually.

4.6.12.2. Advises Commanders, the DDRPM, DTPAM, and other installation officials and agencies regarding legal aspects of the drug testing program.

4.6.12.3. Advises and coordinates on all requests for urinalysis drug testing other than routine random inspection testing.

4.6.12.3.1. **(Added-MCCONNELLAFB)** Coordination with SJA for consent urinalysis is not required under the following circumstances: The member to be tested has consented in writing by completing an AF Form 1364, AND the member was escorted to the testing site by law enforcement personnel or his/her unit superiors for the purpose of investigatory testing.

4.6.12.3.2. **(Added-MCCONNELLAFB)** Operation Nighthawk (ON) Program is an extension of the wing's random testing program and serves as a further deterrence mechanism of the AFDTP.

4.6.12.3.3. **(Added-MCCONNELLAFB)** The exact date and time of testing will be recommended to the wing commander by the DDRPM/SJA based on CFOC and LE recommendations. ON can be implemented anytime outside of normal duty hours. After 22 ARW/CC selects testing period and notifies DDRPM, the DDRPM will notify the O6 In-Charge (O6IC) (the group commander who has observer responsibility for the month) Command Chief, 22 ARW/SJA, 22 MSG/CC and OSI to arrange for a logistical planning meeting and further notifications.

4.6.12.4. Evaluates requests by service members for independent retest.

4.6.12.5. Requests in writing to the appropriate drug testing laboratory an extension to retain a positive specimen for administrative or UCMJ actions that will extend beyond one year. The originating agency must specify a defined period of time (e.g., six months). A request for "indefinite retention" will not be honored by the laboratory. At the end of this extension period, the SJA must advise the laboratory every 60 calendar days of the need for further retention. The local SJA is responsible for notifying the drug testing laboratory when further retention of the specimen is no longer necessary.

4.6.12.6. Will provide, in coordination with the DDRPM, training sessions (as deemed appropriate by the SJA and DDRPM) for observers on the collection and observation processes for the drug urinalysis program.

4.6.13. Air Force Members.

4.6.13.1. When notified of random selection to provide a urine specimen, the selected military member must acknowledge receipt of the written notification by endorsing with his/her signature.

4.6.13.2. Military members selected for random drug testing must report to the designated testing site within the time period provided in the written notification with their military identification (ID) cards and the signed written notifications.

4.6.13.3. The selected military member must remain at the testing site until he or she has provided an adequate urine specimen (minimum of 30 milliliters in one uninterrupted collection) and applicable documentation has been completed. Once this has been accomplished, the individual may be released by testing site personnel. The only exceptions to the requirements of this paragraph are those military members meeting the criteria listed in .

4.6.14. Civil Air Patrol (CAP).

4.6.14.1. CAP-USAF.

4.6.14.1.1. Serves as a liaison to the CAP. Coordinates and approves briefings on the CAP Demand Reduction Program (DRP) by the CAP Chief, Demand Reduction to DoD and other Federal agencies.

4.6.14.1.2. Provides guidance and oversight to the CAP DRP.

4.6.14.1.3. Reviews and approves CAP-CORP Demand Reduction Budget.

4.6.14.1.4. Regularly reviews program status and reprograms funds in a timely manner.

4.6.14.1.5. Maintains program accountability in accordance with DoD Directives and AFMOA/SGHW guidance, and AFI 65-601V1, Budgetary Guidance and Procedures.

4.6.14.1.6. All DRP funding and policy issues involving CAP must be coordinated in advance with HQ CAP-USAF.

4.6.14.1.7. Ensures expenditures of DRP “fenced” funds meet all appropriate budget code limitations. All resources, equipment and materials purchased with DRP funds are subject to audit.

4.6.14.1.8. Ensures proper coordination with finance, administrative grants, and contracting offices.

4.6.14.2. CAP National Headquarters.

4.6.14.2.1. Sponsors, endorses and supports DRP activities.

4.6.14.2.2. Reviews annual funding, projections, cost analysis, and efficient use of funds for travel, outreach, education, and training purposes. Initiates appropriate paperwork to accomplish budgeting tasks.

4.6.14.2.3. Chief, Drug Demand Reduction (CAP/DOD).

4.6.14.2.3.1. Ensures all aspects of the DRP comply with established DoD

and Air Force Directives, Instructions, and guidelines. Establishes and maintains administrative files and complete records of all official DRP transactions and activities. Supervises and performs duties consistent with the DRP.

4.6.14.2.3.2. Properly manages all areas of budgeting for the CAP's DRP, including but not limited to: conducting and analyzing annual resource requirements, planning and submitting an annual budget and ensuring proper expenditure of funds.

4.6.14.2.3.3. Conducts and analyzes annual program evaluations in accordance with AFMOA/SGHW guidance to identify funded and unfunded requirements.

4.6.14.2.3.4. Briefs DoD and Federal agencies on the CAP DRP.

4.6.14.2.3.5. Establishes policy and procedures for CAP DRP as specified in CAP Pamphlet (CAPP) 55, Civil Air Patrol Drug Demand Reduction Program.

4.6.14.2.3.6. Develops plans, policies, goals, and objectives for DRP IAW established guidelines.

4.6.14.2.3.7. Community Outreach. Outreach activities are the responsibility of the Demand Reduction (DR) Program. These include all activities aimed at non-active duty populations (i.e., dependents, retirees, and school-age children) and include programs such as Red Ribbon, D.A.R.E., and Drug Education For Youth (D.E.F.Y.).

4.6.14.2.3.8. Develops plans and implements education and prevention activities.

4.6.14.2.3.8.1. Promotes CAP as a positive community service lifestyle.

4.6.14.2.3.8.2. Encourages youth to remain in school.

4.6.14.2.3.8.3. Focuses on drug abuse education, prevention and awareness.

4.6.14.2.3.8.4. Provides positive activities as an alternative to drugs, gangs and violence.

Section C—CHAIN OF CUSTODY PROCEDURES

5. Chain of Custody for Collecting and Transporting Urine Specimens.

5.1. Required Specimen Bottle Information.

5.1.1. The DTPAM ensures that the urine specimen bottle label contains the following information legibly annotated (Recommend that bottle labels be annotated with a ballpoint pen to avoid problems with ink smearing from felt-tip and similar pens.):

5.1.1.1. Collection month, day, and year.

5.1.1.2. Installation Identification Number (BIDN), ensuring the proper prefix correctly identifies the status of the member (e.g., F- Air Force active duty, R – Air Force Reserve, G – Air National Guard).

5.1.1.3. All digits of submitting member's social security number (SSN).

5.1.1.4. The member's initials (and date, when applicable) certifying the authenticity of the specimen, correctness of bottle information, and witnessing the application of the tamper evident tape.

5.1.1.5. The observer's initials (and the date of observation, when applicable).

5.1.1.6. No portion of the member's name (including signature) shall appear on the label.

5.2. Required Ledger (Register) Information.

5.2.1. The DTPAM maintains the urinalysis ledger or register. Recommend that ledger documents be annotated with a ballpoint pen ((where not typed) to avoid problems with ink smearing from felt-tip and similar pens.) The ledger or register documents each member submitting a urine specimen with the following minimum identifying information:

5.2.1.1. Month, day, year.

5.2.1.2. BIDN, batch number, specimen number.

5.2.1.3. All digits of the member's SSN.

5.2.1.4. Member's rank.

5.2.1.5. Signature, initials, and printed name of the member.

5.2.1.6. The time at which the member provided the specimen to the DTPAM.

5.2.1.7. Signature, initials, and printed name of the observer.

5.2.1.8. Test basis code.

5.3. DTPAM/Collector will:

5.3.1. Visually inspect specimen bottles and ensure they are clean, free of debris, and not damaged.

5.3.1.1. Maintain drug testing supplies in a limited access, secure area. Names of individuals having access to this area must be clearly posted and access to all others will be denied.

5.3.2. Check the member's military ID card and document the information required in paragraph **5.2** The DTPAM/Collector will maintain possession of the member's military ID card until the collection process is completed.

5.3.3. Designate for the member providing a specimen an observer who is of the same gender and has not been chosen to provide a sample during the same collection time. Observers must be briefed on-site prior to the collection process about their duties and responsibilities, as described in paragraph **5.4** This briefing remains current for the observer for a maximum of five calendar days, after which the briefing must be

reaccomplished. This briefing must consist of a verbal explanation as well as a written statement signed and dated by the observer acknowledging their acceptance and understanding of their responsibilities and the consequences of their actions for not performing their duties IAW established guidelines. **Attachment 4** of this AFI provides a sample observer briefing letter.

5.3.4. Hand the specimen bottle to the individual providing the specimen. Have the individual inspect the bottle in the presence of the DTPAM/Collector and observer, making sure that it is not damaged and is clean and free of any debris. Instruct the individual to carry the specimen bottle so that it is in view of the observer at all times.

5.3.4.1. Optional use of the individually packaged sterile specimen container cup is authorized for collecting urine specimens by female members only. (4 ¾ oz, NSN 6530-00-837-7472 or NSN 6530-01-048-0855 or equivalent). Immediately after collection in the wide mouth collection cup, the urine must be poured into the specimen bottle and tightly capped by the person submitting the specimen. This must be performed under direct observation and supervision of the observer to preclude adulteration, contamination, or break in the chain of custody.

5.3.5. Direct the individual providing the specimen to remove bulky outer garments (e.g., Airman Battle Uniform / Battle Dress Uniform (ABU/BDU) blouse) if direct observation by the observer may be impeded. Direct the individual to remove all genital body piercing jewelry. The donor must wash his or her hands (with water only) after removal of any genital body piercing jewelry. No hats, purses, bags, briefcases, or other baggage may be brought into the collection room.

5.3.6. Receive the urine specimen bottle from the member, visually check for contamination and adulteration, and ensure the urine volume is a minimum of 30 milliliters.

5.3.6.1. A specimen which appears contaminated or adulterated must be brought to the attention of the DTPAM/Collector or DDRPM who will immediately contact the SJA for guidance. If contamination or adulteration is suspected, take custody of the suspected sample and note such custody on the DD Form 2624, *Specimen Custody Document - Drug Testin*g. Maintain custody of the suspected sample in secure storage and release only as directed by SJA. Direct the member to remain in the area until he/she can provide an acceptable sample in a different specimen bottle that complies with all chain of custody requirements.

5.3.6.2. If there is inadequate volume, have the member who provided the specimen, under direct observation, discard the specimen and return the empty bottle to the DTPAM/Collector. The DTPAM/Collector will void the label on the bottle, and in the ledger or register annotate “Quantity Not Sufficient” or “QNS.” The DTPAM/Collector will deface and discard the label as well as the bottle. In the case of voided specimens, the information on the label and ledger or register must be re-accomplished. If using automated labels, annotate the ledger or register including “QNS” and time, and reprint a new label for the member. The member must remain in the collection facility until a 30 milliliter volume of urine can be produced at one time.

5.3.7. If the individual provides an adequate volume of specimen, then, in the presence of the member, apply tamper evident tape (conforming to the shape of the bottle to minimize tearing) extending from approximately halfway down and over the gummed label (not covering any identifying information), across the bottle cap, and to an approximate midpoint on the other side of the specimen bottle, touching the label.

5.3.8. Have the member confirm that the SSN and other identifying information on the specimen bottle is correct, that the member witnessed the application of the tamper evident tape, and that the specimen in the bottle is that of the member. Then have the member initial (and date, when applicable) the bottle label. Have the member initial and sign (payroll signature) by his or her printed name in the ledger after verifying that the SSN annotated on the bottle label matches the entries in the ledger or register.

5.3.9. Have the observer initial (and date, when applicable) the bottle label on the line marked "OB INIT" to certify the integrity of the collection process and that the urine is that of the member.

5.3.10. Have the observer print his or her name where designated in the ledger, initial, and sign his or her signature next to the member's entry.

5.3.11. If the tape is broken during initial sealing in the presence of the member, or is later broken during subsequent repackaging, reseal the bottle with tamper evident tape. Do not place the tape directly over the original tape – the reapplication should be slightly offset of the original taping, following the procedures in paragraph **5.3.7**

5.3.11.1. When tamper evident tape is reapplied, prepare a memorandum for record (MFR) describing the circumstance under which the tape was broken and by whom the tape was reapplied, and attach it to the DD Form 2624, *Specimen Custody Document - Drug Testin*g.

5.3.12. If a second label needs to be placed over an existing label (e.g. label torn, writing smeared), prepare a MFR describing the circumstance under which the label needed to be replaced and by whom the label was reapplied, and attach it to the DD Form 2624, *Specimen Custody Document - Drug Testin*g. Do not place the label directly over the original label – the reapplication should be slightly offset of the original label. Ensure tamper evident tape covers the second label.

5.3.13. Place the specimen bottle(s) in a specimen box for sealing and shipment to the drug testing lab. (GSUs will send specimens to the DDRPM if required by the DDRPM.)

5.3.14. Any unusual or suspicious activity observed during the collection process must be reported to the collector. The collector will make appropriate contact with the SJA and law enforcement personnel and will document the unusual or suspicious activity in a memorandum for record.

5.4. The observer must:

5.4.1. Be available for urinalysis drug testing whenever designated or ordered to perform observer duties.

5.4.2. Direct the member to rinse his/her hands with only water and dry them prior to providing a specimen. Members may be allowed to wash their hands with soap and water after providing a sample and securing the lid on the bottle.

5.4.3. Directly observe the urine leaving the member's body and entering the specimen bottle.

5.4.3.1. If a female member chooses to use the optional wide-mouth specimen container cup, the observer must directly observe the following: the member providing the specimen, pouring the specimen into an approved specimen bottle, and securing the lid tightly to the bottle.

5.4.4. Ensure that the member providing the specimen secures the lid tightly on the bottle and that it is not reopened by the member or anyone else at the collection site. Maintain the bottle in line of sight at all times. Members may be allowed to clean their hands after providing a sample and securing the lid on the bottle.

5.4.4.1. Ensure the specimen bottle is returned to the DTPAM immediately after the urine collection or any attempted urine collection that does not result in the required minimum 30 milliliters of urine during one attempt.

5.4.4.1.1. If less than the required 30 milliliters of urine is collected, the observer must escort the member to the DTPAM who will verify the insufficient volume. The DTPAM, upon verification of insufficient volume, will direct the member to discard the specimen. The observer must witness the discarding of the specimen by the member. The bottle will be returned to the DTPAM who will comply with paragraph **5.3.6.2** and dispose of the bottle IAW Occupational Safety and Health Administration (OSHA) guidelines.

5.4.5. Initial (and date, if applicable) the bottle label.

5.4.6. Sign, initial, and print his or her name in the ledger. This certifies that the observer directly witnessed the member urinating into the specimen bottle. If a wide mouth cup is used for females, the observer is certifying that she directly witnessed the member urinating into the wide-mouth cup and transferring the urine into the specimen bottle.

5.4.7. If an error is made in the documentation associated with a urine specimen, see paragraph **6.2** and refer to **Attachment 15** for guidance on forensic documentation and acceptable methods for correcting errors on forensic documentation.

5.5. Public Health Measures.

5.5.1. DDRPMs should consult with their installation Public Health offices to establish local procedures for allowing members to clean their hands after providing a urine sample. For example:

5.5.2. Other measures of hand cleaning, e.g., skin-approved wipe (disinfectant or plain (e.g., baby wipe)) or alcohol-based sanitizer, may be used as well as washing with soap and water after the specimen has been collected and the lid secured on the bottle. This could be in the bathroom if soap dispensers are not available but should be provided in the area where the specimens are taped and initialed, since there may be residual urine on the cup/hands or from common-use pens.

5.5.3. If a common pen is used, it could be wiped off with a wipe after each person uses it. Otherwise, everyone could be required to use their own personal pens. Alternatively, wipes could be made available if someone wants to wipe the pen down (this would be

wipes put next to the pen on the table top, not wipes kept in another location that must be retrieved).

5.5.4. Collectors should wear disposable gloves when handling specimen containers, which may have been contaminated with urine and merely dried off with a paper towel.

5.6. Special Considerations.

5.6.1. Specimens that are solely for clinical diagnosis (i.e., medical evaluations, ADAPT Program enrollment, aircraft incidents/accidents) should not be submitted to the drug testing laboratory. Specimens obtained as a result of aircraft incidents/accidents must be collected by the MTF laboratory and submitted to the AFIP/AFMES. See AFPAM 91-211, *USAF Guide to Aviation Safety Investigation*, paragraph **A4.7.6** All others as defined for clinical diagnosis may be processed locally.

5.6.1.1. Collection, packaging, and shipping of specimens for all aircraft mishaps and/or fatalities involving active duty members is the responsibility of Flight Medicine. See AFPAM 91-211, *USAF Guide To Aviation Safety Investigation*, paragraphs **4.9.2.2** and **A4.7.6** DDRPMs and/or DTPAMs may provide assistance upon request.

5.6.2. DDRPMs, DTPAMs, and observers will not participate in any collection in which they provided specimens. Collection of urine specimens from these personnel may be conducted in a special, separate collection session so that the tested DDRPMs, DTPAMs, or observers can participate in collection sessions involving the general population. DDRPMs, DTPAMs, and observers, who are military members or civilian employees in Testing Designated Positions, must be included in a random drug testing program, but collections and mailing must be completed by other qualified individuals. In special circumstances, the DDRPM should consult the local SJA who will assist in developing and documenting a process that minimizes opportunities for anyone to influence the collection and shipment of his/her urine specimen.

5.6.3. If a specimen is certified positive and the member has departed due to PCS/Permanent Change of Assignment (PCA), the losing unit commander will notify the gaining unit commander by message and send a copy of the message to the gaining MTF/CC.

5.7. After Hours Collection. The DDRPM, in consultation with the SJA, will establish procedures to periodically collect and secure specimens outside normal duty hours, including weekends and holidays.

5.7. **(MCCONNELLAFB)** After hours testing for other than Operation Nighthawk (ON) Program will be completed by DTPAM trained Clinic Lab personnel. Personnel will use the detailed, step-by-step checklist (Attach 4). Once called @ 316-648-5379, the on call lab personnel have a 30 minute response time. The following protocol will be used: Protocol for a urinalysis changes with the reason for the urinalysis. It is imperative these guidelines are followed to ensure the proper protocol is used based on the situation. The on call DTPAM will ensure the following tasks are accomplished.

5.7.1. **(Added-MCCONNELLAFB)** Observers will be provided by the squadron, SFS, or OSI and must meet all requirements IAW AFI 44-120. *The use of SrAs as observers must have the concurrence of 22 ARW/JA.*

5.7.2. **(Added-MCCONNELLAFB)** Documentation requesting the urinalysis (these changes with type of test) stating if we are testing for a particular drug (if applicable) must be presented to the Lab Tech/DTPAM.

5.7.2.1. **(Added-MCCONNELLAFB)** Consensual Urinalysis (Code: VO*):* Member voluntarily consents to a request to provide a urine sample for the detection of illegal substances. The individuals' commander, SFS Investigations, or OSI has asked the member to consent and the member has agreed. The 22 ARW/JA is not consulted prior to urinalysis if the member has consented in writing by completing AF Form 1364, *Consent for Search and Seizure* ***and*** the member is escorted to the testing site by law enforcement personnel or his/her unit superiors for the purpose of investigatory testing. The unit/SFS/OSI and the member must accomplish *Consent for Search and Seizure* form (AF 1364) prior to the urinalysis. (Attach 5). The urinalysis is done with a member of the squadron, SFS or OSI personnel acting as observer and must meet all observer criteria.

5.7.2.2. **(Added-MCCONNELLAFB)** Probable Cause Urinalysis (Code PO*): The legal office must coordinate on this type of testing.* An AF Form 1176, *Authority to Search and Seize*, (Attach 6) must be accomplished by the Military Magistrate. A verbal authorization is sufficient if obtaining this documentation will unnecessarily delay the member from providing a sample. If this occurs, the documentation must be provided the following duty day. The legal office must recommend Probable Cause urinalysis. The attorney on call will call the DTPAM (316) 648-5379 and brief him/her on the situation. The designated Military Magistrate will then, if deemed appropriate, authorize the testing. An AF 1176, *Authority to Search and Seize*, must be accomplished by the Military Magistrate. Either the unit or law enforcement personnel provide the observer and must meet all observer criteria.

5.7.2.3. **(Added-MCCONNELLAFB)** Commander Directed (Code CO): This is used when there is insufficient evidence to perform a Probable Cause urinalysis and the member refuses to consent to a urinalysis. The legal office must coordinate on Command Directed urinalysis. The attorney on call will call the Lab Tech on call @ (316) 648-5379 & brief him/her on the situation. The commander has directed a urinalysis and the appropriate documentation has been accomplished. Appropriate documentation is a written order to the member being tested which states that the member will report to (particular place) to provide a sample of his urine on (particular day and time). This order should be signed by the member's direct superior (preferably his commander or first sergeant) and acknowledged by the member. Verbal orders are sufficient, but not preferred. The unit must provide an observer that meets the qualifications of AFI 44-120.

Section D—FORM COMPLETION AND SPECIMEN PACKAGING REQUIREMENTS

6. Completion of the DD Form 2624, *Specimen Custody Document - Drug Testin*g.

6.1. Complete DD Form 2624 IAW **Attachment 10** of this AFI.

6.1.1. Fill out, sign, and date a DD Form 2624 for every shipping box or mailer sent to the AFDTL. The following information must be recorded on the DD Form 2624:

Block 1. Enter submitting unit name and address.
Block 2. Enter DDRPM or Designee's name and phone number.
Block 3. Enter Installation Identification Number.
Block 4. Leave blank.
Block 5. Enter Batch Number.
Block 6. Enter date collected.
Block A. Enter Air Force Drug Testing Laboratory.
Blocks B, C, D, E, F, G, H (1), H (2) and H (3). Leave blank.

For each specimen shipped, enter the following information:
Block 7. Specimen number.
Block 8. Member's complete SSN.
Block 9. Test basis (See Paragraph **6.1.2.9.**).
Block 10. Test information. Entry only required if additional testing requested. See instructions on reverse side of DD Form 2624.
Block 11. Leave blank.
Block 12. Chain of Custody. Every time the custody of a sample is transferred, an entry must be made.
a. Enter date (YYMMDD).
b. Enter signature and printed name.
c. Enter the signature and printed name of the individual who received the specimens or "Secure Storage". The final line should either indicate the mode of shipment or be left blank.
d. Enter the purpose for change of custody, such as "Secure Specimens," "Prepare to Ship," or "Ship to AFDTL via (insert mode of shipment)." The final entry should indicate shipment to the drug testing laboratory. When specimens are packaged and returned to storage awaiting shipment, documentation must be retained locally to indicate mode of shipment, releaser, date of release, and to whom sample(s) released.

6.1.2. Use the barcode program to computer generate the DD Form 2624 and barcoded specimen identification. Computer generated DD Form 2624 must be a single-paged, double-sided document. To ensure forensic integrity and chain of custody accountability, double-paged, single-side reproduction of the DD Form 2624 will not be used. If a barcode DD Form 2624 computer program is not available, then complete the DD Form 2624 using the computer programs Pure Edge, or Fillable Adobe PDF; using typewritten entries on a printed version of the form; or by making handwritten entries on a printed version of the form. If handwritten, entries must be legible and the use of any ink other than black is strongly recommended.

6.1.2.1. Block 1. Submitting Unit. Complete the mailing address. APO's and FPO's should identify the country.

6.1.2.2. Block 2. Additional Service Information. Annotate the name, rank, and DSN number of the installation DTPAM.

6.1.2.3. Block 3. Installation Identification Number. Annotate the installation number (e.g., F123, R123, G123) that appears on the specimen bottle label.

6.1.2.4. Block 4. Unit Identification Code. Leave blank.

6.1.2.5. Block 5. Document/Batch Number. Annotate the batch number (e.g., 001, 002, 003) that appears on the specimen bottle label. Use a separate DD Form 2624 for different batch numbers.

6.1.2.6. Block 6. Date Specimen Collected. Enter the date of specimen collection using the format YYYYMMDD. Use a separate DD Form 2624 for each collection day when shipping specimens collected on different days.

6.1.2.7. Block 7. Specimen Number. Annotate the specimen number (e.g., 001, 002) that appears on the specimen bottle label. Nothing else is to be entered into this block.

6.1.2.8. Block 8. Complete SSN. Enter the complete nine-digit SSN.

6.1.2.9. Block 9. Testing Basis. Use one of the following codes: IO (inspection testing); PO (probable cause); VO (consent testing); RO (rehabilitation); CO (commander directed); MO (medical); NO (new entrant); IR (random sample); IU (unit sweep); and OO (other). Consult the servicing SJA's office if there are any questions regarding test basis.

6.1.2.10. Block 10. Test Information. Complete this block only if anything other than routine testing is to be performed. Special testing codes: F, full panel (specimen requires testing for the presence of all drugs); O, other drugs (specimen requires testing for the presence of a particular drug); S, steroid.

6.1.2.11. Block 11. Prescreen. Leave blank.

6.1.2.12. Block 12. Chain of custody. Complete block 12a, 12b, 12c, and 12d. Account for specimen transfer and storage within the unit and record shipment to the drug testing laboratory IAW paragraph **6.1.1** Shipping date and releaser's signature must be originals and not photocopies. The use of an ink color other than black for signatures is strongly recommended.

6.1.2.12.1. The use of signature stamps on the DD Form 2624 is prohibited and will be considered an untestable discrepancy.

6.1.2.13. Block A. Laboratory Conducting Drug Testing. Indicate the mailing address of the laboratory performing the drug testing.

6.1.2.14. Blocks B through H. Reserved for use by the drug testing laboratory. Do not make any annotations in these blocks.

6.1.2.15. Maintain a photocopy of the completed DD Form 2624 for retention in drug testing files.

6.1.2.16. Package and ship specimens to the drug testing laboratory within 2 working days of the collection date. Specimens not mailed within two working days will

require a MFR explaining the reason for the delay. The MFR must be forwarded to the servicing SJA, and a copy of the MFR must be retained on file. Secure specimens not mailed on the same day as collection must be placed in a secured storage area with access limited to the trusted agents of the drug testing program (i.e., the DTPAM and the DDRPM). The chain of custody (block 12) must clearly reflect any changes in custody of the specimens.)

6.2. Forensic Corrections to All Collections Documents. Do not write over information. Do not use correction fluid or typewriter correction ribbon. Refer to **Attachment 15** for acceptable methods of documenting and correcting errors.

6.3. Bar-Code Labels.

6.3.1. Whenever possible, use bar-code printed identifiers corresponding to the individual's SSN on both the specimen bottle and the DD Form 2624.

6.3.2. The bar coded label must also have the corresponding information printed in a format that can be read without a bar-code reader. Additional identifying information, date collected, or other numbers required may be recorded on the bottle or bottle label as long as it does not interfere with reading of the bar-code labels.

7. Packaging and Shipping of Specimens.

7.1. **Attachment 11** provides a step-by-step pictorial guide on the packaging of specimens. The photos are illustrative only; refer to the text in paragraphs **7.3** through **7.12** for packaging requirements.

7.2. Use appropriate personal protective equipment (PPE) and comply with applicable OSHA regulations.

7.3. Place the specimen bottles (maximum of 12) into the specimen box ensuring that the tamper evident tape is intact. Only box (NSN 6640-00-165-5778) may be used. Re-used boxes may not be used. Single test kits (STK) are the only alternative to NSN 6640-00-165-5778.

7.3.1. When using the STK:

Open the STK sealed box in the presence of the member. Annotate the member's SSN (as it appears on their military ID card) and the collection date on a blank bottle label provided, and affix the label to the empty specimen bottle provided with the STK. (Labels produced with the automated Air Force Drug Testing Program software are printed with the individual's SSN already on it). See paragraphs **10** and **11** for STK completion, packaging and shipping.

7.4. After ensuring that the specimens listed on the DD Form 2624 match the bottles that are in the box, date and sign block 12.

7.5. Place the DD Form 2624 and any MFRs inside the specimen box in a sealed leak proof plastic bag to prevent loss or damage of the documents. If these documents are sent separately they will not be accepted.

7.5.1. The use of signature stamps or signature replacements (e.g.: "//SIGNED//") on MFRs is prohibited.

7.6. Place a sufficient amount of flat absorbent pads (NSN: 6530-01-304-9754 or equivalent) inside the box to absorb leakage and prevent damage.

7.7. Do not use confetti-type or popcorn shipping fillers. Individual specimen bottles are not to be placed inside plastic or white shipping bags.

7.8. Seal all openings and edges of the specimen box with adhesive tape (e.g., masking tape, nylon strapping tape, or package sealing tape). One piece of tape must be applied around the center opening of the box so that it covers the opening flap on the top and bottom of the box and completely encircles the box. Additionally, tape must encircle each end of the box that has an opening so that the edges are completely covered and sealed.

7.9. Packager (collector) must sign his or her payroll signature across the tape once on the top and once on the bottom of the box. The payroll signature must cross from the tape to the box in at least one location on each the top and bottom. The manufacturer's tape on a specimen box is considered part of the box. The manufacturer's tape is not considered part of the tape that must be placed completely around the box.

7.10. Place the sealed box in a leak preventive mailing pouch (NSN: 6530-01-304-9762 or equivalent) to absorb leakage and prevent damage to other packages during shipment.

7.11. If an individual box of twelve specimens (sealed in a leak-preventive mailing pouch) is to be shipped, wrap in postal mailing paper with all sides, edges, and flaps sealed and plainly mark the outside of the mailing package, "Chain of Custody" to alert the drug testing laboratory that chain of custody specimens are in the package. The DTPAM should consult the guidelines of the shipper prior to shipping urine specimens.

7.11.1. DTPAMs may ship several specimen boxes within a larger secondary outer shipping box. To reduce the potential for untestable specimens, the properly sealed, pouched box of twelve specimens with all sides, edges, and flaps secured with an adhesive tape (properly signed and dated) must be placed in a second container. The larger secondary outer shipping box must be securely sealed and have the "TO" and "FROM" addresses as well as the statement "Chain of Custody."

7.12. Address the package to: HQ, Air Force Drug Testing Laboratory, AFMOA/SGBD, 2480 Ladd Street, Bldg 3750, Lackland AFB, TX 78236-5310. Specimens can be shipped to an alternate DoD drug testing lab if approved in writing by the AF Drug Testing Program Manager at AFMOA/SGBD.

7.13. Specimens should be shipped the same day as collected. If it is not possible to ship the specimens the same day as collected, the sealed specimen box or shipping box should be placed in secured storage under chain of custody. The chain of custody must be annotated and documented until the specimen or shipping box is sealed. A log should be kept locally that clearly tracks when specimen packages are placed in the control of the shipping agency or company. Specimens not mailed within two working days will require a MFR explaining the reason for the delay. The MFR must be forwarded to the servicing SJA, and a copy of the MFR must be retained on file.

7.14. **Attachment 8** of this AFI provides a sample checklist, which may be used in the packaging and shipment of specimens.

8. Acceptable Modes of Transportation.

8.1. The DTPAM will ensure that specimens are shipped using one of the following transportation modes.

8.1.1. United States Postal Service (USPS) first class, certified, registered mail, signature confirmation, or use of a commercial service having the capability to track shipments.

8.1.2. Hand delivery under chain of custody.

8.1.3. US flag commercial air freight, air express, or air freight forwarder. Use of a commercial service having the capability to track shipments is highly recommended.

8.1.4. Defense Transportation System.

8.1.5. Foreign flag air carrier when none of the above can satisfy the movement requirement.

8.2. Whatever carrier is selected for shipping, the DDRPM/DTPAM must ensure that the shipping requirements and rules of that carrier are met.

Section E—PACKAGING AND SHIPPING OF SPECIMENS COLLECTED IN SINGLE TEST KITS (STKs) AND COLLECTION BY GEOGRAPHICALLY SEPARATED UNITS

9. Collection Procedures for Geographically Separated Units (GSUs).

9.1. These Instructions must be followed in order to ensure the integrity of the drug testing program at GSUs is maintained, and the program remains an effective deterrent to illegal drug use. DDRPMs have discretion to work out the most practical method to accomplish specimen collection. GSU commanders will ensure drug testing procedures are followed IAW this Instruction and GSU DTPAMs must work with the host installation DDRP staff to ensure proper collection and shipment of specimens are accomplished.

9.1.1. Commanders or their GSU DTPAM will be responsible for the notification, collection, and shipment of samples. Commanders must select only individuals possessing unquestionable integrity and trustworthiness as GSU DTPAMs to administer the notification, observation, collection, packaging, and shipment processes.

9.1.2. The GSU DTPAM must:

9.1.2.1. Be appointed in writing by the GSU commander.

9.1.2.2. Receive and open the drug testing package from the host installation. The drug testing package contains the desired list of personnel selected for drug testing.

9.1.2.3. Notify the member as soon as reasonably possible. Notification must be the same as those procedures previously outlined, (i.e., signed commander's letter, dated, and endorsed by the member upon receipt). **Attachment 5** of this AFI provides a sample commander's notification letter.

9.1.2.4. Ensure that all members who are selected for testing report to the collection site IAW paragraphs 4.6.13.1., 4.6.13.2. and 4.6.13.3., with a valid military ID card.

9.1.2.5. Maintain a drug urinalysis testing log and all pertinent documentation associated with the drug testing program.

9.1.3. Once the member reports to the testing site, the GSU DTPAM will:

9.1.3.1. Check the member's military ID card.

9.1.3.2. Annotate the date and time the member reported for testing on the notification letter.

9.1.3.3. Document the urine drug testing log with the individual's name, rank, SSN, unit, date, and time of collection, along with the sample accession number (Installation Identification Number).

9.1.3.4. GSUs may use either NSN 6640-00-165-5778 (12 specimen box) or STKs.

9.1.3.5. Ask the member to verify identifying data by initialing and signing the drug testing log.

9.1.3.6. Ensure that the specimen is collected IAW the guidelines established in this AFI, paragraph **5.**

10. Completion of the Chain of Custody Form, DD Form 2624, for STK.

10.1. A separate DD Form 2624 must be used for each STK.

10.2. The DD Form 2624 must be completed with the following information:

10.2.1. Blocks A, 1, 2, 3, 5, and 9 must be completed by the host installation.

10.2.2. Blocks 6, 7, 8, and 12 must be completed by the trusted agent or GSU DTPAM.

10.2.3. The last person to handle the specimen will complete blocks 12a, 12b, and 12c.

10.2.4. The means of shipment must be entered in block 12d. Use the same guidance as outlined in **Section D**, paragraph **8**.

10.2.5. A copy of the completed DD Form 2624 must be faxed to the host installation DDRPM. The GSU will maintain for their records a copy of the completed DD Form 2624.

10.2.6. The original completed DD Form 2624 and any MFRs must be placed in a sealed leak-proof plastic bag inside the box containing the specimen. If these documents are sent separately they will not be accepted.

10.2.7. Forensic Corrections to All Collections Documents. Do not write over information. Do not use correction fluid or typewriter correction ribbon. Refer to **Attachment 15** for acceptable methods of documenting and correcting errors.

11. Packaging and Shipment of STK Specimens.

11.1. **Attachment 12** provides a step-by-step pictorial guide on the packaging of specimens. The photos are illustrative only, refer to the text in paragraphs **11.1.1** through **11.1.1.2.1** for packaging requirements. The DTPAM/GSU DTPAM must:

11.1.1. Place the specimen bottle and absorbent pad in the specimen bag provided in the STK and place the specimen in the STK box. Place the plastic bag containing the DD Form 2624 and any MFRs in the STK box. Only box (Item # CUC-1, UI Case) may be used. Re-used boxes may not be used.

11.1.1.1. Seal the mailer box by applying adhesive tape one time completely around the sides of the box so the tape overlaps.

11.1.1.2. Sign, using payroll signature, and date the kit box seal provided with the test kit prior to applying it to the mailer box.

11.1.1.2.1. The mailer box must be sealed using the kit box seal. Apply the signed and dated seal to the mailer box ensuring a portion of the date and signature is across the open edge of the box. If the kit box seal does not adhere, use any effective glue to attach the kit box seal.

11.2. It is highly recommended that STKs be mailed separately. However, if the STKs are mailed in a single shipment, the secondary (outer) container must be sealed IAW the guidelines established in **Section D**, paragraph **8.** The individual test kits must be prepared and sealed as outlined above in paragraph **11.1.1.1** Do not use confetti-type or popcorn shipping fillers.

11.2.1. To eliminate a potential challenge to the chain of custody of the specimens, the STK or shipping box containing several STKs should be mailed or shipped immediately after it is prepared for shipment. If this is not possible, the sealed STK or shipping box should be placed in secured storage under chain of custody. The chain of custody must be maintained and documented until the sealed STK or shipping box is dispatched.

11.3. For GSU testing:

11.3.1. The GSU DTPAM will mail all urine specimens collected for drug testing directly to the AFDTL unless the servicing DDRPM requires the GSU to send samples to the servicing installation DDR office for QC review of samples.

11.3.1.1. In cases of QC checks performed by servicing DDR Office, the chain of custody must remain intact and documented. The original chain of custody from the GSU must be annotated by the individual who opens and performs the quality review and ships the specimen(s) to the lab. A memorandum should accompany the specimen to the lab indicating the sample was received at the installation for quality review. The sample should not be shipped in the same box it was received and may be shipped in a new container or with the installation shipment of specimens.

11.3.1.2. A sample that has discrepancies will be reviewed by the local SJA and SJA will make a determination of action to include possible re-collection of the untestable sample. The DDRPM will ensure the GSU DTPAM understands the discrepancy to preclude re-occurrence.

11.3.2. In all cases, the GSU DTPAM must ensure that the specimens are mailed within two duty days of collection using one of the transportation modes outlined in Section D paragraph **8.** Specimens not mailed within two working days will require a MFR explaining the reason for the delay. The MFR must be forwarded to the servicing SJA and a copy kept on file. In cases of quality review the DDRPM must ensure that the specimens are mailed within two duty days of receipt of samples for QC using one of the transportation modes outlined in paragraph **8**. Specimens not mailed within two working days will require a MFR to the SJA explaining the reason for the delay.

Section F—DRUG URINALYSIS TESTING FOR NEW ACCESSIONS

12. Personnel to be Tested.

12.1. All new accessions into the United States Air Force will be tested. The following individuals are required to be tested:

12.1.1. New enlisted entrants into the Air Force to include officer candidates undergoing initial training in an enlisted status.

12.1.2. Cadets entering the United States Air Force Academy or those entering the ROTC.

12.1.3. Other individuals to whom a commission may be offered following completion of a commissioning program.

12.1.4. Regular and Reserve officers appointed from civilian life.

12.1.5. Prior service applicants for enlistment in the active component with a break in service of more than six months.

12.1.6. Reserve officers entering active duty after an educational delay following completion of ROTC studies and appointment.

12.1.7. Foreign and international students entering the United States Air Force Academy will be tested IAW host country agreements.

12.2. Timing of Testing.

12.2.1. Individuals listed above who are required to undergo testing must be tested within 72 hours after initial entry on active duty (IEAD). IEAD is the member's first period of full-time duty in the active military service of the United States following enlistment or appointment.

12.2.2. Enlisted members must be tested at the Basic Military Training School (BMTS).

12.2.3. Officers and officer candidates not covered under paragraphs **12.1.2** and **12.1.3**. must undergo testing during the officer basic courses. If an officer's IEAD does not occur at the basic course, testing must be conducted at the officer's permanent duty station.

12.2.4. Individuals covered under paragraph **12.1.2**. must undergo testing and be evaluated during the physical examination given to the applicant before appointment as a cadet.

12.2.5. Individuals covered under paragraphs **12.1.4**., **12.1.5**., and **12.1.6**. must be tested within 48 hours following entry at accession locations specified by the Air Force (e.g., first duty station).

12.3. Drug Testing Policy.

12.3.1. All new entrants shall be tested for the same drugs as those on active duty. The analysis will be conducted in a DoD certified forensic drug testing laboratory using procedures established by the ASD (HA) as contained in DoDI 1010.16.

12.3.2. New accessions (i.e., those individuals on their IEAD) must also present a valid photo ID such as a driver's license, state ID card, or college ID card. The individual's SSN must be verified through possession of a Social Security Card. Those individuals lacking a valid photo ID card will be required to obtain a military ID card prior to testing. Such individuals will not be excluded from providing a specimen for urinalysis testing.

Section G—CHAIN OF CUSTODY WITHIN THE DRUG TESTING LABORATORY

13. Drug Testing Laboratory Chain of Custody Procedures.

13.1. Chain of Custody Requirements During Analysis.

13.1.1. The drug laboratory establishes written internal chain of custody procedures.

13.1.2. The drug testing laboratory receives the chain of custody shipment of specimens.

13.1.3. Employees are trained and certified to perform duties in the Specimen Control Section of the Drug Testing Laboratory:

13.1.3.1. Visually inspect each shipment box to determine if the box was sealed IAW paragraphs **7.8, 7.9,** and **11** of this Instruction, or if the box appears to have been opened or tampered with while in transit.

13.1.3.2. Open the sealed box or mailer and inventory the bottles to ensure specimen integrity, locate the DD Form 2624, sign and date the DD Form 2624, annotate the mode of transportation by which the specimens were received at the laboratory, and describe the condition of the seals on the shipping package in the "remarks" block of DD Form 2624 or complete an MFR if appropriate.

13.1.3.3. Inspect each bottle and closely examine the tamper evident tape to determine if it is intact. If the tape on a bottle is broken on receipt, the sample is not tested unless the discrepancy is explained as required in **Section C,** paragraph **5.3.11.1** A notation is made by the drug testing lab personnel on the DD Form 2624 to identify those bottles that arrived at the laboratory with the tamper evident tape broken.

13.1.3.4. Inspect each bottle to ensure that it contains a minimum of 30 milliliters of urine, and is not adulterated. Volumes below 30 milliliters may not be tested.

13.1.3.4.1. Annotate DD Form 2624 to reflect the discrepancy, and ensure submitting unit is informed of the discrepancy. A discrepancy letter should be sent to the submitting unit for any discrepancy which is not self explanatory or needs explanation.

13.1.3.4.2. Consult the laboratory legal advisor concerning urine testing discrepancy resolution. Ask the laboratory legal advisor to recommend to the laboratory commander resolution if there is a question regarding chain of custody or integrity of the specimen.

13.1.3.5. Assign laboratory specimen accession numbers, and label each original specimen bottle and the cap of the bottle to ensure proper identification.

13.1.3.6. Keep original specimen bottles secured in a controlled access area at all times until destruction is authorized.

13.1.3.7. Prepare portions (aliquots) of each specimen for screen testing and if necessary, rescreen and confirmation testing, and maintain a chain of custody on aliquots using appropriate chain of custody documents.

13.1.3.8. Until specimen analysis is completed, laboratory personnel processing the specimen or the aliquot taken from it will ensure that the appropriate chain of custody document is properly signed, dated, and annotated when the sample is received or released during analysis. The individual maintaining custody of the sample or aliquot must safeguard the sample or aliquot at all times.

13.1.3.8.1. Once a specimen has been tested and identified as negative by either screen, rescreen, or confirmation testing for all drug classes requested, the specimen is released from the chain of custody and destroyed, unless the specimen is to be used for method development or research purposes. In this event, after annotation of destruction on chain of custody, all identifying information will be removed.

13.2. Laboratory Chain of Custody Requirements After Analysis.

13.2.1. After specimen analysis is completed, the individual designated by the Commander, Drug Testing Laboratory:

13.2.1.1. Certifies the results on the DD Form 2624 and reports results to the originating agency.

13.2.1.2. Reports as negative any specimen that fails to meet or exceed the established DoD minimum concentration for determination as positive for a drug on either the initial screening test, rescreening test, or confirmatory test.

13.2.1.3. Ensures for specimens confirmed positive that all results of testing conducted in the laboratory, including applicable printouts, tracings, and chain of custody documents, remain on file secured in the drug laboratory or in a secured storage area.

13.2.1.4. Stores specimens confirmed positive in a frozen state in a secure area under proper chain of custody document.

13.2.1.4.1. Keeps a military member's frozen specimen and that of a military accession applicant for one calendar year, at the end of which time it is destroyed unless the originating agency has requested that it be retained or the specimen is to be used for method development or research purposes.

13.2.1.4.2. If the originating agency requests retention for a longer period, the laboratory will maintain the specimen for the requested period. *The originating agency must specify a defined period of time (e.g., six months). A request for "indefinite retention" will not be honored by the laboratory.* At the end of this additional retention period, the laboratory will destroy the sample IAW paragraph **13.2.1.4.1** unless the originating agency requests a further retention. When this occurs, the requesting agency must advise the laboratory every 60 calendar days of the need for further retention. The SJA from the originating agency notifies the

drug testing laboratory legal advisor when further retention of the specimen is not necessary.

13.2.1.4.3. The individual who destroys a stored specimen annotates, signs, and dates the appropriate chain of custody document.

Section H—DRUG ABUSE TESTING PROGRAM PROCEDURE

14. Drug Detection Levels and Reporting Procedures.

14.1. The drug testing laboratory will screen specimens by using an immunoassay (IA) process, or other methodologies as approved by ASD (HA) and AFMOA/SGHW for a particular drug, and cut-off levels established by ASD (HA).

14.2. Laboratory confirmation will be performed by using gas chromatography/mass spectrometry (GC/MS), or other methodologies as approved by ASD (HA) and AFMOA/SGHW for a particular drug.

14.3. Drug test results certified as positive (i.e. containing drug or drug metabolite) must be reported within an average of six working days of receipt of the specimen within the drug testing laboratory.

14.4. Requests For Retest.

14.4.1. All requests for retests must be made in writing or be sent by electronic message to the laboratory where the original sample is stored. The following information is required:

14.4.1.1. Purpose of the retest.

14.4.1.2. The unique BIDN for each specimen.

14.4.1.3. Laboratory accession number.

14.4.1.4. SSN of the service member.

14.4.1.5. Name and telephone number of a point of contact at the requesting installation.

14.4.2. Retests are performed using the procedures determined by the drug testing laboratory where the original sample is stored. The AFDTL, a DoD drug testing lab, or a contract laboratory will retest specimens:

14.4.2.1. On request of the submitting command.

14.4.2.2. On request of an administrative board under rules applicable to the board.

14.4.2.3. On order of a military judge under rules applicable to courts-martial.

14.4.3. On request by a service member, or a defense counsel representing the service member, at an independent laboratory of his or her choice, the AFDTL, a DoD drug testing lab, or a contract laboratory certified by DoD or the SAMSHA will send a portion of the service member's sample to the designated laboratory, provided there is sufficient specimen remaining. (The service member bears the expense of the retest, to include the cost of shipping). Proof of payment to the independent laboratory must be provided before the specimen will be released for testing by the AFDTL.

14.4.3.1. Any request for a retest by a service member of a sample analyzed at the AFDTL or a DoD drug testing lab must be made in writing or sent by electronic message to the laboratory where the original sample is stored. The request must contain the same information as stated above. The request is provided to the commander initiating disciplinary or administrative action and to the commander's SJA.

14.4.3.2. The service member must have the laboratory where he or she wishes the sample analyzed send confirmation to the AFDTL that the service member has contacted the laboratory and contracted to have the sample tested there.

14.4.3.3. Once the AFDTL has received the request and written confirmation, a portion of the service member's sample is shipped under chain of custody via overnight mail to the designated laboratory. The location of a retest, except for independent retests at the request of a service member, is at the discretion of the DTL where the original specimen is stored.

14.5. Steroid Testing.

14.5.1. Prior to collecting the specimen for steroid testing, a written, signed request must be submitted to the AFDTL describing the number of specimens, the period during which the specimen is to be collected, and the gender of the donors. **Attachment 6** of this AFI provides a sample format of the request letter. Failure to coordinate prior to collection may result in the specimen not being tested for the special steroid test.

14.5.2. Specimens collected solely for steroid testing must contain at least 60 milliliters of urine. Specimens collected solely for steroid testing must be collected, shipped, and processed separately and differently from those requiring routine testing.

14.5.3. If routine drug testing is required in addition to steroid testing, an additional 30 milliliter specimen must be collected **in a separate bottle**. The specimen intended for routine drug testing must be collected and shipped as described in .

14.5.4. Upon receipt of the approval letter, ship the specimen as outlined in the letter. Use a separate DD Form 2624 for shipping specimens to be tested for the presence of steroids. Do not list specimens requiring steroid testing on the same DD Form 2624 as those specimens requiring routine testing.

14.6. Special Testing. Testing for the presence of drug or drug metabolites other than those routinely tested by the AFDTL may be requested by the DDRPM to AFMES through the Air Force Drug Testing Program Manager or lab legal advisor. Failure to coordinate prior to collection may result in the specimen not being tested for the special test. Specimens will be collected with their own chain-of-custody and mailed directly to AFMES. If the standard panel is also desired, that should be so indicated on the memorandum to AFMES. The AFDTL should only receive specimens for the standard panel and/or steroids.

14.6.1. **(Added-MCCONNELLAFB)** Spice Testing. DDRP staff may also log into the DoD Drug Testing Portal for instructions for processing criminal investigation and command directed Spice testing.

Section I—DRUG TESTING LABORATORY PROCEDURES

15. The Air Force Drug Testing Laboratory shall establish internal procedures, approved by SAF/MR and AFMOA/SGHW.

15.1. Procedures shall be documented in unit Operating Instructions (OI) and shall address the following:

15.1.1. Facility security requirements and laboratory personnel security measures.

15.1.2. Data security and laboratory information management security measures.

15.1.3. Specimen receipt and intra-laboratory chain of custody procedures.

15.1.4. Forensic testing procedures for conducting initial screens, rescreens, confirmatory tests, and retests for each drug analyzed.

15.1.5. An internal QC and QA program.

15.1.6. Administrative processes.

15.1.7. Participation in the AFIP/AFMES external QC program.

15.2. The OIs developed by the AFDTL shall be kept current and reviewed annually by the laboratory director.

15.3. As sections are replaced, historical records of procedures and the dates used shall be maintained in accordance with appropriate laboratory records management plan.

Section J—LABORATORY REQUIREMENTS

16. The certified drug testing laboratory shall abide by the administrative and technical requirements of DoDI 1010. 16, and additional administrative or technical guidance required by ASD (HA), AFIP/AFMES, and/or AFMOA/SGHW to include:

16.1. Maintaining an OI manual for the drug testing technical procedures.

16.2. Maintaining intact chain of custody during the processing of specimens or aliquots of the specimen used in testing from receipt to disposal of the specimen.

16.3. Maintaining a tracking record and chain of custody when processing aliquots of the specimen for shipment to another laboratory for testing.

16.4. Establishing and maintaining a forensically secure information management system of limited access, sequential processing of testing requirements, audit trails of data access, edits, deletions, or data changes.

16.5. Documenting qualifications and training of laboratory personnel.

16.6. Keeping maintenance and repair records for each instrument used in testing.

16.7. Validating analytical methods used for each drug.

16.8. Participating, satisfactorily, in a certification round of AFIP/AFMES proficiency sample analysis for each drug group being routinely tested and maintaining satisfactory performance in ongoing AFIP/AFMES proficiency (open) and blind QC sample programs.

16.9. Maintaining an internal QC program consisting of at least five percent controls and standards, including blind positives and negatives in screening and blind negatives in confirmation.

16.10. Maintaining an internal QA program that includes monitoring the timeliness and effectiveness of discrepancy resolution and health of overall performance of drug testing processes as compared to scientific and forensic requirements.

16.11. Establishing procedures to ensure timely responses to discovery requests and other inquiries from authorities.

16.12. Maintaining DoD certification and participating satisfactorily in an ongoing DoD inspection process.

Section K—DRUG TESTING SUPPLIES

17. Supplies to be used in conjunction with the Drug Demand Reduction Program (DDRP) are as follows:

17.1. Bottle, urine specimen, shipping 120S, NSN 6640-00-165-5778 (standard mouth), (or other as stipulated by HQ USAF or DoD); NSN 6530-00-837-7472 or NSN 6530-01-048-0855 (wide mouth).

17.2. Envelope (pouch), mailing, plain white, 4 1/8 x 9 ¾ inches, NSN 6530-01-304-9762 or equivalent.

17.3. Label, pressure sensitive. **Attachment 7** of this AFI provides a sample request letter for ordering bottle labels from the drug testing lab.

17.4. Paper, craft untreated, wrapping, NSN 8135-00-290-3407 (24 inches) or equivalent; NSN 8135-00-160-7764 (36 inches) or equivalent.

17.5. Absorbent pad, NSN 6530-01-304-9754 or equivalent.

17.6. Tape, tamper evident.

17.6.1. **(Added-MCCONNELLAFB)** TRL-2N. Precision Dynamics (630) 986-1800.

17.7. Sealable leak-proof plastic bags, NSN 8510-00-837-7755 or equivalent.

17.8. One-inch wide strapping tape, NSN 7510-00-582-4772 or equivalent.

17.9. Brown postal mailing tape, NSN 7530-00-079-7905 or equivalent.

17.10. DoD-certified Drug Testing Program Software.

17.11. Single Test Kits (STKs). STKs may be purchased from Tri-Tech Incorporated, 4019 Executive Park Blvd, S.E., Southport, N.C., 28461, 1-800-438-7884, fax: 910-457-0094. Item number CUC-1, Single Bottle Urine Specimen Collection Kit. 100 kits per case.

17.12. Bluing agent for toilet. Used to prevent specimen dilution for individuals having a medically documented verified shy bladder or situational anxiety, or physical abnormalities that inhibit or preclude on-demand observed urine collection.

17.13. Self-Adhesive Temperature Strip – Code: 855, UI ea

Source: AlcoPro Drug & Alcohol Testing Products
(800)227-9890
http://www.alcopro.com/

17.14. NSN for Specimen box - 6640-00-165-5778 (standard mouth) boxes and bottles are normally bought as a unit. Extra boxes without bottles may also be ordered:

Source: Alpha Points Association for the Blind
7501 Prospect
Kansas City, MO 64132

17.14.1. **(Added-MCCONNELLAFB)** Mailers CAI 1061

17.15. **(Added-MCCONNELLAFB)** Laser labels, 2”x4” for use with automated software, Avery 5163.

Section L—DRUG ABUSE TESTING REPORT REQUIREMENTS

18. Drug Testing Metrics.

18.1. Each DDRPM must use appropriate metrics to monitor performance of the military drug testing program. These metrics must be provided to the appropriate installation or wing commander on a quarterly basis at the CFOC meeting. Demographic data for metrics (obtained from the drug testing laboratory, Defense Manpower Data Center (DMDC) or higher headquarters) may be made available upon request through the MAJCOM DDRPM to the Air Force Drug Testing Program Manager.

18.2. Program quarterly performance metrics must include:

18.2.1. Number of testing days per each month during the quarter.

18.2.2. Number of individuals selected for testing per each month during the quarter.

18.2.3. Number of individuals selected that were actually tested per each month during the quarter.

18.2.4. Number of individuals on the pending roster.

18.2.5. Number of individuals selected and notified for testing but failed to show without justification (No-Show).

18.2.6. Number of individuals identified as “No Contact” by the Trusted Agents. (“No Contact” means the trusted agent diligently attempted to contact the selected individual, without success, and the individual was not on leave, pass, TDY, quarters, flying status, crew-rest, missile duty, or non-duty status,)

18.2.7. Number reporting to the testing facility outside the two-hour window of notification.

18.2.8. Percentage of specimens deemed untestable by the drug testing laboratory per each month during the quarter.

18.2.9. Number of individuals tested positive by individual drug category (THC, COC, AMP, and any other drugs listed by DoD).

18.2.10. Any data describing special testing and/or steroid testing.

Section M—USE OF URINALYSIS RESULTS

19. Commanders' Options. See Table 1

19.1. Commanders must consult with the local SJA prior to initiating any disciplinary or adverse actions based on the results of Air Force drug testing.

Table 1. Actions Authorized by Positive Drug Test Results.

Basis for Test	UCMJ Use	Affects Discharge Characterization	Administrative Actions (See Note 1)
Inspection - Military Rules of Evidence (MRE) 313, (See Note 2)	Yes	Yes	Yes
Voluntary Consent - MRE 314(e)	Yes	Yes	Yes
Probable Cause - MRE 315-316 (See Note 3)	Yes	Yes	Yes
Commander Directed - (See Note 4)	No	No	Yes
Self Identification, Initial Testing (See Note 5)	No	No	Yes
Valid Medical Purpose MRE 312(f) (See Note 6)	Yes	Yes	Yes

NOTES

1. Administrative actions include, but are not limited to, letters of admonishment, counseling and reprimands, denial of re-enlistment, removal from Personal Reliability Program (PRP), removal from duties involving firearms, removal from flying status or sensitive duties, suspension of security clearance, and removal of restricted area badges. If there are any questions regarding actions authorized for positive drug test results, consult the local servicing SJA.
2. Inspections under Military Rules of Evidence (MRE) 313(b) include inspections under the installation's random urinalysis drug testing program and unit or gate sweeps.
3. Probable cause tests are authorized searches and seizures ordered by a military magistrate or appropriate commander (See MRE 315 and 316).
4. Absent probable cause, commander directed results may not be used for disciplinary action under the UCMJ or to characterize an administrative separation. EXCEPTION: Commander directed results may be offered for impeachment purposes or in rebuttal in any proceeding in which a service member first introduces evidence in a proceeding to infer or support a claim of non-use of drugs.
5. Members may not be disciplined under the UCMJ when they legitimately self-identify for drug abuse and enter the ADAPT Program. In the interests of unit safety and security,

commanders may initiate non-adverse administrative actions such as removal from flying status, removal from the PRP, removal of restricted area badges, etc. Urinalysis tests of individuals following entry into the ADAPT Program are for valid medical purposes. Individuals in the ADAPT Program may also be disciplined under the UCMJ when independent evidence of drug use is obtained.
6. Urine specimens obtained from an examination for a valid medical purpose may be used fo any purpose.

Section N—INABILITY TO PROVIDE A URINE SPECIMEN

20. Shy Bladder or Situational Anxiety.

20.1. Unsupported assertions of "situational anxiety" (shy bladder) or dehydration are not considered valid reasons for an individual's failure to provide an adequate amount of urine when sufficient time has elapsed and fluid volume has been ingested and shall be regarded as a refusal to take a test.

20.2. If an individual claims to have a "shy bladder" the DDRPM must notify the individual's unit commander who in turn must make arrangements to have the individual evaluated as soon as practical by a physician, to determine whether the inability to provide a specimen is based on valid medical reasons or constitutes a constructive refusal.

20.2.1. **(Added-MCCONNELLAFB)** In the event medical assistance is required in regard to a situation (shy bladder, situational anxiety, etc.) that presents during a DDRP action, the 22 MDG Medical Officer of the Day (MOD) will be notified. Notification may occur during or after duty hours. The Flight Medicine and Medical Service Flight MOD will alternate monthly call. See attachment 7 for schedule and contact information

20.3. The examining physician shall determine, using their best medical judgment, whether a medical condition has, or with a high degree of probability, could preclude the individual from providing an adequate amount of urine.

20.3.1. **(Added-MCCONNELLAFB)** If medical examination has determined no medical reason for inability to provide a specimen, and after coordination with local SJA, member may be allowed (upon SJA concurrence) to provide his/her specimen in IAW para 20.5.1.4. with recommendation of a for mental health evaluation to determine situational anxiety documentation. A productive mental health evaluation cannot occur same day and must be made at a later date. If member refuses mental health evaluation, SJA may recommend commander directed evaluation to justify situational anxiety of member.

20.4. Individuals should be given reasonable time to provide a urine sample. Reasonable time is no more than three hours. If after a reasonable time, a person cannot provide, or refuses to provide, a sample, the commander must consider taking disciplinary action for failure to obey a lawful order. If the member fails to provide a specimen following continued order(s) to do so, additional and escalating disciplinary action should be considered in consultation with the servicing SJA. *Under no circumstances will an otherwise healthy person, unable or unwilling to provide a sample, be catheterized solely for the purpose of*

obtaining a urine sample. Only when a person is catheterized for legitimate medical reasons can a sample of urine be drawn in this manner and tested IAW this AFI.

20.5. For individuals having a medically documented history of shy bladder or situational anxiety, or individuals documented to have medically verified physical abnormalities that inhibit or preclude observed collection, a urine specimen may be collected following the procedures outlined below. Collections made under this provision will be performed after receipt of advice from the servicing SJA. The military member must provide supportive medical documentation, which will be verified by the DDRPM prior to collection. This medical documentation should contain a statement regarding the length of time the situation is expected to last. Collections performed under this provision will not be conducted based on verbal claims made by the military member selected to submit to testing.

20.5.1. The following procedures apply only to those individuals having a medically documented verified shy bladder or situational anxiety, or physical abnormalities that inhibit or preclude on-demand observed urine collection.

20.5.1.1. The individual will provide medically verifiable information documenting the presence of a shy bladder or situational anxiety, or of physical abnormalities that inhibit or preclude observed urine collection.

20.5.1.2. The DDRPM will verify that the information provided is correct by contacting the appropriate medical authorities in the servicing MTF to validate the claim.

20.5.1.3. The DDRPM will consult with, and obtain the advice of, the servicing SJA prior to allowing the collection of a urine specimen from a military member by means other than direct observation of the flow of urine from the body to the specimen container.

20.5.1.4. Following consultation with the servicing SJA and obtaining medical validation, the DDRPM will instruct the DTPAM to proceed with the collection process.

20.5.1.4.1. The individual claiming shy bladder, situational anxiety, or physical abnormality will, in addition to providing medical documentation of the claim, be required to read, sign, and date a document (**Attachment 13**) stating the information and documentation provided to the DTPAM is true and accurate. This document must contain an expiration date after which it will cease to be in effect.

20.5.1.4.2. The DTPAM will inform the individual that failure to read and sign the statement (**Attachment 13**) will exclude them from alternative testing and require them to comply with the normal, observed testing procedure. The individual must also be informed that failure to sign the alternative procedure statement or failure to comply with the normal observed testing may be considered a refusal to test, which can result in disciplinary action under the UCMJ and/or administrative action.

20.5.1.4.3. The individual will present the appropriate ID as required in this AFI.

20.5.1.4.4. The DTPAM will check the member's military ID card and document

the information required in paragraph **5.2**. The DTPAM will maintain possession of the member's military ID card until the collection process is completed.

20.5.1.4.5. The DTPAM will designate an escort to accompany the individual providing the specimen. The escort will possess the same qualifications as a drug testing program observer identified in paragraph **4.6.11.8**; he or she will possess unquestionable integrity and trustworthiness. The escort will not directly observe the individual providing the urine specimen. The escort will ensure that the collection environment is secure and prevent anyone from tampering with, or adulterating the provided specimen. The escort's duties include inspecting the restroom stall and removing any debris or articles that could be used to contaminate or introduce an impure or untestable specimen. The escort will add a bluing agent to the toilet water. These steps will be taken prior to allowing the donor access to the restroom stall area and providing the specimen. The escort will be of the same gender as the testing subject and will not have been chosen to provide a specimen during the same collection period.

20.5.1.4.6. The DTPAM will hand the specimen container to the individual providing the test specimen, instructing the individual to inspect the container and verify it is clean and free of any debris or foreign matter. The DTPAM will instruct the individual not to insert his/her finger(s) into the bottle. The individual will be instructed to carry the bottle in view of the escort. Requirements specified in paragraph **5.3.4.1** apply.

20.5.1.4.7. The DTPAM will instruct the individual to remove bulky outer garments (e.g., ABU/BDU blouse) if direct observation by the observer may be impeded and remove genital piercing jewelry. The individual will be required to remove the contents of all their pockets. The contents will be examined by the DTPAM to ensure that there are no items present that may in any way contribute to a possible tampered or adulterated specimen. Only suspect items (e.g., rubber tubing, syringes, intravenous bags) will be maintained by the DTPAM until such time that the collection is complete. All other items will be immediately returned to the individual prior to collection of the specimen.

20.5.1.4.8. The DTPAM will ensure that the individual is escorted to the restroom, and the escort will direct the individual to wash his/her hands only with water and then dry them prior to providing a specimen. The escort will observe the washing and drying process.

20.5.1.4.9. The escort will direct the individual into a stall, ensuring that a bluing agent has been added to the toilet water. The individual will be allowed to provide a specimen while the escort remains outside of the stall.

20.5.1.4.10. Once the specimen has been provided, the individual will secure the lid tightly on the bottle and deliver it to the DTPAM or DDRPM. The escort will examine the stall and ensure that the toilet containing the bluing agent is flushed. *Any unusual circumstances or findings, which may lead the escort to believe that the specimen has been tampered with or adulterated, must be brought to the immediate attention of the DTPAM who in turn will immediately notify the DDRPM for action The unusual circumstances or findings will be documented in*

a memorandum for record. The escort will ensure that the specimen bottle is returned to the DTPAM immediately after the urine collection or any attempted urine collection that does not result in the required minimum 30 milliliters of urine during one attempt. Requirements outlined in paragraphs **5.3.6** to **5.3.13** and paragraphs **5.4.4** to **5.4.5** apply.

20.5.1.4.11. If the collection is successful, the DTPAM will affix a temperature label to the bottle and annotate the specimen temperature and collection procedures in a MFR. The DTPAM, escort, and individual tested will sign and date the MFR. The MFR will be maintained as a permanent part of the collection file(s) and a copy will be forwarded to the individual's unit commander.

Section O—DEMAND REDUCTION OUTREACH ACTIVITIES AND USE OF APPROPRIATED FUNDS

21. Financial Management Activities.

21.1. DDRPMs prepare and submit both Budget and Financial Plans for their DDRP as required locally, but no later than 15 Aug of the current year, for the upcoming fiscal year. Financial Plans will outline the DDRP requirements and plan of execution by month, quarter, and year.

21.1.1. Budgets will be prepared IAW the DoD Financial Management Regulation (DoDFMR); AFI 65-601 V1, *Budget and Guidance Procedures*; and annual execution guidance provided by DASD/CN; Deputy Assistant Secretary for Budget, Directorate of Budget Operations (SAF/FMBO); and AFMOA. Work in conjunction with MAJCOM resource management personnel to ensure all budgetary documents are processed correctly.

21.1.1.1. Review annual funding, projects, cost analysis, and efficient use of funds for travel, outreach, education, and training purposes. Initiate appropriate paperwork to accomplish budgeting tasks. All counternarcotics programs are funded through Central Transfer Account from DASD/CN. An A40 limitation is placed on these funds, which means funds cannot be added to or subtracted from the amount provided by SAF/FMBO. This also means funds may not be reprogrammed out of the program for non-counternarcotics purposes, nor executed for non-counternarcotic activities.

21.1.1.2. Provide monthly obligation data, to include medical supply transactions, from Defense Medical Logistics Supply System (DMLSS) to MAJCOM's resource management personnel in order to consolidate and forward to SAF/FMBOO no later than (NLT) the 20th of each month. Also, notify resource management personnel of any vacant counternarcotics civilian personnel positions for MAJCOM Financial Management (FM) to provide full time equivalent (FTE) quarterly report to SAF/FMBO.

21.1.1.3. Regularly review program status and reprogram funds in a timely manner. DASD/CN requires approval on all moves between DDRP cost centers (Program Element Code (PEC) 88789F). Requests for reprogramming must be submitted by MAJCOM, through AFMOA/SGHW and SAF/FMBOO, to DASD/CN for approval.

Once approved, funds may be moved between Drug Demand Reduction projects, as requirements dictate, to facilitate full execution of funds.

21.1.1.3.1. Responsibility Center/Cost Center (RCCC) XX5950 and other RCCCs go with Project Code (PC) 8460 (Dem Redux - Collection Costs); include Civilian Pay in this data retrieval. (SG will use RCCC B00164).

21.1.1.3.2. RCCC XX5949 goes with PC 8464 (Dem Redux – Prevention, Education and Outreach) (SG will use RCCC B0016C).

21.1.1.3.3. Operating Agency Code (OAC) 15 Operating Budget Account Number (OBAN) BH goes with PC 8470 (Drug Lab) .

21.1.1.4. Maintain program accountability IAW DoDDs and AFMOA/SGHW and/or MAJCOM guidance to include establishing and maintaining administrative files, complete records of all official DDRP transactions (including medical supplies in the Defense Medical Logistics Standard Support) and activities IAW AFI 65-601 V1 and the Air Force Records Disposition Schedule located in AFRIMS at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**.

21.1.1.5. Ensure expenditures of DDRP fenced funds meet all appropriate budget code limitations. All resources, equipment, medical supplies and materials purchased with DDRP funds are audited annually.

21.1.1.6. Ensure proper coordination with MAJCOM FM and contracting offices.

21.1.2. AFRC only: Coordinate with SAF/FMBO for budget planning and execution of the AFRC DDRP.

21.2. DDRPMs ensure proper expenditure of funds for outreach activities in strict accordance with AFI 65-601V1, paragraph **4.29**, Awards and Gifts. Special attention should be given to section 4L, Awards, Awards Ceremonies and Gifts.

Section P—AIR NATIONAL GUARD (ANG) PROGRAM AND POLICIES

22. General Information. In a memorandum dated 11 April 2005, the CSAF approved the integration of the Army and Air National Guard Substance Abuse Prevention Programs. The new joint Substance Abuse Program has responsibility over all aspects of the National Guard's substance abuse prevention efforts to include anti-drug education and drug testing. As such, all Air National Guard members and units will comply with the guidance established in the current Memorandum of Agreement (MOA) between the Air Force and the National Guard Bureau. For guidance not addressed in the current MOA, this Instruction applies.

Section Q—FORMS USED BY THE DDRP.

23. Adopted Forms: DD Form 2825, *Internal Receipt*, (replaces AF Form 12), DD Form 1149, *Requisition and Invoice/Shipping Document* (replaces DD Form 1384); DD Form 2624, *Specimen Custody Document – Drug Testing;* AF Form 847, *Recommendation for Change of Publication.*

CHARLES B. GREEN
Lieutenant General, USAF, MC, CFS
Surgeon General

(MCCONNELLAFB)

RICKY N. RUPP, Colonel, USAF
Commander, 22d Air Refueling Wing

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 33-332, *Privacy Act Program*,29 Jan 2004

AFI 36-2907, *Unfavorable Information File (UIF) Program*, 17 Jun 2005

AFI 44-121, *Alcohol And Drug Abuse Prevention and Treatment (ADAPT) Program*, 11 April 2011

AFMAN 33-363, *Management of Records*, 1 Mar 2008

AFPAM 91-211, *USAF Guide to Aviation Safety Investigation*, 23 Jul 2001, IC2 4 Nov 2008.

AFPD 44-1, *Medical Operations*, 01 Sep 1999

Article 92**,** *Failure to Obey Order or Regulation, Uniform Code of Military Justice*

ASD(SO/LIC) Memorandum, October 1, 2003

DoDD 1010.1, *Military Personnel Drug Abuse Testing Program*, Dec 9, 1994

DoDI 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*, Dec 9, 1994

Abbreviations and Acronyms

ABU—Airman Battle Uniform

AF/A1D—Headquarters, United States Air Force, Force Management Directorate

AFDTL—Air Force Drug Testing Laboratory

AFI—Air Force Instruction

AFIP—Armed Forces Institute of Pathology

AF/JA—Headquarters, United States Air Force, Judge Advocate

AF/JAA—Headquarters, United States Air Force, Judge Advocate, Administrative Law Division

AFMAN—Air Force Manual

AFMES—Armed Forces Medical Examiner System

AFMOA—Air Force Medical Operations Agency

AF/SG—United States Air Force, Surgeon General

AFMOA/SGHW—Air Force Medical Operations Agency/Mental Health Division

AFOSI—Air Force Office of Special Investigations

AFRIMS—Air Force Records Information Management System

AMP—D-AMP and D-methamphetamine

ADAPT—Alcohol and Drug Abuse Prevention and Treatment

AFRC—Air Force Reserve Command

ANG—Air National Guard

ASD (HA)—Assistant Secretary of Defense for Health Affairs

BDU—Battle Dress Uniform

BIDN—Installation Identification Number

BMTS—Basic Military Training School

BTAB—DoD level Biochemical Testing Advisory Board

CADCA—Community Anti-Drug Coalitions of America

CAIB—Community Action Information Board

CAPT—Centers for the Application of Prevention Technologies

CC—Command/Commander

CO—Command Directed Testing

CoRC—Culture of Responsible Choices

CFOC—Cross Functional Oversight Committee

CFR—Code of Federal Regulations

COC—Cocaine metabolite (benzoylecgonine)

CONUS—Continental United States

CSAF—Chief of Staff of the Air Force

CSAP—Center for Substance Abuse Prevention

DASD/CN—Deputy Assistant Secretary of Defense for Counternarcotics

DEFY—Drug Education For Youth

DMDC—Defense Manpower Data Center

DMLSS—Defense Medical Logistics Supply System

DO—Doctor of Osteopathy

DoD—Department of Defense

DoDI—Department of Defense Instruction

DoDD—Department of Defense Directive

DDR—Drug Demand Reduction

DDRPM—Drug Demand Reduction Program Manager

DRU—Direct Reporting Unit

DTPAM—Drug Testing Program Administrative Manager

FM—Financial Management

FOA—Field Operating Agency

FTE—Full Time Equivalent

GC/MS—Gas Chromatography/Mass Spectrometry

GSU—Geographically Separated Unit

HA—Health Affairs

HAWC—Health and Wellness Clinic

HHS—Department of Health and Human Service

HSI—Health Services Inspection

HQ—Headquarters

HQ USAF—Headquarters, United States Air Force

IA—Immunoassay

IAW—In Accordance With

IEAD—Initial Entry on Active Duty

ID—Identification

IDS—Integrated Delivery System

IO—Inspection Testing

IR—Random Testing

IU—Unit Sweep Testing

JA—Judge Advocate

JDET—Joint Drug Enforcement Team

LAN—Laboratory Accession Number

LCO—Laboratory Certifying Official

LOR—Letter of Reprimand

MAJCOM—Major Command

MD—Doctor of Medicine

MFR—Memorandum for Record

MO—Medical Drug Testing

MOA—Memorandum of Agreement

MOU—Memorandum of Understanding

MPF—Military Personnel Flight

MRO—Medical Review Officer

MRE—Military Rule of Evidence

MTF—Medical Treatment Facility

NAF—Numbered Air Force

NCO—Noncommissioned Officer

NLT—No Later Than

NO—New Entrant Drug Testing

NSN—National Stock Number

NG—J3-SAP—National Guard Bureau's Counterdrug Substance Abuse Prevention Section

OAC—Operating Agency Code

OBAN—Operating Budget Account Number

OCR—Office of Collateral Responsibility

OI—Operating Instruction

OO—Other Drug Testing

OPI—Opiates (morphine, codeine)

OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

OXY—Oxycodone, oxymorphone

PAD—Program Action Directive

PC—Project Code

PCA—Permanent Change of Assignment

PCP—Phencyclidine

PCS—Permanent Change of Station

PEC—Program Element Code

PIF—Personnel Information File

PM—Program Manager

PO—Probable Cause Testing

PPE—Personal Protective Equipment

PRP—Personnel Reliability Program

QA—Quality Assurance

QC—Quality Control

QNS—Quantity Not Sufficient

RCCC—Responsibility Center/Cost Center

RDS—Records Disposition Schedule

RMU—Reserve Medical Unit

RO—Rehabilitation Testing

ROTC—Reserve Officers' Training Corps

SECAF—Secretary of the Air Force

SAF/FM—Office of the Assistant Secretary of the Air Force for Financial Management and Comptroller

SAF/FMBO—Deputy Assistant Secretary for Budget, Directorate of Budget Operations

SAF/MR—Office of the Assistant Secretary of the Air Force for Manpower and Reserve Affairs

SAMHSA—Substance Abuse and Mental Health Services Administration

SF—Security Forces

SJA—Staff Judge Advocate

SSN—Social Security Number

STK—Single Test Kit

TDY—Temporary Duty

THC—Tetrahydrocannabinol

UCMJ—Uniform Code of Military Justice

UIF—Unfavorable Information File

USPS—United States Postal Service

UTA—Unit Training Assembly

VO—Consent Testing

Terms

Accession Applicant Testing—Test all applicants for appointment in the Active and Reserve

Components, enlistment in the regular Armed Forces, enlistment in the Reserve or Federally recognized units of the National Guard, re—enlistment in the Active or Reserve Components or National Guard after a period of more than 6 months from date of discharge, and applicants for the Service Academies as well as Scholarship or Advanced Course Reserve Officer's Training Corps (ROTCs). When separate instructions exist for the accession testing program, providing different requirements and/or procedures than this Instruction, the separate Instruction will control.

Adhesive Tape—Includes: masking tape, gummed paper tape, strapping tape, package sealing tape.

Collector—General designation referring to the DTPAM.

Command—**Directed Testing—**Appropriate where the member displays aberrant, bizarre, or unlawful behavior or where the commander suspects or has reason to believe drugs may be present, but probable cause does not exist. Results obtained through commander directed testing

can be used as a basis for administrative discharge action (honorable discharge only) or to support administrative actions such as letters of reprimand, promotion propriety actions. Test results may be used as a basis for initiating administrative actions, to include discharge. Test results, however, cannot be used to take UCMJ action (court—martial, Article 15) or to adversely characterize administrative discharges.

Community Outreach—Defined as on and off base prevention, drug education/awareness and deterrence activities targeted to DoD family members, retirees, civilians and contractors.

Consent Testing—Prior to a probable cause or commander-directed urinalysis test, first ask the member if he or she will consent to a urinalysis test. Commanders are not required to give Article 31, UCMJ, rights prior to asking for consent; however, evidence that a member was read these rights may be used to help demonstrate the member's consent was voluntary. Results may be used for UCMJ or administrative actions, including adverse characterization of administrative discharges. Consent is not valid if it is mere acquiescence to authority. See Military Rule of Evidence (MRE) 314(e). While not required, it is best to obtain the member's consent in writing.

Drug—Any controlled substance included in Schedules I, II, III, IV, and V in 21 U.S.C. 812, including anabolic or androgenic steroids, or any intoxicating substance other than alcohol, that is inhaled, injected, consumed, or introduced into the body in any manner to alter mood or function. Studies have shown that products made with hemp seed oil may contain varying levels of tetrahydrocannabinol (THC), an active ingredient of marijuana, which is detectable under the Air Force Drug Testing Program. In order to ensure military readiness, the ingestion of hemp seed oil or products made with hemp seed oil is prohibited. Failure to comply with the prohibition on the ingestion of hemp seed oil or products made with hemp seed oil is a violation of Article 92, UCMJ.

Drug Abuse—The wrongful use, possession, distribution, or introduction onto a military installation, or other property or facility under military supervision, of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol) .

—Wrongful means without legal justification or excuse, and includes use contrary to the directions of the manufacturer or prescribing healthcare provider, and use of any intoxicating substance not intended for human ingestion. (For purposes of this Instruction, drug abuse also includes inhalant abuse (sometimes referred to as —huffing) and steroid usage other than that specifically prescribed by a competent medical authority.) Violators are subject to punitive action under the UCMJ and/or adverse administrative actions.

Drug Demand Reduction Program Manager (DDRPM)—Individual hired or appointed by the installation commander or equivalent to be responsible for oversight of the military and civilian drug testing programs and drug outreach, education, and prevention. Also responsible for training and certifying assigned DTPAMs for specimen collection.

Drug Testing Program Administrative Manager (DTPAM)—Individual hired or appointed by the installation commander or equivalent to administer collection, processing, and shipping of specimens and safeguarding of applicable information pertaining to the drug testing program.

Field Testing—Any drug urinalysis testing which is performed outside of the Air Force drug testing laboratory, a DoD certified drug testing laboratory, or a Department of Health and Human

Service (HHS) drug testing laboratory, employing methodology which is defined as a ―rapid screening test.‖

Geographically Separated Unit (GSU)—Units that physically reside outside of the host unit.

GSU DTPAM—An individual appointed by the senior officer at a GSU entrusted to safeguard and manage the collection and shipping aspects of the drug urinalysis program.

Inspection Testing—Random inspection testing is the best deterrent presently available against drug abuse. Urine specimens may be ordered as part of an inspection under Military Rule of Evidence (MRE) 313(b). Inspections may be conducted to determine: if the command is functioning properly; if proper standards of readiness are maintained; and if personnel are present, fit and ready for duty. Individual members may not be singled out. An entire unit or a part of the unit may be inspected or may be an installation-wide random selection process. Results may be used for UCMJ or administrative actions, including adverse characterizations of administrative discharges.

Operating Instruction (OI)—Technical and policy procedures generated and used by the drug testing laboratory governing specific aspects of specimen analysis.

Medical Testing—A urine specimen collected as part of a patient's routine or emergency medical treatment, including routine physical examinations, may be subjected to urinalysis drug testing. Results may be used for UCMJ or administrative actions, including adverse characterization of administrative discharges.

Negative Urine Specimen—Any specimen the drug testing laboratory reports as negative for illegal drugs.

Observer—A service member assigned duty to observe the collection of urine specimens from service members. See detailed description of duties and qualification at paragraph **5.4**

Outreach Program—Informational activities designed to heighten awareness of negative affects of drug abuse.

Positive Urine Specimen—Any specimen the drug testing laboratory certifies as positive for one or more drugs or drug metabolites on the DD Form 2624, *Specimen Custody Document – Drug Testing.*

Probable Cause—Requires a search and seizure authorization from the appropriate commander to seize a urine specimen. Probable cause exists when there is a reasonable belief that drugs will be found in the system of the member to be tested. See MRE 315(f) and consult with the SJA regarding procedures for determining whether there is probable cause. Results may be used for UCMJ or to characterize administrative discharges.

Rehabilitation Urine Testing—Rehabilitation testing is a form of commander-directed testing. A member in drug rehabilitation will be urine tested on a no-notice basis. The unit commander may discontinue rehabilitation urine testing once a courts-martial or separation action is initiated on a member in rehabilitation.

Secure Storage—Secure storage is an area used to store all materials and specimens that hold the potential of being useful as evidence in a court proceeding or administrative hearing. Its level of security must be on par with evidence storage security used by law enforcement. At a minimum, a secure storage area must be maintained with access limited and controlled by

appropriate procedures and the two layers of locks or other devices to prevent unauthorized access.

Shy Bladder—A medical condition that, with a high degree of probability, could preclude an individual from providing an adequate amount of urine.

Smart Testing—The random selection of members of the ranks of E-1 to E-4, O-1, and O-2 at a rate of one test per member per year.

Trusted Agent—An individual appointed by unit commanders to receive and maintain rosters of individuals (notification letter from the collector) selected for urinalysis testing. The Trusted Agent is responsible for notifying, via commander's order, individuals selected for urinalysis testing and identifying those individuals unavailable for testing. See detailed description of duties and qualifications at paragraph **4.4.11.6**

Attachment 1 (MCCONNELLAFB)

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFMAN 33-363, *Management of Records,* 1 March 2008

AFI 44-120, *Military Drug Demand Reduction Program*, 3 January 2011

Prescribed Forms

None

Adopted Forms

AF Form 1364, *Consent for Search and Seizure,* dated 1 September 2001

AF Form 1176, Authority to Search and Seize, 28 March 2003

Abbreviations and Acronyms

AF -- Air Force

AFB -- Air Force Base

AMC -- Air Mobility Command

AMCI -- Air Mobility Command Instruction

IMT -- Information Management Tool (IMT has been converted to Form)

OPR -- Office of Primary Responsibility

RDS -- Records Disposition Schedule

06IC – 06 In-Charge

ON – Operation Nighthawk

TA – Trusted Agent

Attachment 2

SAMPLE FORMAT – INSTALLATION LEVEL TRAINING MANUAL

Sample Format – Installation Level Training Manual

1. An identifiable mission statement.
2. Detailed job description that clearly defines areas of responsibilities.
3. Detailed training plan for orientation of new personnel to the functional roles and responsibilities of the Drug Demand Reduction Program Manager and the Drug Testing Program Administrative Manager positions. The training plan must include a systematic process ensuring appropriate review and comprehension of supportive program documentation.
4. Appropriate documents essential for providing program continuity to include but not limited to:

a. AFI 44-120, *Drug Abuse Testing Program*
b. DoDD 1010.1, *Military Personnel Drug Abuse Testing Program*
c. DoDI 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*
d. DoDD 1010.4, *Drug and Alcohol Abuse by DoD Personnel*
e. DoDD 1010.9, *DoD Civilian Employee Drug Abuse Testing Program*
f. Standard Operating Procedures Manual for Processing and Testing Urine Specimens at Department of Defense Certified Forensic Drug Testing Laboratories
g. Air Force Civilian Drug Testing Plan
h. Guidance memoranda from Higher Headquarters relevant to the Drug Demand Reduction Program
i. MAJCOM, installation or unit supplements to AFI 44-120
j. AFPAM 91-211, *USAF Guide to Aviation Safety Investigation*

5. Maintenance of appropriate statistics as defined in AFI 44-120
6. Copies of quarterly SJA assessments
7. Copies of HSI/AAAHC/JCAHO evaluations
8. Copies of relevant briefings, talking papers, etc.
9. Initial and quarterly completion of interactive training
10. Action plans and timetables for resolution of problems identified by either statistical analysis or program review processes.

Attachment 3

SAMPLE COLLECTION SITE CHECKLIST

Sample Collection Site Checklist

1. Verify the identification of each individual through a valid military identification (ID) card. Maintain possession of the individual's military card until the collection process is completed. (Ref. para **5.3.2**.)
2. Enter the following information in the urine drug testing ledger or register: Month, day, and year of collection; BIDN, batch number, and specimen number; the individual's complete social security number (SSN); the individual's rank; individual's initials and printed name; time the member provided his/her specimen. (Ref. para **5.2.1.1.** to **5.2.1.6**.)
3. Ensure that specimen bottles are clean and do not have holes. If a pre-printed bottle label is not available, ensure the following information is annotated on the bottle: collection month, day, and year; BIDN; and the individual's complete SSN. (Ref. para. **5.3.1.** and **5.1.1.1.** to **5.1.1.3**.)
4. Have the individual initial and sign (payroll signature) by their printed name in the ledger after verifying that the SSN annotated on the bottle label matches the entries in the ledger or register. (Ref. para. **5.2.1.5**.)
5. Hand the empty specimen bottle to the individual. Have the individual inspect the bottle in the presence of the designated same-gendered observer to make sure it is clean and free of debris. Instruct the individual to carry the specimen bottle so that it is in the view of the observer at all times. (Ref. Para. **5.3.4**.) For GSUs, break the seal of the STK in the presence of the individual. (Ref. para.7.3.1.).
6. Direct the individual providing the specimen to remove bulky outer garments (e.g., ABU/BDU blouse), if direct observation by the observer may be impeded. Also, have the donor remove any genital piercing jewelry and thereafter wash hands with water only. (Ref. para. **5.3.5**.)
7. After the individual and observer return, receive the urine specimen from the individual, visually check for adulteration, and ensure the urine volume is a minimum of 30 milliliters. (If contamination or adulteration is suspected, or the individual provides insufficient quantity, direct the individual to remain in the area until an acceptable sample is collected). In the event the individual provides an insufficient volume, the DTPAM will void the bottle (with the label) and the entry in the ledger or register. The DTPAM will annotate the logbook as "Quantity Not Sufficient" or "QNS." The DTPAM in turn will direct the individual to discard the specimen. The observer must witness the discarding of the specimen by the individual. The bottle will be returned to the DTPAM who will dispose of it IAW Occupational Safety and Health Administration (OSHA) guidelines. (Ref. para. **5.3.6., 5.3.6.2** and **5.4.4.1.1**.)
8. If sufficient volume is collected, the DTPAM will in the presence of the individual apply tamper-resistant tape (conforming to the shape of the bottle to minimize tearing) extending from approximately halfway down and over the gummed label (not obliterating any identifying information), across the bottle cap, and to an approximate midpoint on the other side of the specimen bottle. (Ref. para. **5.3.7**.)
9. Have the individual initial and date the bottle label to certify the SSN and other identifying information on the specimen bottle is correct, that the member witnessed the application of the tamper-resistant tape, and that the specimen in the bottle is the individual's. (Ref. para. **5.3.8**.)

10. Have the observer date and initial the bottle label on the line marked "OB INIT" to certify the integrity of the collection process and that the urine is the individual's. (Ref. para. **5.3.9**.)
11. Have the observer print his/her name where designated in the ledger, initial, and sign his/her payroll signature next to the individual's entry. (Ref. para. **5.3.10**.)
12. Maintain line-of-sight custody of collected specimens during the collection process or place the specimen in secured storage with proper chain of custody entries (on DD Form 2624). (Ref. para. **6.1.2.12**).

Attachment 4

SAMPLE LETTER – DRUG TESTING OBSERVER'S BRIEFING

Sample Letter – Drug Testing Observer's Briefing

1. You must be of the same sex as the member being observed and you must not be scheduled to provide a sample on the same date that you are to observe specimen collection (Ref: AFI 44-120).
2. You may not be an observer if you have an unfavorable information file or if an action under the UCMJ or an adverse administrative action is pending against you. Nor may you be an observer if you have a recent record (within five years) of conviction by courts-martial or civilian criminal court for matters not involving dishonesty, fraud, or drug abuse. Additionally, you are ineligible if you have a record of conviction by courts-martial or civilian court or have received non-judicial punishment under Article 15, UCMJ, or a Letter of Reprimand or similar administrative action (Letter of Admonishment, Letter of Counseling) for misconduct involving dishonesty, fraud, or drug abuse (including use, possession, or distribution).
3. You may not be an observer if you are within six (6) months of either separation or retirement from active duty. In the case of the Air National Guard and Air Force Reserve members, you may not be an observer if you are within one (1) year of either separation or transfer from an active participation status.
4. You may not be an observer if you are on a medical profile that will prevent you from performing your assigned duties as an observer.
5. You must observe the member receive the empty specimen bottle from the drug testing monitor and you must enter the rest room with the member. You must direct the member to wash his/her hands with only water then dry them prior to providing a specimen (they may wash their hands with soap and water after providing a sample and securing the lid on the bottle). You must observe the member urinating directly into the labeled specimen bottle and capping it. If a female chooses to use the optional wide-mouthed sterile collection cup, you must directly observe the member providing the specimen, pouring the urine into the labeled specimen bottle and capping it. As an observer, you are required by AFI 44-120, to ensure that the specimen provided is not contaminated or altered in any way.
6. You will stay with the member until ready to exit the bathroom. Neither the member nor the specimen bottle can be out of your sight at any time. You will observe the member carry the specimen bottle out of the bathroom and hand it to the drug testing monitor. You will observe the member initial and date the specimen bottle label. You will then initial and date the bottle label. **NOTE:** DO NOT HANDLE THE SAMPLE AT ANY TIME UNTIL IT IS TIME TO INITIAL THE LABEL.
7. You will print your name where designated in the ledger. Initial and sign your payroll signature next to the member's entry.
8. You will observe the drug testing monitor apply the tamper-proof tape to the bottle and print and sign your name and initials on the log.
9. You will report all incidents of suspected abuse, adulteration, or unusual behavior, by the member being tested to the DTPAM or DDRPM, and the legal office immediately. You will be required to document your report in a memorandum for record.

10. Provide your signature and other information below acknowledging that you have read and understand your duties as an observer and may be called upon to testify as a witness in legal proceedings.

DATE PRINTED

NAME	RANK	SSN	SIGNATURE	INITIALS

Attachment 5

SAMPLE LETTER – COMMANDER'S NOTIFICATION OF SELECTION TO PROVIDE URINE SPECIMEN

Sample Letter – Commander's Notification of Selection to Provide Urine Specimen

[DATE]
MEMORANDUM FOR [RANK, FIRST NAME, LAST NAME]

FROM: **/CC

SUBJECT: Notification of Selection to Provide a Urine Specimen – Inspection Testing

1. You have been selected to provide a urine specimen for drug testing purposes. Compliance with AFI 44-120 paragraphs **4.4.11.** through **4.4.11.3.** requires that you:
a. Report to (building, room, time, and date for test)
b. Surrender your military identification (ID) card upon arrival at the testing location and remain at the testing location until you have provided your urine specimen. When your ID card has been returned, you have been given permission to leave.
c. Remove bulky outer garments (e.g., ABU/BDU blouse) to prevent direct observation by the observer from being impeded.
d. Remove all genital body piercing jewelry.
e. Wash your hands (with water only) after removal of any genital body piercing jewelry.
f. No hats, purses, bags, briefcases, or other baggage may be brought into the collection room.
g. Be observed urinating directly into the bottle, or other receptacle, provided to you for collecting the urine specimen.
h. Avoid contaminating the specimen. Fill the bottle, or other receptacle provided to you, with a minimum of 30 milliliters of your urine.

2. Failure to comply with these instructions in any way may result in disciplinary action against you under the Uniform Code of Military Justice (UCMJ). You will acknowledge that you have read this notification and understand it by signing below.

RICHARD J. ANYBODY, Col, USAF
Commander

1st Ind, (Rank, First Name, Last Name)
TO: **/CC
I have read and understand this notification. I further understand that failure to comply with this notification in way may result in disciplinary action under the UCMJ.

Date/Time Notified: _____

_____
(First Name, Last Name, Rank)

Attachment 6

SAMPLE LETTER – REQUESTING STERIOD TESTING

Sample Letter – Requesting Steroid Testing

DATE

MEMORANDUM FOR AFMOA/SGHW

FROM: (REQUESTING UNITS' COMPLETE MAILING ADDRESS)

SUBJECT: Request for Steroid Testing

1. Request approval to be granted for the testing of [specify number] specimens for the presence of steroids.

2. [Provide justification to include the member's SSN and gender.]

3. [Indicate POC and phone number.]

Signature Block of DDRPM

PERSONAL DATA – PROTECTED UNDER THE PRIVACY ACT OF 1974 (5 USC, 552a). FOR OFFICIAL USE ONLY

Attachment 7

ORDERING BOTTLE LABELS

Ordering Bottle Labels

Order Form required for ordering bottle labels via fax or e-mail:

Installation ID # _____
Beginning Batch-Specimen # _____
Ending Batch-Specimen # _____
Note: Use even one hundred numbers for the ending numbers, i.e., 100, 200, 300, etc.
Active Duty Units: Labels ordered should last at least 6 months.
Reserve Units: Labels ordered should last 1 year.

Ship bottle labels to us by: _____
(DD MM YY)
Name/Grade of person making this order: _____
Organization: _____
Address: _____
City/State/AFB/Zip Code + 4: _____
DSN #/Commercial #: _____

Send the completed form to: HQAFMOADTL@US.AF.MIL or call 210-292-3309.

The address for the Web Reporting Portal is: https://iftdtl.amedd.army.mil/

NOTE: SEND ORDERS 6 WEEKS IN ADVANCE

Attachment 8

DRUG URINALYSIS SPECIMEN PACKAGING/SHIPPING CHECKLIST

Drug Urinalysis Specimen Packaging/Shipping Checklist

1. Place the specimen bottles into the unused specimen box (NSN 6640-00-165-5778) ensuring that the tamper-proof tape is intact.
2. Complete and sign the DD Form 2624 ensuring that the specimens listed on the form match the bottles that are in the box.
3. Place the DD Form 2624 and any Memorandum for Records (MFRs) inside a sealed leak-proof plastic bag within the box.
4. In order to absorb leakage and prevent damage, place a sufficient amount of flat absorbent pads (NSN 6530-01-304-9754 or equivalent) in the box prior to sealing.
5. Seal all sides, edges, and flaps of the box with adhesive tape. Apply one piece of tape around the center opening of the box so that it covers the opening flap on the top and bottom of the box and completely encircles the box. Tape must also encircle each end of the box that has an opening so that the edges are completely covered and sealed.
6. Sign payroll signature across the tape once on the top and once on the bottom of the box. The payroll signature must cross from the tape to the box in at least one location on each the top and bottom. The manufacturer's tape on a specimen box is considered part of the box. The manufacturer's tape is not considered part of the tape that must be placed completely around the box.
7. Place the sealed box in a leak preventive mailing pouch (NSN 6530-01-304-9762 or equivalent). The sealed pouch must be wrapped in postal mailing paper if not placed in a second container.
8. Address the package to:

HQ, Air Force Drug Testing Laboratory, AFMOA/SGBD
2480 Ladd Street, Bldg 3750
Lackland AFB, TX 78236-5310

9. Ship the package within two duty days of collection date. (Failure to ship within two duty days will not result in an untestable discrepancy; however, proper chain of custody must be maintained). Specimens not mailed within two working days will require a MFR explaining the reason for the delay. The MFR must be forwarded to the servicing SJA, and a copy of the MFR must be retained on file.
10. Mail in accordance with paragraph 8 of AFI 44-120.

Attachment 9

DOD DISCREPANCY CODES

DoD Discrepancy Codes

CODE	CODE DESCRIPTION
Bottle	
BA	Bottle / container unauthorized
BK	Bottle / bottles leaked in shipment
BC	Bottle leaked in shipment, quantity not sufficient to test
BD	Bottle - broken seal
BE	Bottle - no seal
BF	Bottle - two seals, no explanation
BU	Bottle empty
BZ	Bottle discrepancy - TESTED
BY	Bottle discrepancy - NOT TESTED
Specimen	
SA	Specimen appears to be adulterated - NOT TESTED
SB	Specimen appears to be adulterated - TESTED
SC	Specimen quantity not sufficient to test
SE	Specimen volume < 30 mL
SZ	Specimen discrepancy - TESTED
SY	Specimen discrepancy - NOT TESTED
Custody Form	
FA	Form - UIC or installation/area code discrepant* / does not match bottle
FE	Form - submitting unit address / service info missing
FH	Form - date specimen collected discrepant* / does not match bottle
FJ	Form test basis / information (block 10) discrepant*
FK	Form type incorrect
FL	Form not received
FM	Form received separately from bottle
FN	Form chain of custody entries (Blocks 12a-d) discrepant*
GG	Form listed specimen, no bottle received
FP	Form did not list specimen, bottle received
FR	Form on two pieces of paper - no linking identifiers
FT	Form - SSN discrepant*
FY	Form - means of shipment discrepant*
GC	Form - specimen number discrepant*
GP	Form or other document contains service member's name / signature
GR	Form marked void for received specimen
GZ	Form discrepancy - TESTED
GY	Form discrepancy - NOT TESTED

Package	
PA	Package - no seal
PB	Package - broken seal
PD	Package missing signature/date
PZ	Package discrepancy - TESTED
PY	Package discrepancy - NOT TESTED
Label	
LA	Label missing/blank
LD	Label over label
LE	Label - UIC or installation/area code discrepant*
LF	Label - collection date discrepant*
LJ	Label - member initials discrepant*
LL	Label - collector or observer's initials discrepant*
LN	Label - SSN does not match form
LQ	Label has service member's name/signature
LT	Label - specimen number does not match form
LU	Label - batch / specimen number discrepant*
LX	Label - SSN discrepant*
LZ	Label discrepancy - TESTED
LY	Label discrepancy - NOT TESTED
Other	
OZ	Laboratory technical discrepancy - TESTED
OY	Laboratory technical discrepancy - NOT TESTED
***DISCREPANT =**	***Incorrect, Incomplete, Illegible, Missing, Overwritten, Not Original Or Not Forensically Corrected**

Attachment 10

SAMPLE DD FORM 2624, SPECIMEN CUSTODY DOCUMENT DRUG TESTING

Sample DD Form 2624, Specimen Custody Document - Drug Testing

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT: 123 MG/SGXX, 4 First St, The AFB, XY 789;0 Enter DRPM or Designee's Name and Phone Number
2. ADDITIONAL SERVICE INFORMATION (Second Echelon)
A. LABORATORY CONDUCTING DRUG TESTING: AFMOA/SG3OO, 2730 Louis Bauer Drive, Bldg 930, Brooks City-Base, Texas 78235-5132
B. BATCH NUMBER
C. REPORT OF RESULT (OTG/Serial No.)
D. DRUGS TESTED

3. BASE/AREA CODE	4. UNIT IDENTIFICATION CODE	5. DOCUMENT/ BATCH NUMBER	6. DATE SPECIMEN COLLECTED YYYY	MM	DD
X100		001	2006	01	18

7. SPECIMEN NUMBER	8. COMPLETE SSN	9. TEST BASIS	10. TEST INFO	11. PRESCREEN	E. DISC CODE	F. ACCESSION NUMBER	G. RESULT
123	198-22-5555	IR					
456	267-33-4444	IR					
789	988-77-2222	IR					
— LAST ITEM —							

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.
(1) SIGNATURE
(2) DATE SIGNED
(3) CERTIFYING OFFICIAL (Printed Name and Title)

DD Form 2624, FEB 1998 Previous Edition may be used

12. CHAIN OF CUSTODY		LAN	THRU
DATE (YYMMDD) a	RELEASED BY b	RECEIVED BY c.	PURPOSE OF CHANGE/ REMARKS d.
(1) 080118	SIGNATURE Original Signature NAME John Doe	SIGNATURE Original Signature NAME Tim Smith	Prepare for Shipment to AFDTL
(2) 080118	SIGNATURE Original Signature NAME Tim Smith	SIGNATURE NAME	Ship to AFDTL via First Class Mail
(3)	SIGNATURE NAME	SIGNATURE NAME	
(4)	SIGNATURE NAME	SIGNATURE NAME	
(5)	SIGNATURE NAME	SIGNATURE NAME	
(6)	SIGNATURE NAME	SIGNATURE NAME	
(7)	SIGNATURE NAME	SIGNATURE NAME	
(8)	SIGNATURE NAME	SIGNATURE NAME	
(9)	SIGNATURE NAME	SIGNATURE NAME	
(10)	SIGNATURE NAME	SIGNATURE NAME	

DD Form 2624, FEB 1998 (Back)

INSTRUCTIONS

	BLOCK	USA	USN/MC	USAF
1	SUBMITTING UNIT	Message address of unit submitting urine samples		
2	ADDITIONAL SERVICE INFORMATION (SECOND ECHELON)	Do not use	Message address of second echelon commander to whom submitting unit reports administratively.	Optional. May be used to identify the base POC.
3	BASE / AREA CODE	Service Code Area	Leave blank for future use.	Four-character Base Identification Code (Ex.: F123). Comprises the first four characters of the full 10-character Base Identification Number (BIDN).
4	UNIT IDENTIFICATION CODE	Unit Identification Code (UIC or RUC) of unit submitting urine sample.		Do not use
5	DOCUMENT/BATCH NUMBER	Do not use	Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.	3-digit batch number common to all specimens in the shipment (Ex. 501). Comprises the middle part of the full 10-character BIDN assigned to each specimen.
6	DATE SPECIMEN COLLECTED	Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit.		
7	SPECIMEN NUMBER	Use number pre-printed on form to tamper bottle		Enter 3-digit sequential specimen number (last 3 characters of full BIDN).
8	COMPLETE SSN	Full SSN of person from whom sample obtained.		
9	TEST BASIS	Indicate the testing premise to conduct the collection.		
10	TEST INFORMATION	Military: A = E1 - E4; B = E5 - O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP; F = TDP. AD/APCP Staff: G = other TDP; H = other non-military	Leave blank	Entry required only if additional testing is requested. F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message.
11	PRESCREEN	If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab.		Not used

12. CHAIN OF CUSTODY (LINE (1)).

a. DATE - Date of collection/shipment

b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.

c. RECEIVED BY - Use only if physical change of custody is occuring prior to shipment. Otherwise leave blank.

d. PURPOSE OF CHANGE/REMARKS - Specify the mode of accountable transportation/system utilized to ship specimens to the lab.

NOTE: Whenever custody of specimens changes, either than for shipment (unless hand carried to lab), each change of custody requires line number signature in the (b) RELEASED BY and (c) RECEIVED BY blocks to document changes in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES

Attachment 11

SPECIMEN PACKAGING (BOX OF 12)

SPECIMEN PACKAGING (BOX OF 12)

NOTE: These guide photos relate to Section D, paragraphs **7.3.** through **7.12.**

Figure 11-1. Specimen Packaging.

Place the specimen bottles (maximum of 12) into the specimen box ensuring that the tamper evident tape is intact. Place the completed DD Form 2624 and any MFRs inside the specimen box in a sealed leak-proof plastic bag. Ensure that the specimens listed on the DD Form 2624 match the bottles that are in the box. Place a sufficient amount of flat absorbent pads inside the box to absorb leakage and prevent damage. (Not shown in photo.)

Figure 11-2. Specimen Packaging

One piece of tape must be applied around the center opening of the box so that it covers the opening flap on the top and bottom of the box and completely encircles the box.

Figure 11-3a. Specimen Packaging

Tape must encircle each end of the box that has an opening so that the edges are completely covered.

Figure 11-3b. Specimen Packaging

Tape must encircle each end of the box that has an opening so that the edges are completely covered.

Figure 11-4. Specimen Packaging

Taping complete with all openings and edges of the box sealed.

Figures 11-5a-d. Packager (collector) must sign his or her payroll signature across the tape once on the top and once on the bottom of the box. The payroll signature must cross from the tape to the box in at least one location on each the top and bottom. The manufacturer's tape on a specimen box is considered part of the box. The manufacturer's tape is not considered part of the tape that must be placed completely around the box. Some examples:

Figure 11-5a.

Figure 11-5b.

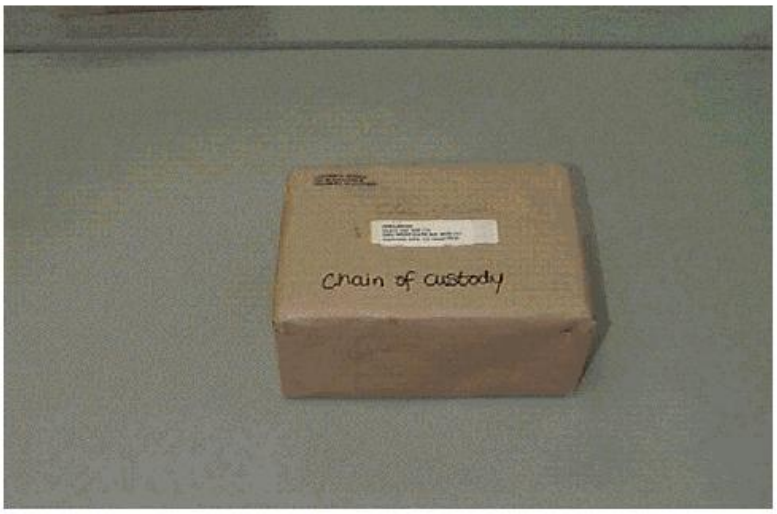
Figure 11-5c.

Figure 11-5d.

Figure 11-6.

Place the sealed box in a leak preventive mailing pouch.

Figure 11-7



Completed standard specimen package. Consult the shipping carrier for shipping requirements and guidelines before shipping.

Attachment 12

SINGLE TEST KIT (STK) PACKAGING

SINGLE TEST KIT (STK) PACKAGING

NOTE: These guide photos relate to Section E, paragraphs **11.1.1.** through **11.1.1.2.1.**

Figure 12-1. STK box unopened prior to collection.

STK box unopened prior to collection

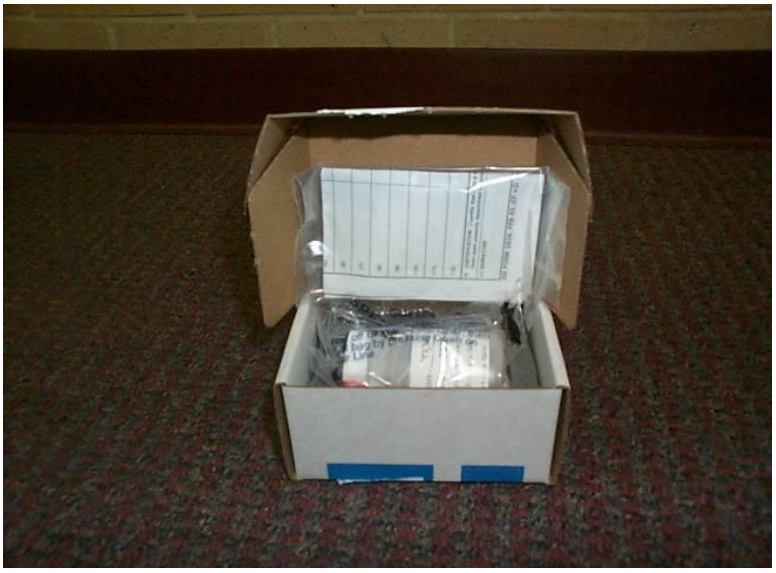
Figure 12-2.

STK contents and tape.

Figure 12-3.

Place collected specimen and absorbent in the specimen bad provided in the STK.

Figure 12-4.



Place specimen bag with bottle and absorbent in the STK box. Place the plastic bag containing the DD form 2624 and any MFR's in the STK box.

Figure 12-5.

Apply tape one time completely around the sides of the box so tape overlaps.

Figure 12-6.

Taping Complete.

Figure 12-7.

Sign, with payroll signature, and date the kit box seal provided with the test kit prior to applying it to the mailer box.

Figure 12-8.

Apply the provided kit box seal to the mailer box ensuring a portion of the date and signature is across the open edge of the box.

Figure 12-9.

Taping complete with kit box seal correctly attached.

Attachment 13

SAMPLE LETTER – CERTIFICATION STATEMENT FOR INDIVIDUAL

Sample Letter - Certification Statement For Individual

Declaring Shy Bladder or Situational Anxiety

I, _____, _____, _____, hereby state
(Printed Name) (Unit) (SSN)
that I have been clinically evaluated and it has been medically determined that I have a condition known as "shy bladder." I have provided to you the appropriate medical documentation certifying this condition, as well as the name and phone number of the medical professional who examined me. I request a waiver to the direct observation requirement of AFI 44-120, *Drug Abuse Testing Program*, and agree to abide by the requirements for alternative urine collection testing as set forth in Section N of AFI 44-120. I understand my request can be granted only for the present ordered test. Further, I understand that I must again furnish all required medical documentation should I be selected in the future for Drug Abuse Program testing. Additionally, I understand that my request for waiver may be denied based on insufficient documentation or by the inability of the testing monitor (collector) to validate or substantiate my claim.
I hereby affirm that this is a true and accurate statement (to the best of my knowledge) of my present medical condition, and that I have provided the required documentation of my condition to the installation testing monitor (collector). I understand that I am subject to the Uniform Code of Military Justice (UCMJ) and any violations I commit may result in punitive actions taken against me through my chain of command.

This letter expires on: _____.

PERSONAL DATA – PROTECTED UNDER THE PRIVACY ACT OF 1974 (5 USC, 552a)

_____ _____
Signature of the Individual Requesting Waiver Date

_____ _____
Signature of the Unit Commander (or Acting Commander) Date
Or Unit First Sergeant

_____ _____
Signature of Collector Date

Attachment 14

SAMPLE LETTER DDRPM UNTESTABLE DISCREPANCY REPORT

Sample Letter - DDRPM Untestable Discrepancy Report

[Date]

MEMORANDUM FOR MAJCOM/SG
ATTN: [MAJCOM DDRPM]

FROM: [Installation Demand Reduction office symbol]

SUBJECT: Untestable Specimen Action Plan

1. The purpose of this letter is to update you on our recent untestable discrepancy and corrective actions.

2. Installation X recently received twelve untestables on 6 May 2004 from Brooks Lab. The specimen numbers were: F5310000000, F5310000000, F531000000, F5310000000, F5310000000, F5310000000, F5310000000, F531000000, F5310000000, F5310000000, F5310000000, and F531000000. The untestable discrepancy code was PA. The photocopy received from Brooks indicates an obvious straight cut on the seal of the box. Since we double tape, this cut could not have been made by tearing open the box. Sample F531000000 was identified SC (quantity not sufficient).

CODE	PROBLEM	CAUSE	SOLUTION
PA (12)	Package was received unsealed or with a broken seal.	Damage during shipment	All samples receive two person QC (2 Times) prior to leaving the installation. . I personally QC'd these particular samples. These samples were intact when they left this facility. This site will continue to a double 2-person QC.
SC (1)	Specimen received with insufficient Quantity	Unknown / Possible evaporation	We currently utilize a specimen bottle containing 30 ML to ensure level is accurate. We will utilize the 45 ML as the guide from now on.

3. The MAJCOM/SGOC has authority to remove untestable discrepancies from the installation untestable statistics. [Installation Demand Reduction office symbol] requests MAJCOM/SGOC remove the 12 (PA) untestables from our untestable statistics based on the premise we have no control over samples once they leave our facility. We will retest members based on the factor that the samples were not tested at the Brooks facility. The one sample of Insufficient Quantity should remain an untestable due to our error. Please initial your decision and send to Fax: DSN 975-0999.

APPROVE REMOVAL _____

DISAPPROVE REMOVAL _____

4. Should you have any questions, please contact me at DSN 975-5000.

[DDRPM NAME]
Drug Demand Reduction Program Manager

cc: AFMOA/SGHW

Attachment 15

GUIDELINES FOR FORENSIC DOCUMENTATION

Guidelines for Forensic Documentation

FORENSIC DOCUMENTATION

1. Overview. All documents created during urine specimen collection testing are considered forensic documents. Chain-of-custody (CoC) documentation provides a legal record of all personnel who handled the specimen from the time of collection until the specimen is destroyed. This set of guidelines provides procedures for correcting forensic documents and guidelines for preserving and disposing of these documents.

2. External/Collection Chain-Of-Custody. The external chain-of-custody document is the DD Form 2624. The DD Form 2624 documents custody from the time of urine collection and shipment to receipt at the laboratory. The external chain-of-custody contains specimen identification information, social security number, submitting unit identification, date of collection and type of collection. Changes in custody are documented using the "z" type format. The "z" type format requires a "*Received By*" and "*Released By*" annotation for each transfer of custody. The reason for the change of custody or action performed is documented in the "*Purpose of Change/Remarks*" column.

3. Forensic Corrections. Forensic documents are subject to errors like any other document. However, procedures used to correct errors on forensic documents are different than normal documents. Corrections to forensic documents must be clear, concise, and consistent. Forensic corrections should document the nature of the correction, not eliminate evidence that an error or omission occurred. To accomplish this, corrections should be made so that the original entry is preserved, that the correct data is readily apparent, and that the identity of the individual who made the correction and the date of the correction are clear. In some cases a memorandum for record (MFR) may be necessary to clarify any uncertainty relating to the correction.

a. Strike out corrections. Correction fluid (whiteout), erasures, or write-overs are not acceptable methods for correcting forensic documents.

(1) Draw a single line through the incorrect data and record the correct information as close as possible to the incorrect entry (typically above or beside the line in question). If multiple lines need to be corrected, draw the strike out line in a manner such that it is continuous. A diagonal line from one end of the correction to the other end may be used. A continuous line employing a curve from one line to the next is also acceptable.

(2) Initial and date the correction.

(3) This type of correction can be used for incorrect entries, illegible entries, and other similar types of minor errors. Corrections to chain-of-custody entries not made by the end of the same shift of the following business day may require an MFR.

b. Omission corrections. Forensic documents that are missing a required entry require a special type of forensic correction. It is important to provide the correct information and reflect that the entry was made after the fact.

(1) Verify that the task was originally completed correctly and that only the required entry was missing. Make the appropriate entry as it would have been made originally (e.g., name stamps, dates, entries in the remarks column, etc).

(2) Draw a circle around the entry and add your initials and the date of the correction.

c. Corrections to forensic corrections. Occasionally an error is made while making a forensic correction. Use the same techniques described above to correct the error.

(1) Correct a forensic correction only once. If on the correction to a forensic correction an additional error is made, do not attempt to correct it again. In these cases an MFR should be written describing what the correct information was supposed to be.

d. Corrections performed after the fact or by other individuals. The person who made the original entry should make forensic corrections on errors or omissions. Corrections made after the fact by the person who made the original entry do not require a MFR if the situation can be readily interpreted from the available documentation. If it is impossible or impractical for that individual to make the correction, a supervisor/production leader or LCO can make the correction if the nature of the error and the appropriate correction are clear and unmistakable (e.g. can be verified from the document itself). Simple corrections that satisfy these requirements do not require an MFR.

e. Corrections best made by MFR. If the nature of the error and the appropriate correction is not clear or easily understood, an MFR is the best tool to use to provide a more thorough explanation. The individual involved in the original error, the supervisor/production leader, or an LCO making the forensic correction can write the MFR. MFRs are normally the best tool to use when the nature of the error and/or the forensic correction is such that it could raise questions about the reliability of the procedures employed.

4. Memorandum For Record (MFR).

a. A MFR is an official record prepared to document and clarify situations, irregularities, or deviations from the standard operating procedures that based on the document and corrections alone would not be apparent or explainable. MFRs are written or adopted as true and accurate by the person who signs the MFR. A MFR becomes a permanent part of the original documentation and will be included in any urinalysis report for affected specimens.

b. MFRs should be clear, concise, typewritten, and reflect the same care in preparation that is typically applied to all other activities within the laboratory. Elements of a helpful MFR include:

(1) Which sample or samples were affected?

(2) What happened? Be concise, thorough and to-the-point.

(3) When did the incident happen? Include the date of the incident and the date the MFR was prepared.

(4) Where did the incident happen? Where refers to the section of the laboratory or room number.

(5) How was the problem resolved?

(6) Who was involved?

c. MFRs must be signed in writing. Use of signature stamps or signature replacements (e.g.: "//SIGNED//") is prohibited.

Attachment 16

GUIDELINES FOR DRUG DEMAND REDUCTION PROGRAM (DDRP) FACILITIES

Guidelines for Drug Demand Reduction Program (DDRP) Facilities

1. **Overview.** The installation commander or equivalent must ensure the Drug Demand Reduction Program is given adequate, appropriate, and dedicated space for collection operations, administration, storage of supplies and secure storage of specimens. Adequate space enables efficient collection operations, improves the forensic soundness of specimen collection and shipment, and builds confidence in the Program by service members. These factors enhance the program's effectiveness at deterring drug abuse.

2. **Space Requirements.** These guidelines are based on a tested population of approximately 2,000. Actual space required will need to be adjusted based upon the actual population at specific installations. The Installation Civil Engineer should be able to assist in developing a more fine-tuned standard.

a. Two Administrative Offices. DDRPM Office: Approx 120 SF; DTPAM Office: Approx 120 SF. These offices need to be secure for computer equipment, fax machine, and sensitivity of drug testing related data, information, and files.

b. Drug Testing Waiting Space: Approx 300-400 SF. Needs to be relatively close to the offices and restrooms with enough space to accommodate at least 50 people. This space can double as Outreach Space for monthly DEFY meetings.

c. Secure Storage Space: Approx 100 SF. It is essential for the drug testing program to have secure storage space for drug testing supplies. Secure storage is an area used to store all materials and specimens that hold the potential of being used as evidence in a court proceeding or administrative hearing. Its level of security must be on par with evidence storage security used by law enforcement. At a minimum, a secure storage area must be maintained with access limited and controlled by appropriate procedures and the two layers of locks or other devices to prevent unauthorized access. Storage space required for drug abuse prevention supplies, outreach-related materials, and administrative office supplies is also needed.

d. Restrooms: Male: 3 urinals, 1 stall; Female: 2 stalls. Restrooms need adequate space between urinals allowing donors and required observers to be in the restrooms simultaneously to facilitate collections. If there are no secured restrooms, these restrooms would need to be closed off for public use during testing times. Automatic flushers, water faucets, and towel dispensers (or air dryers) would facilitate cleanliness and program integrity.

e. Training/Briefing Room: Approx 240 SF. Need space to hold drug testing related trainings such as Trusted Agent, Observer, and Drug Free Workplace Briefings/Training, and outreach training such as DEFY mentor trainings, meetings, and drug prevention coalition.

f. Parking: Relatively close to the building for approx 20 vehicles.

Attachment 17 (Added-MCCONNELLAFB)

AIR FORCE AND ARMY WEB BASED MEDICAL REVIEW OFFICER (MRO) COURSE INSTRUCTIONS

Air Force and Army Web Based Medical Review Officer (MRO) Course

The Air Force and Army now offer web based MRO training for Physicians that have been designated by their Unit Commander to review drug testing results. Completion of the on-line exam with a score of 70% or greater certifies a Physician to be a Military MRO. Physicians who review drug testing results for Air Force and Army service members are required to take and pass both examinations.

HOW DO I ENROLL TO TAKE THE COURSE?

STEP 1: Email Dr Aaron Jacobs at aaron.jacobs.3@us.af.mil or Dr Mark Bruins at mark.bruins@us.af.mil. Your email must contain the following information:

- Military Rank or Civilian Grade
- Work phone and Fax number
- Medical Specialty
- A statement in the email that "I request access to the MRO Web Course because I review Air Force (and Army results if applicable) results".
- A statement in the email that I am a M.D. or D.O licensed in the state of _____
- Your date of arrival to your current duty station and estimated permanent change of station (Military physicians only).
- Your Commander's email address and duty phone number

STEP 2: Once your request is approved it will be sent to Mr Ike Garcia at USA MEDCOM OTSG [Ike.Garcia@us.army.mil] who will grant you access to AKO (Army Knowledge Online). Mr Garcia will email information to you on setting-up password or CAC access to AKO.

HOW DO I COMPLETE THE TRAINING AND TAKE THE EXAMINATION?

STEP 1: The AKO MRO Web Page (see diagram below) contains links to all the PowerPoint presentations offered at on-site MRO courses. After review of these presentations you will have all the information you need to take and pass the examination.

STEP 2: Under the "Air Force MRO Course Files" box click on the link "Take the AF Exam". For Army MRO certification click on the link "Take the Military MRO Exam" in the "Military MRO Course Files" box.

STEP 3: Enter your name and email address in the boxes provided and answer each test question (there is only one choice per question).

STEP 4: Your exam will be reviewed by Dr Jacobs or Dr Bruins. If you obtain a score of 70% or greater you and your Commander will receive an email stating that you have been certified as a Military MRO.

IF I DON'T PASS THE EXAM HOW MANY TIMES CAN I RETAKE IT?

Answer: There is no limit to how many times you can take the exam

HOW LONG IS MY MILITARY MRO CERTIFICATION GOOD FOR?

Answer: Three years. After this your name, contact information, and access to the AKO MRO Web site will be deleted and you will be required to resubmit a request to take the examination.

WHAT ELSE IS ON THE WEB SIGHT THAT WILL HELP ME PERFORM MY MRO DUTIES?

Answer: There are several links and files that will help you review drug testing results. Below are highlights of each starting on Left side of web site under POC:

Drug and Alcohol Management Information System (DAMIS)

DAMIS MRO Evaluation Entry and QA: Describes reporting mechanism for MRO reviewed results. Not applicable to Air Force MRO's.

MRO Drug List

MRO Drug List: A list of identified drugs that will and will not cause a DoD drug positive result on a test performed by Air Force or Army Drug Testing Laboratories

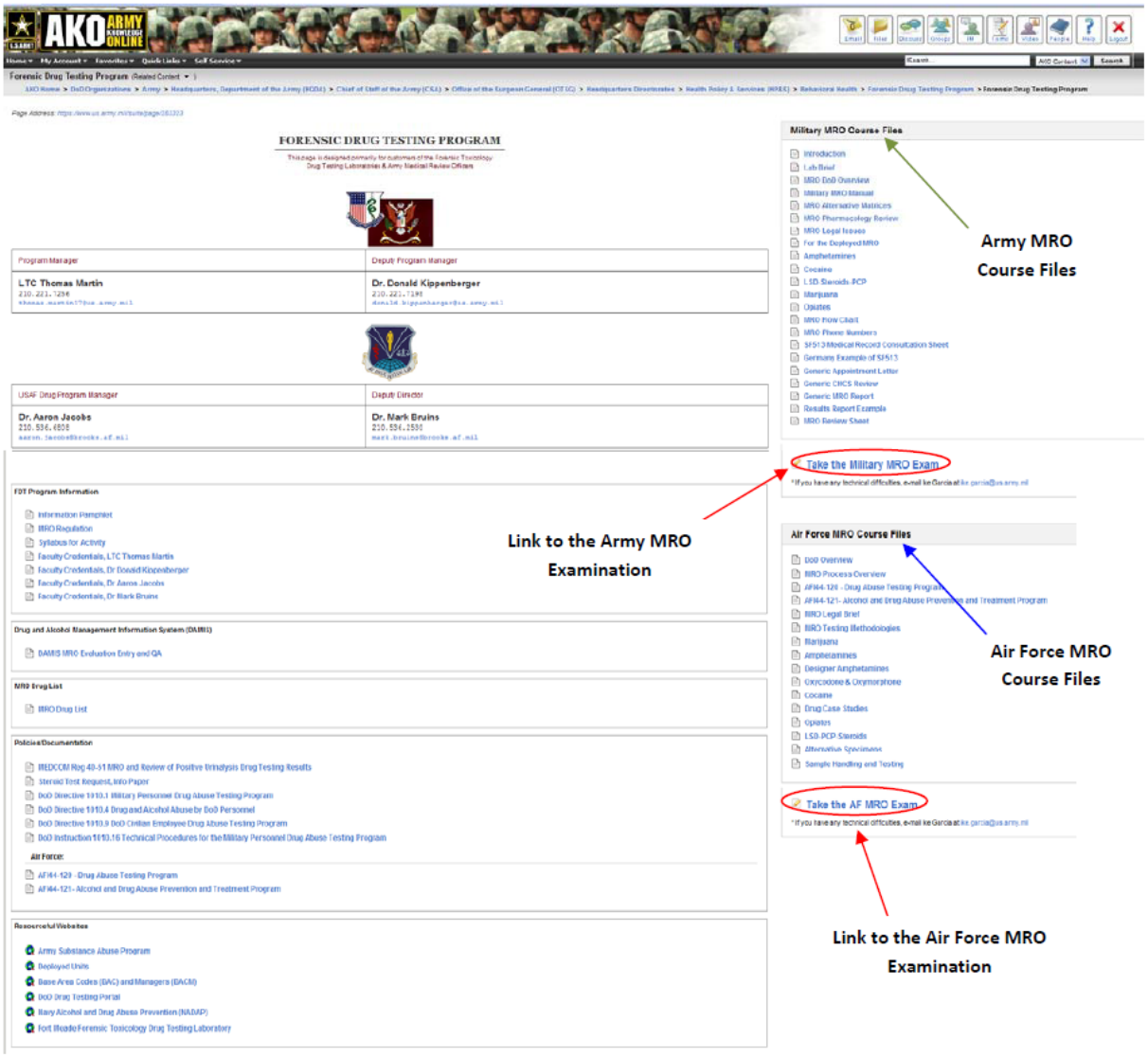
Policies/Documentation

MEDCOM Regulation 40-51 for Army MRO's. Not applicable to Air Force MRO's.
Steroid Test Request, Info Paper. Not applicable to Air Force MRO's.
DoD Directive 1010.1 Military Personnel Drug Abuse Testing Program

DoD Directive 1010.4 Drug and Alcohol Abuse by DoD Personnel
DoD Directive 1010.9 DoD Civilian Employee Drug Abuse Testing Program
DoD Instruction 1010.16 Technical Procedures for the Military Personnel Drug Abuse Testing Program

Air Force:
AFI44-120: Drug Abuse Testing Program. Describes Air Force policy and procedures on the drug testing program to include requirements for collecting and shipping specimens to the Brooks laboratory.
AFI44-121: Alcohol and Drug Abuse Prevention and Treatment Program

For NG Course
Links only apply to National Guard and Air Guard MROs



Attachment 18 (Added-MCCONNELLAFB)

22 ARW DRUG TESTING PROGRAM SUPPORT SCHEDULE

Group	Duty Month
OG	January July
MDG	April October
MXG	February May Aug Nov
MSG	March June September December
	Credible observers must possess unquestionable integrity and trustworthiness and meet the criteria stated in AFI 44-120, para 4.6.11.8.

Attachment 19 (Added-MCCONNELLAFB)

AFTER-HOURS DRUG TESTING PROGRAM COLLECTION AGENT/SITE CHECKLIST

DATE:		c	
PREPARATION:	**DTPAM Initials**	**Observer's Initials**	**Tested Member's Initials**
1. Inspect restroom (remove cleaning supplies, deodorizers, etc.).		N/A	N/A
2. Ensure testing supplies are ready: Drug Testing Observer Guide, labels, specimen bottles, (wide-mouth specimen cups for females), ball point pens, testing ledger, tamper tape, DD Form 2624.		N/A	N/A
OBSERVER: Requirements: Same sex, E-5 or higher, unit provides observer			N/A
1. Have observer read the Drug Testing Observer Guide.			N/A
2. Have observer sign the Observer Guide.			N/A
3. DTPAM sign the Observer Guide.			
4. Show observer restrooms, explain process to include log entries			N/A
COLLECTION PROCESS:			
1. Obtain the member's Military ID Card and documentation sending the member in for a UA. Initial, date, and time. If member does not have military ID, member must be escorted home/to the MPF to obtain his/her ID Card by Unit Escort. There is no substitution for the military ID Card.			
2. Explain to the member you keep his/her ID Card until the collection process is complete.			
3. Legibly print the following information on the Testing Ledger: Time Arrived, Specimen Number, Memer SSN, Rank, and Unit, Member's Name, Test Category, DTPAM Initials. DO NOT ENTER TIME PROVIDED UNTIL MEMBER COLLECTS SAMPLE.			
4. Legibly print on the Specimen Label: Member SSN, and Collection Date. DO NOT USE GEL INK PEN.			

5. Have member verify the information on the ledger is correct and the SSN on label are correct.			
6. Member Signs and Initials the Testing Ledger.			
7. Instruct member to remove outer garments (coat, ABU blouse, etc) and empty pockets.			
8. Open specimen bottle, show to member and observer. Ask them to verify the bottle is clean and dry, free from any holes, dirt or debris. (**If they see anything suspicious in the bottle a new bottle must be given along with a new ledger entry. Line thru the previous entry and write –"Void-unsatisfactory bottle." And initial/date.)**			
9. Have member once again verify the SSN on the label is correct. If so, then **apply label to bottle.**			
10. Instruct the member to rinse hands with warm water only *(no soap)* before going to the restroom, to keep the specimen bottle in the observers view at all times, carrying over shoulder so observer can maintain line of sight on the bottle. *Tell them that the observer must directly observe the urine leaving the member's body and go into the specimen cup, so stand/squat appropriately so the observer can have "direct observation."* A minimum of 45 mls must be collected. If member does not collect the minimum amount, the process must be started over.			
10a. *FEMALE ONLY:* Add that females may use the wide-mouthed cup, but then transfer urine into specimen bottle, in full view of observer.			
11. Hand bottle directly to member			
12. Once an adequate sample has been collected, write the Time Provided on the Testing Ledger.			
13. Apply tamper-resistant tape following the contour of the bottle.			
13a. If the tamper tape breaks during application, complete a MFR explaining why tape broke, who applied tape and have observer and member initial.			
14. Have member initial/date bottle label.			
15. Have observer initial/date bottle label.			
IMPORTANT: Ensure ALL errors and/or write-overs on the bottle, DD2624 or ledger are "forensically corrected." By crossing one line thru erroneous info, printing correct info and initialing/dating the correction.			

16. Verbally state the specimen number so the observer can verify specimen number.			
17. Have observer verify member's name and SSN from the member's ID card.			
18. Have observer print and sign his/her name and initial the Testing Ledger.			
19. Secure specimen in locked cabinet.			
20. Make a copy of the testing order and hand copy to the observer. The originals will be sent with the sample.			
21. Give member back his/her military ID Card. Member and observer are released.			
POST-COLLECTION			
1. Prepare DD Form 2624, (See Example) and put in secure storage with the specimen and originals of consent form, request letter, any applicable memos and this checklist.		N/A	N/A
2. Leave Voice Mail (ext 6369) and E-Mail for DDRP @ **drug.demand.reductio@mcconnell.af.mil,** informing of the After-Hours Collection.		N/A	N/A

Attachment 20 (Added-MCCONNELLAFB)

EXAMPLE OF COMPLETED FORM FOR CONSENT TEST, CONSENT FOR SEARCH AND SEIZURE AF FORM 1354

SAMPLE

CONSENT FOR SEARCH AND SEIZURE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013; 44 U.S.C. 3101; and EO 9397
PRINCIPAL PURPOSE(S): To record personal information on an individual who consents to a search and seizure.
ROUTINE USE(S): Information may be disclosed to local, county, state, and federal law enforcement/investigative authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual consenting to the search and seizure.

NAME *(Print or type)*	GRADE	SSN
Amn suspected offender	State Rank	123-45-5678

ADDRESS *(Organization and station. Include ZIP Code)*
22 XXX, McConnell AFB, KS 67221

I, Amn suspected offender, state that TSgt Joe Friday was identified to me as a Security Forces Investigator[1] and advised me that the nature of the offense(s) of which I am suspected *(matters concerning which I may have knowledge)* is / are as follows:

Wrongful use of controlled substance in violation of article 112A, Uniform Code of Military Justice /

Driving Under the Influence, Article 111 UCMJ / Drunk on Duty, Article 112 UCMJ / Underage Drinking, Article

I know that I have the legal right to either consent to a search, or to refuse to give my consent. I understand that if I do consent to a search, anything found in the search can be used against me in a criminal trial or in any other disciplinary or administrative procedure. I also understand that if I do not consent, a search cannot be made without a warrant or other authorization recognized in law.

With knowledge of the foregoing, I have decided to allow the person identified above and whomever may be designated to assist, to search the following place(s) in the day time/night time[2]

My person and seize a sample of my urine and/or blood for testing

Before deciding to give my consent, I carefully considered this matter. I am giving my consent voluntarily and of my own free will, without having been subjected to any coercion, unlawful influence or unlawful inducement and without any promise of reward, benefit, or immunity having been made to me. The investigators have my permission to take any letters, papers, materials, articles or other property they consider to be evidence of an offense, including contraband for use as evidence in any criminal prosecution hereafter initiated. I have read and understand this entire acknowledgment of my rights and grant of my consent for search and seizure.

Dated this Day day of Month, at Time

SIGNATURE Amn Suspected Offender

WITNESS [illegible] WITNESS [illegible]

1. *Insert "Security Policy Investigator, USAF," "AFPSI Special Agent," or other appropriate designation.*
2. *Insert my person; my dwelling; my apartment and storage area; my room; my footlocker; the premises; etc. Describe in detail the property or area to be searched and its location for proper identification.*

AF IMT 1364, 20010901, V1 PREVIOUS EDITIONS ARE OBSOLETE.

Attachment 21 (Added-MCCONNELLAFB)

EXAMPLE OF COMPLETED FORM FOR PROBABLE CAUSE TEST, AF FORM 1176 AUTHORITY TO SEARCH AND SEIZE

AUTHORITY TO SEARCH AND SEIZE

I have *(previously)* been informed that MSgt Joe Friday

is investigating the offense of wrongful use of a controlled substance in violation of Article 112A of the Uniform Code of

Military Justice and has requested that

I authorize a search of the *(person of* Amn Suspected Druguser)

(premises known as)

and the seizure of the following specified property:

a sample of his bodily fluids

Having carefully considered the matters presented to me in support of that request, I *(am) (was)* satisfied that there *(is) (was)* probable cause to believe that the property specified above *(is) (was)* being concealed on the *(person) (premises)* described. I *(am) (was)* further satisfied from the matters presented that the said property *(1)* is evidence which will aid in the apprehension or conviction of the person(s) who committed the offense being investigated, or *(2)* is or has been used, designed, or intended for use, as the means of committing the criminal offense(s) being investigated, or *(3)* was illegally obtained as the result of the commission of the offense(s) being investigated, or *(4)* is contraband possessed or controlled in violation of law or regulation, or *(5)* is a combination of two or more of *(1)* through *(4)*.

Accordingly, MSgt Joe Friday with the assistance of such person or persons as may be necessary, *(is) (was)* directed to search forthwith the *(person) (premises)* described for the property specified, and if such property be found to seize and secure the same for use as evidence in any criminal prosecution hereafter initiated. This authority to search and seize *(is) (was)* issued by virtue of:

☐ My position as commander having jurisdiction over the *(person) (premises)* herein described.

☑ My delegation to me of the authority to authorize searches and seizures by the commander having jurisdiction over the *(person) (premises)* herein described.

No search conducted pursuant to the authority herein granted shall be initiated later than three days from _____

Date *(date authority is granted)*.

Dated this day day of Month , Year (year), at Time

CAUTION

RECORD SHOULD BE KEPT OF THE INFORMATION GIVEN TO THE AUTHORIZING OFFICER, ON WHICH THAT OFFICER BASES THE AUTHORIZATION, FOR POSSIBLE USE IN COURTS-MARTIAL. MAKE A SUMMARY OF ORAL INFORMATION. ENSURE THAT THIS SUMMARY AND ANY WRITTEN INFORMATION RECEIVED IS PROPERLY PRESERVED. CONSULT THE STAFF JUDGE ADVOCATE. ALSO SEE AFI 31-201.

TYPED NAME, GRADE, AND ORGANIZATION AUTHORIZING OFFICIAL	SIGNATURE	DATE (YYYY DD MM)
Appointed Miltary Magistrate	Military Magistrate	20120103

AF IMT 1176, 19880601, V2 PREVIOUS EDITION IS OBSOLETE.

Attachment 22 (Added-MCCONNELLAFB)

DDRP MEDICAL ASSISTANCE SCHEDULE

NAME	MONTH	DUTY HOURS PHONE	AFTER HOURS PHONE
Flight Medicine	Jan	759-5116	706-7146
Medical Service Flight	Feb	759-5051	619-4491
Flight Medicine	Mar	759-5116	706-7146
Medical Service Flight	Apr	759-5051	619-4491
Flight Medicine	Mar	759-5116	706-7146
Medical Service Flight	Apr	759-5051	619-4491
Flight Medicine	May	759-5116	706-7146
Medical Service Flight	Jun	759-5051	619-4491
Flight Medicine	Jul	759-5116	706-7146
Medical Service Flight	Aug	759-5051	619-4491
Flight Medicine	Sep	759-5116	706-7146
Medical Service Flight	Oct	759-5051	619-4491
Flight Medicine	Nov	759-5116	706-7146
Medical Service Flight	Dec	759-5051	619-4491
POC: Chief of Medical Staff		*759-5011*	