

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

**NOTICE OF PENALTIES INCURRED AND DUE  
FOR VIOLATIONS OF LAWS AND RULES**

PENALTY ASSESSMENT: TG-170987

PENALTY AMOUNT: \$15,100

Methow Valley Sanitation Service, Inc.  
d/b/a Wastewise Methow  
115 Highway 20 #A-2  
Twisp, WA 98856

The Washington Utilities and Transportation Commission (Commission) believes that Methow Valley Sanitation Service, Inc. d/b/a Wastewise Methow (Wastewise Methow) has committed violations of Washington Administrative Code (WAC) 480-70-201 Vehicle and Driver Safety Requirements, which adopts Title 49 Code of Federal Regulations (CFR) Part 391 – Qualifications of Drivers and Part 382 Controlled Substances and Alcohol Use and Testing.

Revised Code of Washington (RCW) 81.04.405 allows penalties of one hundred dollars for each violation. RCW 81.04.530 allows penalties of \$500 for each driver employed who is not in compliance with the motor vehicle driver drug and alcohol testing requirements. In the case of an ongoing violation, every day's continuance is considered a separate and distinct violation.

In August 2017, Commission Motor Carrier Investigator Wayne Gilbert conducted a compliance review of Wastewise Methow and documented the following violations:

- **One-hundred forty-five violations of Title 49 CFR Part 391.45(a) – Using a driver not medically examined and certified.** During the six months preceding the compliance review, Wastewise Methow allowed its employees Jeremiah Smith and Robert Yoakum to drive on 145 occasions without having been medically examined and certified.<sup>1</sup>
  - Jeremiah Smith drove on 114 occasions: six times in February; 18 times in March; 16 times in April; 20 times in May; 22 times in June; 21 times in July; and 11 times in August, 2017.
  - Robert Yoakum drove on 31 occasions: twice in February; four times in March; five times in April; six times in May; five times in June; four times in July; and five times in August, 2017.
- **Three violations of Title 49 CFR Part 391.51(a) – Failing to maintain a driver qualification file for each driver it employs.** Wastewise Methow failed to maintain driver qualification files for its drivers Casey Bouchard, Jeremiah Smith and Robert Yoakum.

<sup>1</sup> Both drivers had been examined by a medical examiner who was not listed on the National Registry, rendering the certifications invalid.

- **One violation of Title 49 CFR Part 382.301(a) – Using a driver before the motor carrier has received a negative pre-employment controlled substance test result.** The carrier hired driver Jeremiah Smith in 2013 and failed to conduct a pre-employment test, or any random tests since then.

The Commission considered the following factors in determining the appropriate penalties for these violations:

1. **How serious or harmful the violation is to the public.** The violations noted are serious and potentially harmful to the public. Companies that use drivers not medically examined and certified or not tested for drug or alcohol use, or that fail to document driver qualifications put the traveling public at risk. An impaired driver, or one with an undetected medical condition or unknown qualifications presents serious safety concerns.
2. **Whether the violation is intentional.** Considerations include:
  - Whether the company ignored Commission staff's previous technical assistance; and
  - Whether there is clear evidence through documentation or other means that shows the company knew of and failed to correct the violation.

In its 2013 notification to the Commission regarding acquisition of control, Chad Peterson, president of Methow Valley Sanitation Service stated that he has considerable experience managing commercial truck fleets. Mr. Patterson stated he holds a Class A Commercial Drivers' License, has experience supervising commercial drivers and mechanics and complying with state and federal safety requirements, including drug and alcohol testing requirements.

Staff believes the company knew, or should have known about these requirements.

3. **Whether the company self-reported the violation.** The company did not self-report these violations.
4. **Whether the company was cooperative and responsive.** Wastewise Methow was cooperative and responsive throughout the entire scope of the investigation.
5. **Whether the company promptly corrected the violations and remedied the impacts.** The company took immediate action to correct the violations found during the compliance review, and submitted a 15-day compliance letter to staff, documenting the corrections made.
6. **The number of violations.** The number of violations is significant for a company the size of Wastewise Methow.
7. **The number of customers affected.** The company traveled 41,418 miles and reported \$846,312 in gross revenue for 2016. A significant number of customers, as well as members of the traveling public, were likely affected by these safety violations.

8. **The likelihood of recurrence.** The Commission does not know if Wastewise Methow is likely to repeat these safety violations. However, the company was cooperative and responsive to staff, and has taken the appropriate steps to correct the safety violations documented in the compliance review.
9. **The company's past performance regarding compliance, violations, and penalties.** This is the company's first compliance review under new ownership. The company under its current management has no history of violations or penalties.
10. **The company's existing compliance program.** Wastewise Methow does not have a formal compliance program.
11. **The size of the company.** Wastewise Methow is a small company with four full-time drivers and four commercial vehicles.

The Commission's Enforcement Policy provides that some Commission requirements are so fundamental to safe operations that the Commission will issue mandatory penalties for each occurrence of a first-time violation.<sup>2</sup> The Commission generally will assess penalties per type of violation, rather than per occurrence, for first-time violations of those critical regulations that do not meet the requirements for mandatory penalties. The Commission will assess penalties for any equipment violation meeting the Federal Motor Carrier Safety Administration's "out-of-service" criteria and also for repeat violations of critical regulations found in future compliance investigations, including each occurrence of a repeat violation.

The Commission has considered these factors and determined that it should penalize Wastewise Methow \$15,100 for violations of WAC 480-15-570 Driver Safety Requirements, calculated as follows:

- One-hundred forty-five violations of Title 49 CFR Part 391.45(a) – Using a driver not medically examined and certified. These are first-time violations, but they are violations of fundamental safety requirements. The Commission assesses penalties at the statutory amount of \$100 per occurrence, for a total of \$14,500.
- Three violations of Title 49 CFR Part 391.51(a) – Failing to maintain a driver qualification file for each driver it employs. This is a first-time violation, and thus the Commission assesses penalties at the statutory amount of \$100 per violation type, for a total of \$300.
- One violation of Title 49 CFR Part 382.301(a) – Using a driver before the motor carrier has received a negative pre-employment controlled substance test result. The Commission assesses a penalty at the statutory amount of \$500 per occurrence, for a total of \$500.

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<sup>2</sup> Docket A-120061 – Enforcement Policy of the Washington Utilities & Transportation Commission – Section V.

This information, if proven at a hearing and not rebutted or explained, is sufficient to support the penalty assessment.

Your penalty is due and payable now. If you believe any or all of the violations did not occur, you may deny committing the violation(s) and contest the penalty assessment through evidence presented at a hearing or in writing. The Commission will grant a request for hearing only if material issues of law or fact concerning the violation(s) require consideration of evidence and resolution in a hearing. Any contest of the penalty assessment must include a written statement of the reasons supporting that contest. Failure to provide such a statement will result in denial of the contest.

If there is a reason for any or all of the violations that you believe should excuse you from the penalty, you may ask for mitigation (reduction) of this penalty through evidence presented at a hearing or in writing. The Commission will grant a request for hearing only if material issues of law or fact require consideration of evidence and resolution in a hearing. Any request for mitigation must include a written statement of the reasons supporting that request. Failure to provide such a statement will result in denial of the request. See RCW 81.04.405.

If you properly present your request for a hearing and the Commission grants that request, the Commission will review the evidence supporting your dispute of the violation(s) or application for mitigation in a Brief Adjudicative Proceeding before an administrative law judge. The administrative law judge will consider the evidence and will notify you of his or her decision.

**You must act within 15 days after receiving this notice** to do one of the following:

- Pay the amount due.
- Contest the occurrence of the violations.
- Request mitigation to contest the amount of the penalty.

Please indicate your selection on the enclosed form and send it to the Washington Utilities and Transportation Commission, Post Office Box 47250, Olympia, Washington 98504-7250, **within FIFTEEN (15) days** after you receive this notice.

**If you do not act within 15 days**, the Commission may take additional enforcement action, including but not necessarily limited to suspending or revoking your certificate to provide regulated service, assessing additional penalties, or referring this matter to the Office of the Attorney General for collection.

DATED at Olympia, Washington, and effective October 2, 2017.

*/s/ Gregory J. Kopta*  
GREGORY J. KOPTA  
Administrative Law Judge

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION  
PENALTY ASSESSMENT TG-170987

**PLEASE NOTE:** You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed. I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

1. **Payment of penalty.** I admit that the violation occurred and enclose \$ \_\_\_\_\_ in payment of the penalty.

2. **Contest the violation.** I believe that the alleged violation did not occur for the reasons I describe below (**if you do not include reasons supporting your contest here, your request will be denied**):

a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR  b) I ask for a Commission decision based solely on the information I provide above.

3. **Application for mitigation.** I admit the violation, but I believe that the penalty should be reduced for the reasons set out below (**if you do not include reasons supporting your application here, your request will be denied**):

a) I ask for a hearing to present evidence on the information I provide above to an administrative law judge for a decision

OR  b) I ask for a Commission decision based solely on the information I provide above. *Statement and additional documents attached.*

I declare under penalty of perjury under the laws of the State of Washington that the foregoing, including information I have presented on any attachments, is true and correct.

Dated: Oct 10, 2017 [month/day/year], at Twisp, WA [city, state]

Waste Wise Methow  
Name of Respondent (company) – please print

*Casey Bouchard*  
Signature of Applicant

**CASEY BOUCHARD**  
**VP**

RECEIVED  
STAFF SERVICES  
2017 OCT 13 AM 8:03  
STAFF SERVICES

RCW 9A.72.020:

“Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor’s mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony.”



P.O. Box 656 - Twisp, WA 98856  
509.997.8862

RE: Written Statement requesting mitigation of Penalty Assessment TG-170987

To Whom It May Concern:

I'm writing to request mitigation of Penalty Assessment TG-170987 against WasteWise Methow. I take full responsibility for the violations and have acted swiftly to correct them. Following is a summary of the facts surrounding each violation and the steps taken:

**Violation 1: Using a driver not medically examined and certified.**

WasteWise Methow did have current medical cards on file for both Jeremiah Smith and Robert Yoakum. However, the medical provider who performed those physicals, Dr. Breitbeil, was not listed in the National Registry. I take full responsibility for not verifying Dr. Breitbeil's listing in the National Registry as required of me by Title 49 CFR, 391.23(m). I've included a letter from Dr. Breitbeil explaining why she thought she was qualified to perform DOT physicals and the origins of the National Registry number she provided on the medical cards she issued.

As soon as I learned that Dr. Breitbeil was not listed in the National Registry, I scheduled DOT physicals for both drivers with Phoebe Hershenow (national registry #9456202145). Both drivers passed those physicals. Copies of those medical cards are included below along with verification of the medical provider's listing in the National Registry. Based on this, I am confident that these drivers were fit for duty and did not pose a significant safety risk to themselves, our customers or the public. I assure you we were acting in good faith to follow the law by requiring medical cards from day 1. I take responsibility for not verifying Dr. Breitbeil's listing in the National Registry and assure you that I have implemented a process to ensure that oversight does not occur again. Based on these factors I am requesting mitigation of the \$14,500 penalty assessed.

**Violation 2: Failing to maintain driver qualification files on 3 drivers.**

I acknowledge that the Driver Qualification files for 3 of our drivers were not being properly maintained. This was a mistake on my part and I take responsibility for that mistake. Now that I'm aware of the mistake I have compiled complete Driver Qualification files on all WasteWise Methow drivers. Those files include everything on the Driver Qualification File Checklist 391.51 of the safety guide. Further, I have implemented a process to ensure that files are created for any new hires and that the files of existing drivers are reviewed and updated in January of each year. Based upon the steps taken I am requesting mitigation of the \$100 penalty assessed.

**Violation 3: Using a driver before receiving a negative pre-employment controlled substance test result.**

At the time of Jeremiah's hiring he was employed by Cascade Concrete as a driver under DOT Drug and Alcohol Regulations 49 CFR Parts 40 and 382. I have included a letter from QCL, the drug testing

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PROPERTY MANAGEMENT  
2017 OCT 13 AM 8:04  
STATE OF WASHINGTON  
UTILITY AND TRANSPORTATION  
OFFICE



P.O. Box 656 - Twisp, WA 98856  
509.997.8862

consortium, verifying that Jeremiah did not have any violations under said regulations and therefore qualified for the pre-employment exception as quoted in 49 CFR Part 382.301. I've also included a random test result (negative) conducted on 11/19/2014. I take responsibility for not having these documents in Jeremiah's file at the time of our safety review, but assure you that I took swift action to add them to the file where they will be maintained going forward. Based on this action I am requesting mitigation of the \$500 penalty assessed.

The following pages are the supporting documentation referenced above. Thanks you for your consideration of this mitigation request and please contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads "Casey Bouchard".

Casey Bouchard

10/10/17

Vice-President

WasteWise Methow

509-997-8862 (office)

509-341-9042 (mobile)

[casey@wastewisemethow.com](mailto:casey@wastewisemethow.com)



## **Methow Valley Wellness Center**

**Dr. Sierra Breitbeil ND.**

105 Norfolk Rd, Mail: 31 Hi Way, Winthrop WA 98862  
509-996-3970 Fax: 888 672 2468 [sawtooth@hoonahnet.com](mailto:sawtooth@hoonahnet.com)  
NPI number 1982630190 DEA number MB 1732204

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9-28-17

Dear To Whom It May Concern,

I have been doing CDL physical exams for 20 years, always downloading the CDL form from online since these have been provided, at least since 2005. Up until last year, the forms required a state license number, and this I have always provided as NT00000813.

This past year, in 2016, when I printed the CDL form, I saw a request for a national registry number, and since I have a national identifier, NPI 1982630190, I thought this was what the form was requesting.

However to be sure, in 2016 I did call the DMV in Okanogan and asked them if I was able to perform the CDL with this license number for my clients, (of which I have only 3 who ask yearly for these exams) and I was passed through to the WA state patrol.

The officer who answered my call, ( I cannot remember his name) said that if the individual seeking the medical exam for renewal, drove intrastate, then I could continue to do the exams, but if the individual was crossing state lines, then I could not, as the National Registry number was distinct from the NPI number above.

I thereupon discontinued doing the exam for the interstate driving individual, and only did the exam for the 2 individuals driving in the state of WA.

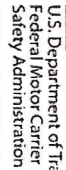
I hope this helps to assert that in no way were any of us aware, neither the drivers, nor the manager of the sanitation company, nor I aware of the changes, and that I did due diligence in attempting to work with the changes, myself, by contacting DMV Okanogan and state highway patrol

Sincerely,

Dr. Sierra Breitbeil ND



**Public Burden Statement**  
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Yackum** **First Name: Robert** in accordance with *(please check only one)*:

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* OR
- I find this person is qualified, and, if applicable, only when *(check all that apply)*:
  - Wearing corrective lenses  Accompanied by a \_\_\_\_\_ waiver/exemption
  - Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
  - Qualified by operation of 49 CFR 391.64 *(Federal)*
  - Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

8/31/19

<b>Medical Examiner's Signature</b> <i>Michelle Hershenow</i>	<b>Medical Examiner's Telephone Number</b> 509 996-8180	<b>Date Certificate Signed</b> 8/31/19
<b>Medical Examiner's Name (please print or type)</b> Phoebe Hershenow	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner <i>(Specify)</i> _____
<b>Medical Examiner's State License, Certificate, or Registration Number</b> 60047367	<b>Issuing State</b> WA	<b>National Registry Number</b> 9456202145

<b>Driver's Signature</b> <i>Robert D Yackum</i>	<b>Driver's License Number</b> YACKURD 503RT	<b>Issuing State/Province</b> WA
<b>Driver's Address</b> Street Address: PO Box 343	<b>City:</b> <i>Truig</i>	<b>State/Province</b> WA <b>Zip Code:</b> 98856
<b>CLP/CDL Applicant/Holder</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

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 U.S. Department of Transportation  
 Federal Motor Carrier Safety Administration

**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Smith** **First Name: Jeremiah** in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**  
 I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses  Accompanied by a \_\_\_\_\_ walker/exemption  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
 Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Qualified by operation of 49 CFR 391.64 (Federal)  
 Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**  
 8/29/19

**Medical Examiner's Signature** *Phoebe H*

**Medical Examiner's Name (please print or type)**  
 Phoebe Hershenow

**Medical Examiner's Telephone Number** 509 996-8180

**Date Certificate Signed** 8/29/19

MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

**Medical Examiner's State License, Certificate, or Registration Number**  
 60047367

**Issuing State** WA

**National Registry Number** 9456202145

**Driver's Signature** *Jeremiah Smith*

**Driver's License Number** SMTT155246KL

**Issuing State/Province** WA


**Driver's Address** 909 Pine Ave

**City:** Winthrop **State/Province:** WA **Zip Code:** 98862

**CLP/CDL Applicant/Holder**  Yes  No

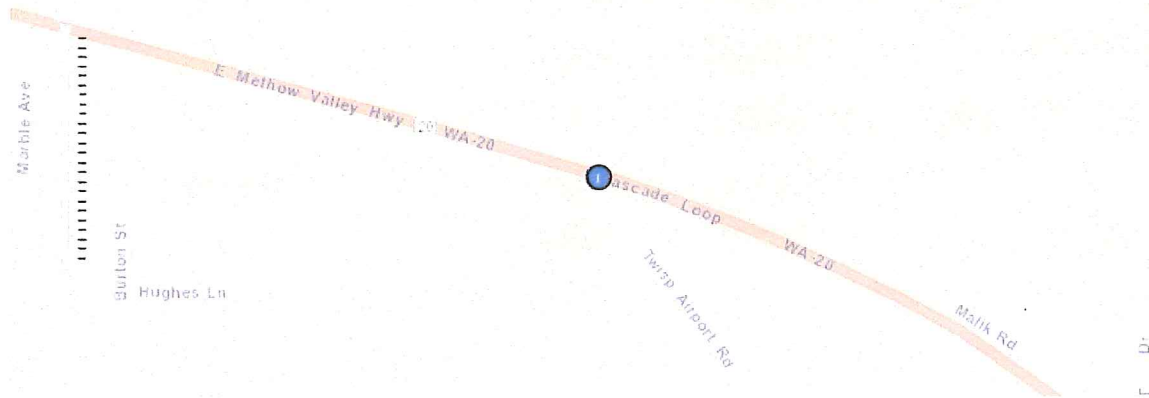
\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

Home > Medical Examiner Search Results

 [Print](#)

You searched for **Medical Examiners with winthrop, WA**, Showing Results Page 1 of 1

**Map Results:**



**Phoebe J Hershenow**  
Nurse Practitioner , National Registry #: 9456202145  
Certification Date: 6/4/2014

The Country Clinic  
Employer: The Country Clinic  
1116 Highway 20, Winthrop, WA, 98862  
509-996-8180 , Fax: 360-376-7706  
Hours of Operation:

No Website | [Email](#) | [Get Directions](#)

8.74 Miles

**Search for Medical Examiner**

Last Name First Name

National Registry ID #

Business Name

Employer Name

Medical Profession

City  
winthrop

State  
WA

Zip Code Radius  
**OR** 25





August 23, 2017

WasteWise Methow  
Attn: Casey Bouchard  
1205 Cascade Drive  
Twisp, WA 98856

Dear Casey,

Re: Previous Employer Request For Information- **Jeremiah Smith**

**Cascade Concrete**

We received a response from Cascade Concrete indicating that the above driver was employed as a driver under DOT Drug and Alcohol Regulations ~ 49 CFR Parts 40 and 382, and did not have any violations under said regulations, thus qualifying for the pre-employment exception as quoted in 49 CFR Part 382.301 upon his hire date in 2014.

Should you have any questions on the above, please feel free to contact our office.

Sincerely,

Tanya Scheelke  
QCL, Inc.  
Office Manager

Enclosure

U.S. Department of Transportation Previous Employment Testing History

Note: Complete a separate form for each previous employer

Section 2: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYEE

5-21-17

DATE

Jeremiah Smith

Print Employee Name

Jeremiah Smith hereby authorize my previous employer, Waste Wise Methow

to disclose to QCL, Inc. the results of any drug tests, evidential alcohol breath tests, refusals to test, and treatment records (pursuant to the Federal Motor Carrier Safety Regulations) regarding myself within the last three (3) years as required under 49 CFR Section 382.413 and other employment information pursuant to 49 CFR 391.23. I further agree to allow QCL, Inc. to disclose this information to my prospective employer, and agree to hold harmless QCL, Inc., its officers, directors, employees, agents and volunteers for any damages, loss of employment or any consequence arising out of or resulting from either obtaining such information or the disclosure thereof. This consent is subject to revocation at any time. However, such revocation does not apply to disclosure made prior to notice. This authorization expires without express revocation sixty (60) days from the date that appears below. I understand I have the right to inspect and copy any written information disclosed.

Previous Employer Name: Cascade Concrete
Address, City, State, Zip: Horizon Flats, Winthrop WA 98862
Phone: 509-426-9116 Fax: 509-426-2435

Employed From: 1/1/1991 To: 9/30/2013

Section 3: TO BE COMPLETED BY THE PREVIOUS EMPLOYER

Employed From: / / To: 4/28/2014 YES NO

- 1. Has this individual received a verified positive drug test result in the last three (3) years? [ ] [x]
2. Has this person received an alcohol test result with a breath alcohol concentration of 0.04 or greater in the last three (3) years? [ ] [x]
3. Has this person refused a required test for drugs and/or alcohol in the last three (3) years (including verified adulterated or substituted drug test results)? [ ] [x]
4. Has this person violated any other DOT agency D&A testing regulations? [ ] [x]
5. Has this person violated any DOT D&A regulations (ie: positive test, refusal to test)? [ ] [x]
If so, please provide proof of successful completion of the DOT requirements (including follow-up testing).

If this employee did not perform any safety-sensitive function regulated by the Department of Transportation, check the following box: [ ]

If "Yes" to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional (SAP) for further reference:

Name: Address:
Phone: City/State/Zip:

Completed by: Tanya Schellke (c/TPA) Title: Office Mgr.



# Specimen Result Certificate

ID Number: 505212176

Report printed on 8/16/2017 1:23:47 PM

Page 1 of 1

Attention: Michelle Smith QCL, Inc.- Clinic Acct 123 2nd Ave SW PO Box 1058 Ephrata, WA 98823	Verification Date 11/21/2014 09:51 AM
Collection Site: 24968 - QCL, Inc.	Medical Review Officer: Dr. Stephen Kracht 8140 Ward Parkway, Suite 275 Kansas City, MO 64114 888-382-2281

Donor Name: Smith, Jeremieah Shane	Donor SSN: 000-00-0296
Date Of Test: 11/19/2014	Donor ID:
	Reason for Test: Random
ID Number: 505212176	Regulation: DOT-FMCSA
Laboratory: ALERE	Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Screening Cutoff	Confirmation Cutoff	Drug Name	Result	Screening Cutoff	Confirmation Cutoff
Marijuana	Negative	50 ng/ml	15 ng/ml	6-Monoacetylmorphine	Negative	10 NG/ML	10 NG/ML
Cocaine	Negative	150 ng/ml	100 ng/ml	PCP	Negative	25 ng/ml	25 ng/ml
Amphetamines	Negative	500 ng/ml	250 ng/ml	Ecstasy	Negative	500 ng/ml	250 ng/ml
Opiates	Negative	2000 ng/ml	2000 ng/ml				

Final Result Disposition: **Negative**

CCF Record Date and Data Entry Operator : 11/21/2014 MM/DD/YYYY - jonathan.smith

### TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

- Negative     
  Positive     
  Test Cancelled     
  Refusal to test because  
 Dilute     
  Adulterated     
  Substituted

REMARKS:

Dr. Stephen Kracht

*Stephen G. Kracht D.O.*

11/21/2014 09:51 AM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)