**EMPLOYER NAME/LOGO**

**DOT Custody and Control Form - Affidavit of Correction**

Date of Test:

Donor Name:

Specimen ID#:

Collector Name:

**This affidavit addresses the following errors:**

**Use of Federal Custody and Control Form (§40.45):**

 Incorrect form used (i.e. Non-DOT or expired testing form used)

**Step 1 Requirements (§40.63)** *Check all that apply:*

 A. Missing/Incorrect Employer Name, Address

 B. Missing/Incorrect MRO Name, Address, Phone No. and Fax No.

 C. Missing/Incorrect Donor SSN or Employee ID No.

 D. Missing/Incorrect Testing Authority

 E. Missing/Incorrect Reason for Test

 F. Missing/Incorrect Drug Tests to be Performed

 G. Missing/Incorrect Collection Site Address, Collector Phone No. and Fax No.

**Step 2 Requirements (§40.65 - §40.71)** *Check all that apply:*

 Collector failed indicate if the specimen was within the acceptable temperature range

 Collector failed to mark “Split” Collection

 Collector failed to mark “Observed”

 Collector arbitrarily marked “Observed”

 Missing appropriate comment in the Remarks (i.e. any unusual circumstances during the collection)

**Step 3 Requirements (§40.71):**

 Bottle seals were dated and/or initialed while still affixed to the CCF

**Step 4 Requirements (§40.73)** *Check all that apply:*

 Missing Signature of Collector

 Missing Collector’s Printed Name (First, MI, Last)

 Missing/Incorrect Date of Collection

 Missing/Incorrect Time of Collection

 Missing Name of Delivery Service

**Step 5 Requirements (§40.73)** *Check all that apply:*

 Missing Signature of Donor

 Missing Donor’s Printed Name (First, MI, Last)

 Missing/Incorrect Date of Collection

 Missing/Incorrect Daytime Phone No. and/or Evening Phone No.

 Missing/Incorrect Date of Birth

**Collector Remarks (**Description of error/corrective action):

***I certify that the information above is true and accurate.***

Collector Signature Date