

**ARMY SUBSTANCE ABUSE PROGRAM
USAG ANSBACH APO AE 09177**

SOP ANNUAL REVIEW SHEET

TITLE: INSTALLATION MILITARY DRUG TESTING PROGRAM

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INSTALLATION MILITARY DRUG TESTING PROGRAM
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STANDARD OPERATING PROCEDURE FOR
INSTALLATION MILITARY DRUG TESTING PROGRAM

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REFERENCES:

A. Army Regulation 600-85, Army Substance Abuse Program, 23 July 2020.

B. Instructor Guide UPL Certification Training Version 01 Oct 19. Updated collection flow chart 2020.

C. Department of Defense Instruction 1010.01, Military Personnel Drug Abuse Testing Program (MPDATP), 13 September 2012 Incorporating Change 1, Effective 14 Feb 2018.

D. Department of Defense Instruction, 1010.16, Technical Procedures for the Military Personnel Drug Abuse Testing Program (MPDATP), 15 June 2020.

E. MEDCOM Regulation 40-51, Medical Review Officer and Review of Positive Urinalysis Drug Testing Results, 17 April 2013.

PRINCIPLE: This SOP provides the protocol and responsibilities for the secure handling of urine specimens by Commanders, Battalion/Unit Prevention Leaders, Observers and Drug Testing Coordinators.

APPLICABILITY: This SOP applies to all qualified personnel assigned to Ansbach Military Community or tenant units who utilize the ASAP. Deviation from or modification of the procedures set forth in this SOP is not authorized without the approval of the ADCO and SJA. Requests for authority to deviate from, supplement, or modify any procedure set forth in this SOP may be submitted for consideration to the ADCO.

1. RESPONSIBILITIES

A. IAW AR 600-85, Paragraph 2-28, Battalion and or Squadron Commanders will:

1) Implement a battalion/squadron drug and alcohol testing program (see chap 4 for guidance).

2) Implement ASAP prevention and education initiatives (see chap 9 of this publication for guidance).

3) Appoint an officer or NCO (E-5 promotable or above) on orders as the BPL and alternate BPL, who must be certified through the UPL training (see para 9-5).

4) Ensure all newly assigned Soldiers are briefed on ASAP policies and services within 30 days of arrival.

5) Maintain liaison with installation ASAP and BH including SUD staffs.

6) Maintain ASAP elements while TDY, deployed, and area of operation to the maximum extent possible. (See para 4-7 of this publication for details.) Ensure subordinate units are prepared to conduct drug testing while TDY, deployed, and area of operation in accordance with paragraph 4-7.

7) Foster a positive command climate that discourages abuse of substances (illegal drug, controlled drug, alcohol or other) and problematic gambling and is supportive of those who need assistance from behavioral health (BH/SUDCC). Support substance abuse prevention campaigns and alcohol-free activities in the unit and on the installation.

8) Initiate administrative separation in accordance with AR 635–200, AR 600–8–24, and paragraph 10–6.

9) Immediately report all offenses involving illegal possession, sale, or trafficking in drugs or drug paraphernalia to the CID. Commanders are no longer required to report positive UA results to local law enforcement. This does not alleviate them of the requirement to: initiate administrative separation, or refer the Soldier to BH for a SUD evaluation by completing DA Form 8003 (Army Substance Abuse Program (ASAP) Enrollment).

10) Ensure company commanders refer any Soldier to BH for a SUD evaluation within 5 duty days of notification that the Soldier received a positive UA for illicit drug use. Commanders of geographically-remote units should contact the IDPH of the nearest installation for guidance. Ensure company commanders refer any Soldier to BH-Family Advocacy Program (FAP) immediately when drug abuse is related to a child abuse or domestic abuse altercation.

11) Ensure company commanders refer any Soldier to BH for a SUD evaluation within 5 duty days of notification that the Soldier was involved in a problematic alcohol incident. Commanders of geographically-remote units should contact the IDPH of the nearest installation for guidance. Ensure company commanders refer any Soldier to BH Family Advocacy Program (FAP) immediately when alcohol abuse is related to a child abuse or domestic abuse altercation.

12) Assist the BPL in the development of a battalion/squadron substance abuse program SOP and review and sign it annually. Direct BPL to conduct inspection of subordinate units annually and provide results to the DTC.

13) Battalion commanders will ensure that the initiation and final disposition for all Soldiers with an illicit positive drug test and Soldiers involved in two serious incidents of alcohol-related misconduct within 12 months is reported to the ASAP manager. In addition, battalion commanders will ensure that a DA Form 4833 (Commander's Report of Disciplinary or Administrative Action) is completed and submitted in accordance with AR 190–45.

14) Consult with the servicing legal office for all drug and alcohol related offenses.

B. IAW AR 600-85, Paragraph 2-29, Commanders of companies, detachments, and equivalent units will:

1) Assist the battalion commander in implementing the battalion drug and alcohol testing program in Section 1(A) of this SOP.

2) Implement ASAP prevention and education initiatives addressed in chapter 9.

3) Appoint an officer or NCO (E-5 or above) on orders as UPL and alternate UPL, who must be certified through the UPL training addressed in chapter 9 of this publication.

4) Maintain documentation indicating all newly assigned Soldiers have been briefed on ASAP policies and services within 30 days of arrival.

5) Maintain liaison with ASAP and SUD staffs.

6) Maintain ASAP elements while deployed, to the maximum extent possible.

7) Foster a positive command climate that discourages abuse of substances (illegal drug, controlled drug, alcohol or other) and gambling disorder and is supportive of those who need assistance for problems. Support substance abuse prevention campaigns and alcohol-free activities in the unit and on the installation.

8) Consult with the servicing legal office for all drug and alcohol related offenses.

9) Immediately report all offenses involving illegal possession, sale, or trafficking in drugs or drug paraphernalia to CID. Commanders are no longer required to report positive UA results to local law enforcement; however, this does not alleviate commanders of the requirement to: Flag the Soldier and refer the Soldier to BH for a SUD evaluation and possible treatment by completing DA Form 8003.

10) Commanders will report the initiation and final disposition for all Soldiers with an illicit positive drug test and Soldiers involved in two serious incidents of alcohol-related misconduct within 12 months to the ASAP manager. In addition, commanders must complete and submit DA Form 4833 in accordance with AR 190-45.

11) Ensure that Soldiers promptly provide medical evidence for legitimate use of a prescribed drug to the MRO when requested.

12) Refer any Soldier to BH for SUD evaluation within 5 duty days of notification that the Soldier received a positive UA for illicit drug use or was involved in alcohol-related misconduct. Commanders of geographically-remote units should contact IDPH of the nearest installation for guidance.

13) Assist the UPL in the development of a unit problematic substance use program SOP and sign it at least annually.

14) Initiate separation for all alcohol and drug rehabilitation failures.

C. Alcohol & Drug Control Officer (ADCO) will:

1) Provide direct supervision and management over all installation drug testing and prevention/education components of ASAP staff and programs.

- 2) Prepare installation ASAP budget submissions and monitor execution of the funding.
- 3) Develop, coordinate, and recommend local installation ASAP policies and procedures for implementation.
- 4) Manage and monitor the drug and alcohol testing program (see AR600-85 chaps 3, 4, and 5 of this regulation for information on specific requirements related to the military and civilian alcohol and drug testing). Ensure the drug testing collection point (DTCP) standing operating procedures (SOPs) are reviewed annually.
- 5) Serve as the coordinator of all substance abuse and risk reduction issues for the IPT, human resources council, or other similar appropriate forums.
- 6) Monitor and report as recorded in Drug and Alcohol Management Information System (DAMIS) the commander referral rate, the screening rate, and provide quarterly reports to the installation, battalion commanders and the IMCOM Chief, ASAP/R2.
- 7) Ensure there is a continuous and comprehensive ASAP staff training plan for all installation staff to enhance professional skills.
- 8) Establish communications, a referral network, and administrative coordination between military units and civilian activities and the MTF BH department to facilitate the effectiveness of SUDs treatment.
- 9) Assist commanders and supervisors in the ID and referral of individuals suspected of problematic substance use to include tracking alcohol and drug abuse prevention training (ADAPT) attendance.
- 10) Institute procedures and strategies designed to enhance the deterrent effect of drug and alcohol testing.
- 11) Consult with the IDPH, local law enforcement personnel, and other installation personnel in designing and implementing the IPP.
- 12) Using input from the PCs, evaluate all prevention education and training aspects of the local ASAP at the end of the fiscal year, and forward through the Commander, IMCOM to the Director, ARD, a written report of the installation prevention program activities and accomplishments.
- 13) For military personnel only, restrict notification of positive drug test results with the ability to transition from using a Soldier's social security number (SSN) to DoD electronic data interchange person identifier (EDI-PI), located on the Soldier's common access card. The EDI-PI will serve as the primary means for Soldiers and sample ID for military drug testing collection procedures. Drug testing laboratories will continue to accept both SSN and EDI-PI during the

transition. The DoD will announce when SSN will no longer be accepted in future correspondence. The notifications will be—

- (a) The commander who ordered the test.
- (b) The chain of command over the commander who ordered the test.
- (c) The supporting legal office when they are acting on behalf of the commander who ordered the test.
- (d) The IDPH and/or clinical director (CD) on all positive drug testing; for rehabilitation tests results, the CD or assigned SUD provider will report results.
- (e) Law enforcement for all illicit drug results, except pre-MRO and rehabilitation tests. ASAP offices will provide a list of illicit positive drug test results to their supporting CID office on a weekly basis.

14) Maintain ASAP statistics as directed by Director, ARD (AR- 600-85 see chaps 4, 5, 6 and chap 14).

15) Promptly furnish extracts from the daily MP desk blotter to the IDPH on all incidents involving alcohol, drugs, and other substance abuse.

16) Appoint a primary and alternate DTC on orders and ensure they are trained and certified through the DA DTC certification course.

17) Assess the installation ASAP on an annual basis (using the guide in AR 600-85 appendix D). Inspect at least one of the four DTC functional areas on a quarterly basis. Record all assessments and inspection findings on a memorandum for record (MFR) and maintain in accordance with AR 25-400-2. Assess the installation ASAP in accordance with AR 11-2 every 5 years using the guide at appendix G.

14) Supervise the MRO review process and ensure the review timelines in AR 600-85 chapter 4-14 of regulation are met.

15) Prepare and submit all required reports in DAMIS or other electronic form as specified in AR 600-85chapter 14.

16) Provide reports derived from the DAMIS concerning drug positive data by unit identification code (UIC) and drug type to CID on a recurring basis.

17) Ensure that a Soldier's DAMIS record is reviewed after receiving a positive result for illegal substances and that the Soldier's company commander, as well as the first GO in the chain of command, is notified of all positive UA results in the Soldier's record.

18) Report all drug positives within 5 working days to the Soldier's Commander.

D. Prevention Coordinator (PC) will:

- 1) Promote ASAP and SUDCC services using marketing, networking, and consulting strategies.
- 2) Provide training and any other services to assist organizations in ensuring all military and civilian personnel are provided prevention education training.
- 3) Coordinate with the installation training officer to assist in integrating the preventive education and training efforts into the overall installation training program.
- 4) Design, develop, and administer target group-oriented alcohol and other drug prevention education and training programs in coordination with the ASAP staff and other installation prevention professionals.
- 5) Maintain liaison with schools serving military Family members, civic organizations, civilian agencies, and military organizations to integrate the efforts of all community preventive education resources.
- 6) Oversee the UPL training program. Provide UPLs with education and training materials.
- 7) Maintain lists of available continuing education and training courses and workshops provided by ACSAP, IMCOM, and appropriate civilian agencies for ASAP garrison staff and coordinate allocations for military and civilian training courses through the IMCOM.
- 8) Address military community risk levels and work toward reducing the risk factors.
- 9) Maintain class rosters for all training annotated on DA Form 3711 and track all substance abuse training on the installation by unit.
- 10) Conduct pre- and post-deployment, TDY, and area of operation substance abuse training.
- 11) Teach the ADAPT course to all individuals with a positive UA and indicated prevention requirement (see AR 600-85 chap 9 for specific requirements).
- 12) To the extent possible, teach at least one class to each unit per year.
- 13) Develop, in consultation with ASAP staff members, a substance abuse prevention plan annually.

E. Drug Testing Coordinator (DTC)

- 1) Operate an installation drug and alcohol testing program control point.
- 2) Serves as the installation subject matter expert on UA collection and testing.

- 3) Augments the installation Inspector General (IG) inspection teams.
- 4) Ensures that urine collections from Soldiers are performed, as required, in accordance with AR 600-85, Chapter 4 and Appendix D.
- 5) Teaches the drug testing procedures portion of the UPL certification course and provides pre- and post-deployment training to UPLs. Conducts background checks on UPL candidates.
- 6) Advises unit commanders and the ASAP managers on test procedure and results.
- 7) Manages drug testing supplies and expenditures.
- 8) Ensure the substance abuse programs and UA collection procedures of all units are inspected IAW. AR 600-85 chapter 4.
- 9) Will be prepared to testify as an expert witness about the urinalysis collection process during courts martial.
- 10) Maintain drug testing records in accordance with AR 25-400-2 while keeping military and civilian documentation in separate filing cabinets.
- 11) Retrieve Soldiers' drug test results from the FTDTL Web portal, and notify the commanders who ordered the tests. For any positive results, review the Soldiers' past UA records in DAMIS to determine if they have previous positive UA results.
 - a. Notify the Soldiers' company commanders of all positive UA results in the Soldier's DAMIS record. In addition, the DTC will provide the commander a list of the required actions to take on the Soldier (referral to BH, suspension of favorable actions (Flag), process for separation, and so forth).
 - b. Ensure law enforcement only receives the BAC, UIC, laboratory accession number, specimen collection date, specimen laboratory report date, test basis, and the illicitly used drug(s). For military personnel only, restrict notification of positive drug test results with the ability to transition from using a Soldier's SSN to DoD EDI-PI, located on the Soldier's common access card. The EDI-PI will serve as the primary means for Soldiers and sample ID for military drug testing collection procedures. Drug testing laboratories will continue to accept both SSN and EDI-PI during the transition. The DoD will announce when the SSN will no longer be accepted in future correspondence. Individual Soldier drug testing and treatment histories will not be provided.
- 12) Initiate medical review process for drug positive results requiring such IAW. AR 600-85 chapter 4.

13) Maintain the installation/command drug testing SOP and ensure that the ASAP manager reviews it annually and the legal office supporting installation reviews it when changes are made to the SOP document

14) Conduct drug testing background check on UPL candidates.

15) The IDPH and/or CD on all positive drug testing; for rehabilitation tests results, the CD or assigned SUD provider will report results.

16) Manage installation quotas, if required.

17) Manage UPL inquiries to DA and DoD.

18) Ensure a 3% or less discrepancy rate (including laboratory fatal and non-fatal, and installation specimen rejections) is maintained.

19) Utilize Drug Testing Technician-assists with drug testing duties.

F. IAW AR 600-85, Paragraph 2-31, Battalion/squadron prevention leaders (BPLs) will:

1) Meet the criteria in IAW AR 600-85 paragraph 9–5 to be a UPL.

2) Be appointed on orders by their battalion commander

3) Be trained and certified using the ACSAP UPL Certification Training Program (CTP)

4) Supervise and provide technical guidance to UPLs.

5) Inspect and document subordinate company on an annual basis and assist UPLs in the performance of their duties in coordination with the installation DTC.

6) Be the battalion commander's subject matter expert on the ASAP.

7) Coordinate with other UPLs within the battalion to support the battalion DTP as necessary to accomplish the specimen collection mission.

8) Use the DoD DTP software as the primary method of randomly selecting Soldiers for drug testing and for pre-paring the drug testing forms and bottle labels, and ensure that the commander approves all lists of randomly selected Soldiers before notifying them to report for testing.

9) In coordination with the battalion commander, design and implement the battalion Substance Abuse Program SOP and prevention plan. Provide a copy, signed by the battalion commander, to the local ASAP.

10) In coordination with the PC, ensure company UPLs deliver informed prevention education and training to all Soldiers assigned to the battalion.

11) Inform the commander of the status of the ASAP and of trends in alcohol and other drug abuse in the battalion.

12) Develop command support for prevention activities by establishing an open, honest, and trusting relationship with the unit commander and subordinate leaders.

13) Advise and assist unit leaders on all matters pertaining to ASAP.

G. IAW AR 600-85, Paragraph 2-31, Unit Prevention Leader (UPL) will:

1) Meet the criteria in IAW AR 600-85 paragraph 9–5 to be a UPL.

2) Be appointed on orders by their battery/company commander

3) Be trained and certified using the ACSAP UPL Certification Training Program (CTP)

4) In coordination with the company commander, design and implement the Company Substance Abuse Program SOP and prevention plan.

5) In coordination with the PC, deliver informed prevention education and training to all Soldiers assigned to the unit.

6) Assist in briefing of all new unit personnel regarding ASAP policies and services.

7) Assist the BPL in administering the battalion Drug and Alcohol Testing Program.

8) Inform the commander of the status of the ASAP and of trends in alcohol and other drug abuse in the company.

9) Maintain liaison with the servicing BH clinic offering SUDCC when in installation and with the servicing behavioral health unit when deployed.

10) Develop command support for prevention activities by establishing an open, honest, and trusting relationship with the unit commander and subordinate leaders.

11) Advise and assist unit leaders on all matters pertaining to ASAP.

H. Observers:

1) Will be briefed by the UPL and will sign the Observer Statement, prior to conducting a drug urinalysis test (APPENDIX C). Observers cannot be currently enrolled in ASAP.

2) Directly observe Soldier voiding urine from the body into the bottle.

3) Keep eye contact with the specimen bottle until the capped specimen is received and secured by the UPL.

4) In full view of the Soldier and the UPL, ensures the specimen bottle cap is tight prior to the UPL placing tamper evident tape over the top of the bottle. The specimen bottle will remain on the table while the UPL is holding the specimen bottle (new observer procedure).

5) Advise the UPL of any Soldier attempting to contaminate a specimen or otherwise trying to avoid proper procedures (APPENDIX C).

6) Will be an NCO/officer (E-5 or higher grade).

7) Will only observe Soldiers of the same gender.

8) No more than 3 observers will be assigned to each UPL (AR 600-85, Appendix D-4d).

9) Will only observe 1 Soldier at a time.

10) Can under certain circumstances, be a GS 05 civilian. The UPL may also be the Observer. The Commander should consult with legal regarding unforeseen UCMJ actions against civilian observers.

11) Possess unimpeachable moral character and sufficient maturity to preserve the dignity of the Soldier being tested.

12) Not currently be enrolled within the ASAP Rehabilitation Program.

13) Not be under investigation for legal, administrative, or substance abuse related offenses.

2. QUALITY CONTROL PROCEDURES

A. UPLs can request an appointment for turn in of specimens Monday - Friday and training holidays from 0730-1130 and 1230-1530. ASAP will not accept specimen turn-ins during the lunch hour between 1130 -1230. ASAP will be closed on Federal Holidays.

1) At the DTCP, the DTC will:

a) Check expiration date on UPL certification cards.

b) Have UPL sign the "Access" sheet and print and sign his/her name.

2) The DTC will do a Quality Control inspection on all specimens.

a) The DTC will review the chain of custody.

b) The DTC will review the DD Forms 2624, testing registers, bottle labels and Observer Memorandum for completeness and accuracy.

c) The DTC will ensure that the information contained on the front side of the DD Form 2624 is correct and corresponds with the information on the bottle label and unit register.

d) The DTC will review all items that are to be sent to FLTDL have no evidence of moisture (wet paperwork, labels, seals, cardboard, and absorbent material).

e) The DTC will review that, at a minimum, approximately 30ml of urine is contained in each bottle.

f) The DTC will review the specimen does not appear adulterated.

g) The DTC will ensure that an unbroken piece of tamper evident tape is correctly placed on each bottle.

B. If a discrepancy is found during the quality control inspection, the UPL is asked to initiate appropriate action to correct the discrepancy or error, if possible. All discrepancies that can be corrected must be explained in a memorandum titled, "Certificate of Correction" (APPENDIX G). The memorandum titled, "Certificate of Correction" will explain:

1) The discrepancy

2) The circumstances

3) The corrective action

a) If the error is a missed entry or an incorrect entry on the bottle label or on the DD Form 2624, corrections will not be made on the label or on the form. The evidence that a correction was made will be the memorandum titled, "Certificate of Correction."

b) The memorandum titled, "Certificate of Correction" will be appended to the original and all copies of the DD Form 2624.

c) The memorandum titled "Certificate of Correction" will be attached to the DTCP copy of the DD Form 2624 until its destruction date.

d) All personnel involved, including the person(s) who made the error and the DTC, must sign the certificate.

C. If no discrepancies are noted, or all discrepancies have been corrected with a Certificate of Correction, the UPL will release the specimens by signing the DD 2624 chain of custody to the DTC:

- 1) The date the specimens were collected in block 11a.
- 2) His/her name and sign their payroll signature in block 11b.

D. The DTC (or DTCP representative) prints and signs his/her payroll signature in block 11c to document receipt of specimens.

E. The original DD Form 2624 and Certificate of Correction, if applicable, will be photocopied. The originals must accompany the specimens. One copy is given to the UPL and the second copy remains at the DTCP. Copies will be filed according to the ARIMS filing system.

F. The UPL should use the checklist received during the UPL certification class to ensure all specimens are error free and documents are complete and correct. UPLs should initiate the memorandum titled "Certificate of Correction" before submitting specimens to the DTC. UPLs:

1) Must verify all DODID on the testing register, DD Form 2624 and bottle labels match and are placed in the correct sequence in the box.

2) Will ensure that all required signatures are on unit register, bottle labels are initialed and that the evident tamper tape is not torn.

3) Will make certain that specimens are placed in the collection boxes in order and that the batch number is written on the outside of the box.

4) Will write the date in the correct format on the back side of the DD Form 2624 (chain of custody). Print and sign the chain of custody.

5) Will if the specimens were released to other UPLs for turn in, annotate his/her signature on the chain of custody and include a memorandum stating why the transfer was required. This information must be submitted to the DTC.

6) Ensure, after every collection, all waste materials are disposed of and the work area disinfected. While cleaning up the work area the UPL must maintain eye contact with all specimen containers.

7) Will transport all specimens to the Drug Testing Collection Point (DTCP) as soon as possible (normally the same duty day, but NLT the next working day).

3. PACKAGING AND SHIPPING.

A. The DTC is responsible for ensuring all specimens are properly packaged and that specimens are shipped the day accepted whenever practicable, but no later than the next work day. UPLs must be familiar with the packaging and shipping requirements to ensure specimens are acceptable by the drug testing laboratory.

1) After the DTC inspects the complete batch, DTC will ensure that each specimen bottle is placed in a leak proof bag with absorbent material and sealed (in a multi-pack box more than one specimen). The UPL tapes the box. The box will be sealed over all open sides, edges and flaps. (With one continuous piece of masking tape (not scotch tape or duct tape), pull tape across the center of the entire box. Then tape both of the shorter sides of the box, with one continuous strip of tape and flap the edges of the tape).

2) The UPLs will assist the DTC at the DTCP with packaging of the batches.

3) All specimens received will be packaged by the DTC before sending USPS.

a) The DTC will sign each DD Form 2624 releasing it for shipment to the FTDTL. Properly complete block 11a to 11d.

b) Date the specimens delivered to carrier (block 11a). Name and Signature of person releasing custody to carrier (block 11b). Annotate the purpose of change.

c) The DTC will ensure that each DD Form 2624 remains inside an envelope taped to the specimen container. The container is placed into a leak proof bag.

d) The DTC will affix a label that says "Diagnostic Specimens" near the mailing address of the outside of the large shipping boxes.

4) If unable to ship the specimens until the next duty day, the specimens will be placed in temporary storage and the DD Form 2624 annotated properly.

4. OPERATING HOURS AND SCHEDULING TURN-INS.

A. The Army Substance Abuse Program (ASAP) is located at Building 5817. Hours of operation are Monday through Friday and training holidays from 0730 to 1130 and 1230 to 1600hrs. For Quality control (specimen turn in) refer to paragraph 2A. ASAP will be closed on Federal Holidays.

B. UPLs will schedule specimen turn-ins with the Drug Testing Coordinator (DTC) refer to 2A.

C. Supplies are issued anytime during operating hours.

D. Computers are available during hours of operation for Unit Prevention Leaders (UPLs) to print testing documents.

5. ORDERING, RECEIVING, ISSUING AND INVENTORYING SUPPLIES.

A. The DTC maintains the supply inventory of the DTCP and tracks all supplies issued to UPLs on monthly basis. The DTC orders supplies through the ADCO and ensures, at a minimum, a six month supply is on hand at the DTCP. The DTC issues supplies to the UPL anytime during ASAP operating hours.

B. Supplies will be issued to UPLs when requested. UPLs should ensure they have enough supplies on hand to test during the weekend. Army Reserves and National Guard units in active duty status should refer to APPENDIX A for ordering supplies.

C. UPLs must ensure all supplies required are readily available when commanders order a test. These supplies include:

- 1) Black or blue ball point pens (not felt or gel pen). Black permanent markers.
- 2) Commanders brief, UPL brief, Observer memorandum.
- 3) Updated Unit Personnel Accountability AAA 162.
- 4) The Army Drug Testing (DTP) software program.
- 5) Blank memorandum "Certificate of Correction."
- 6) Gloves, disinfectant, paper towels and trash can.

D. Supplies are only issued to UPLs, with the exception of a commander or 1SG.

6. TEMPORARY STORAGE PROCEDURES.

A. Specimens should be turned in the day collected, however, if unable to do so, the next working day, preferably in the morning. If turn in is later than 14 days after the collection date it is requested that the commander sign a MFR acknowledging that they know that the specimens were stored at the unit for the period. Later turn-ins due to unforeseen circumstances will be stored at the DTCP overnight. Specimens collected during non-duty hours must be secured in the unit's temporary storage.

B. Requirements of Temporary Storage

- 1) A safe, secure filing cabinet or metal wall locker will be used to store specimens.
- 2) The storage container must be in a lockable room.
- 3) The safe, filing cabinet or wall locker:
 - a) Must weigh at least 500 pounds.
 - b) Or be attached to the structure of the building by a chain or bolted to the wall/floor.
- 4) If a filing cabinet is used:
 - a) A metal bar hasp that runs entire height of the cabinet will be used.

b) A hasp may be welded to top drawer, but then only top drawer may be used for storage.

5) The safe, filing cabinet, or wall locker will be secured with a key padlock (series 200) with two (2) keys.

a) One key will be issued to primary UPL.

b) The second key will be kept in the commander's safe in a sealed envelope.

6) All opening and closing of the container will be annotated on a SF 702.

C. It is mandatory that UPLs complete the chain of custody (back of DD Form 2624) properly when placing specimens in and taking specimens out of temporary storage. When specimens are placed in temporary storage, the back of the DD Form 2624 will be annotated with the following:

1) DATE specimens are placed in container.

2) RELEASED BY: UPL's printed name and signature.

3) RECEIVED BY: Write in the building number and room in which the storage container is located.

4) PURPOSE OF CHANGE/REMARKS: Write in "Placed in TEMPORARY STORAGE".

5) SECOND ROW, RELEASED BY: Building, Room number.

6) SECOND ROW, RECEIVED BY: UPL's printed name and signature.

7) PURPOSE OF CHANGE/REMARKS: Write in "Removed from Temporary Storage".

NOTE: The UPL who places specimens into temporary storage must retrieve specimens from temporary storage. Only under extreme circumstances may another UPL retrieve these specimens from temporary storage. A memorandum for record must be completed explaining the circumstances for this action.

Example of Chain of Custody DD 2624 (back page)

11. CHAIN OF CUSTODY TRACKING		BASE AND UNIT IDENTIFICATION TC22 W12345	UNIT DOCUMENT NUMBER 0001
a. DATE (YYYYMMDD)	b. RELEASED BY	c. RECEIVED BY	d. PURPOSE OF TRANSFER
(1) 20160712	SIGNATURE John Doe NAME John Doe	SIGNATURE BLDG 3410 NAME Rm 112 Locker	Placed In TEMP STORAGE
(2) 20160712	SIGNATURE BLDG 3410 NAME Rm 112 Locker	SIGNATURE John Doe NAME John Doe	Removed From TEMP STORAGE
(3) 20160712	SIGNATURE John Doe NAME John Doe	SIGNATURE NAME	

7. UPL CERTIFICATION TRAINING, BACKGROUND CHECKS AND DECERTIFICATION PROCEDURES.

A. The Ansbach Army Substance Abuse Program (ASAP) holds a quarterly 24 hour block Battalion Prevention Leader (BPL) /Unit Prevention Leader (UPL) certification training. A UPL is not authorized to collect drug testing specimens upon expiration of the 18 month certification has expired. A UPL must attend a one day recertification course to stay current. A recertification course is offered bimonthly, which must be scheduled in advance with the DTC.

B. The Training NCO must submit request for Soldiers to attend the UPL certification class in a timely manner to ensure Soldier is scheduled for the course. A completed police background check and UPL appointment orders signed by the commander must be submitted to the DTC at least one week prior to the start date of the class.

C. The UPLs must be certified to perform their duties by successfully completing the DA UPL Certification Training Program (CTP), a standardized course of instruction and evaluation. No other UPL certification course is authorized without the written approval of the Director, ASAP. A UPL that is reassigned to another command may be appointed as a UPL in the new command with proof of a previous certification until recertification is required at the 18-month point.

D. The ADCO may revoke the ASAP certification of any UPL for an excessive number of discrepancies in drug testing collection procedures, urinalysis specimens, or on associated forms. However, the ADCO must immediately notify the UPL's commander, in writing, of such revocation and the purpose for it.

8. HAZARDOUS WASTE

A. After handling urine specimens DTCs and UPLs will disinfect the work area and properly remove waste. Any item that comes in contact with urine should be disinfected after use because of bacteria and possibility of an infection.

B. Urine spills must be cleaned up immediately and urine bottles must be rinsed with water before disposal in the trash.

C. USAG Ansbach safety inspector's guidelines for hazardous waste of urine is to ensure trash cans are sprayed with disinfectant and trash bags must be tied before placing in the dumpster.

D. Authorized disinfectant solutions are listed in Section 22 of this SOP.

9. SAFETY AND SECURITY

A. The installation or command physical security officer will inspect the DTCP biennially for compliance.

B. The ASAP-appointed safety and physical security assigned employee will submit a copy of the inspection findings to the primary DTC.

C. The DA Form 5513 (Key Control Register) will be maintained by the assigned key control employee.

D. The installation safety officers will coordinate with the ADCO and provide data on the incidence of alcohol and/or other drug involvement in accidents or other safety mishaps.

E. The safety officer will also inspect the DTCP annually for the presence of necessary safety equipment and compliance with applicable safety regulations and local requirements.

10. SPECIMEN BOTTLE DISPOSAL

A. When there is an approved reason why a urine specimen must be destroyed, the UPL will first put on gloves. The label will be destroyed and the DODID blackened with a black marker. The urine will be poured into the toilet and the bottle will be rinsed with tap water. The UPL will crush the rinsed bottle with his or her boot. The UPL will then invert glove so that the bottle is enclosed in the glove and place it in the trash. Hands will be washed after removing the gloves.

B. The DTC will not have a specimen destroyed without the ADCO approval. The DTC will maintain the ADCO approved memorandum of all voided specimen. The MFR will give reason for any authorized disposal. The DTC will inform the commander that the Soldier must be retested by the UPL.

11. UNIT INSPECTIONS

A. AR 600-85, paragraph 2-20(h) Ensure the substance abuse programs and UA collection procedures of all units are inspected IAW chapter 4. Paragraph 4-16b4 The DTC will inspect and document the inspection of every battalion-level unit biennially..

B. IAW 600-85, paragraph 2-31(e) the BPL Inspect and document subordinate company on an annual basis and assist UPLs in the performance of their duties in coordination with the installation DTC.

C. The DTC will ensure the Battalion commander receives a final inspection report.

D. The BPL will brief the unit commanders and provide a copy of the completed inspection check list to the DTC.

E. The inspection check list has been designed to ensure legal defensibility in a court of law. A blank copy of the inspection check list can be requested by contacting the DTC.

F. The battalion and unit's SOP must be current and reviewed by the commander annually. A modifiable battalion or unit drug testing SOP can be requested from the DTC. The SOP should include:

- 1) Collection procedures. All required urinalysis collection briefings.
- 2) Location of temporary specimen storage.
- 3) Drug testing program as primary method and an alternate method (field exercises, deployment).
- 4) Procedures for testing personnel if not available for testing because of leave, TDY, etc.
- 5) Disinfecting Procedures, bottle destructions.
- 6) Unusual circumstances and how to handle them.
- 7) Required means of identification to include an alternate reliable method for verifying DODID of the Soldier.
- 8) Unit Prevention Plan.
- 9) Unit Training at Commanders' discretion.

G. All inspections that have resulted in an "RED" rating, will be re-inspected within 10 days. Ratings of all final inspections will be annotated on the original "check list" and commander will be briefed within 30 days on final findings.

12. STATISTICS AND REPORTS

A. The DTC will maintain the following statistics and reports and provide the reports to the appropriate member.

- 1) Testing days and weeks of the month by all units.
- 2) Total military specimens collected by each unit for each reason for testing (IR, IU, and so forth).

3) Discrepancy rate for the installation by unit including both FTDTL fatal and nonfatal discrepancies and DTC voids.

4) Positive rate, by drug, for each unit and the installation.

5) Certification dates for primary and alternate DTCs.

6) Proof of local or DA training for additional personnel working within the DTCP.

7) The UPL certification and recertification records.

13. TESTING RATE

A. Commanders at every level will ensure random (IR) UA testing at the rate of 10 percent assigned end strength each month. Commanders may conduct several collections of smaller percentage within a month to meet the 10 percent monthly requirement. In addition to the monthly random testing, Soldiers not selected for random UA during the first three quarters of each fiscal year will be selected for testing during the fourth quarter using the inspection other (IO) test basis code. Unit sweep testing should not be used to meet this random testing requirement.

B. In addition to random testing, commanders should conduct periodic unit sweeps. The most effective testing programs use inspection unit testing in addition to and supplementary to a good random DTP. Inspection unit testing will not be used as a mean of testing a Soldier the commander suspects of abusing drugs, but does not have sufficient probable cause to conduct a collection code PO.

C. To ensure their continuing fitness for the positions they hold and the integrity of the DTP, all UPLs will submit to UA testing a minimum of once in each 12-month period.

D. Based on commander's written policy, commanders may order Soldiers to be tested after returning from leave, block leave, TDY, new Entrants, Students, HBL testing or any end of the year make up tests. Inspection Other (IO) test basis. Commanders must place a time frame for these tests to be completed. For example: "Soldier returning from AWOL will be tested within 48 hours."

E. Any Soldier that is implicated in an incident that requires police involvement that results in confinement is deemed a significant concern for drug or alcohol abuse will be ordered to urinalysis testing within 24 hours of their return to duty. (Test basis: IO).

F. When a Soldier is selected for a random UA, but is not present for duty, their commander will collect a UA specimen from the Soldier upon their return or during the next random UA test after the Soldier's return. If a Soldier's UA specimen is not tested and is destroyed because the specimen or DD Form 2624 (Specimen Custody Document-Drug Testing) were not forensically correct or the FTDTL determined it to be untestable due to adulteration, the commander will retest the Soldier as soon as practical.

G. Soldiers who test positive for an illicit drug at the hospital should immediately be tested by the UPL with SJA approval, using the Medical Examination (MO) referral test code.

H. Production of a specimen is required as a part of enrollment in an alcohol or other drug rehabilitation program (RO).

I. Foreign soldiers are not tested.

J. Army National Guard in Title 10 status and U.S Army Reserve Soldiers on AD for 30 days or longer are subject to every provision of this regulation. Army National Guard and Army Reserve Soldiers on AD for less than 30 days are subject to every provision of this regulation with the modifications specified in chapters 15 and 16, respectively. Nothing in this provision is intended to limit the authority of the command to take punitive or adverse administrative action against a Soldier who tests positive for drugs before serving 30 days on AD.

K. Commanders will maintain their substance abuse programs random testing rate, to the maximum extent practical, while deployed.

L. In areas where Soldiers receive hostile fire pay, O-6 level or higher commanders can authorize temporary suspension or reduction of random drug testing for specific subordinate elements based on METT-TC and/or safety and security issues.

M. Commanders will not endanger Soldiers' safety and security in hostile fire areas solely to conduct drug testing.

14. NEGATIVE FTDTL RESULTS

A. Urinalysis results are received daily on workdays by the DTC. The Forensic Toxicology Drug Testing Laboratory (FTDTL) posts results to their web portal when an entire batch has completed testing.

1) All negative Medical Review results are reported to the commander via email or phone and placed into a sealed envelope. The commander may have the UPL sign for the negative results.

2) The DTC provides a hard copy of all negative testing results to the commander which test basis includes Random (IR), Inspection Unit (IU), Rehabilitation (RO), Medical test (MO), Probable Cause (PO), Accident test (AO), Volunteer test (VO), Competence for Duty /Fitness for duty (CO), and Inspection Other (IO) test results.

3) All Rehabilitation test results are also reported to the ASAP counselor.

B. Specimens that test below the cutoff level are reported negative by the FTDTL.

15. POSITIVE FTDTL RESULTS FOR NON-MRO REVIEWED DRUGS AND MRO REVIEWED DRUGS

A. If the ASAP manager, DTC, or BACM receives a positive drug result that was posted to the FTDTL and requires a medical review, the ASAP staff will forward the result to the commander and the MRO. The MRO will make a determination of Authorized or Illegitimate Use and update DAMIS with their determination. In deployed areas, where the MRO is unable to access DAMIS, then a SF 513 (Medical Record - Consultation Sheet) will be forwarded to the unit servicing ASAP for input into DAMIS.

B. Ensure that a sufficient number of MROs are appointed so that reviews are completed within 15 days for AD and 90 days for reserve component of receipt of laboratory result.

C. Before reporting a Soldier's positive UA results for illicit substances to their commander, the ASAP manager, DTC or BACM will review the Soldier's past UA results in DAMIS to determine if the Soldier has a previous positive UA results for illicit substances. The ASAP manager, DTC or BACM will notify the Soldier's commander of all positive UA results for illicit substance in the Soldier's career and any previous enrollments in the SUDCC for treatment that are in the Soldier's records.

D. A hard copy of the MRO determination will be maintained by the DTC with the positive result for 3 years from the date of the test.

E. If the finding is medically justified, no action will be required by the commander.

F. Each ASAP is also required to report positive UA results for illicit substances (except rehabilitation and competence for duty test basis) directly to their supporting CID office. Data of positive UA results that require a MRO evaluation will only be released to CID if the MRO determines the results to be illegitimate use. Results determined to be legitimate medical use will not be released to CID. The ASAP will only provide CID and/or Office of the Provost Marshal General with the BAC, UIC, EDI-PI, laboratory accession number, specimen collection date, specimen laboratory report date, test basis, and the illicit drug(s) used. Individual Soldier drug testing and treatment histories will not be provided to law enforcement. The DD Form 2624, and MRO report from DAMIS or SF 513 will not be released to CID by ASAP staff.

16. REHABILITATION RESULTS

A. Urinalysis drug testing is required of all Soldiers enrolled in the SUDCC treatment program at a minimum of once a month or as often as established during the RTM meeting between the ASAP counselor and the commander.

B. All Soldiers enrolled for any reason (self-referred or command directed) for alcohol and/or drug related issues will be given a mandatory urinalysis test by the UPL monthly, under the testing code "RO."

1) If a Soldier has been tested within the month under a unit sweep, random or any other code, he or she must still be tested under the code "RO."

2) It is recommended that rehabilitation testing is limited to one Soldier per DD Form 2624 to ensure faster notification of results.

C. The DTC provides the commander and the SUDCC a copy of all rehabilitation tests results.

17. DTC VOIDS

A. Specimens not acceptable for testing and not authorized for submission to the drug testing laboratory must be destroyed, with the ADCO's approval. The DTC will inspect all specimens during the quality control and submit a memorandum for record titled "DTC voided specimen" to the ADCO before the specimen is destroyed. The DTC will contact the commander to explain the circumstances of the fatal discrepancy and the reason of the void. The UPL must retest the Soldier immediately.

1) See APPENDIX F for the FTDTL list of discrepancies.

2) In accordance with AR 600-85, paragraph 4-13e, the DTC is not authorized to dispose of or have the UPL dispose of any specimens, except when:

a) The specimen cannot be identified as a unique specimen by the DODID (for example, DODID on bottle does not match DODID on the DD Form 2624 and cannot be verified).

b) When SSN was used for drug test in place of DODID.

c) The specimen bottle has 2 labels on it or does not have the Soldier's initials on the label.

d) The testing register is missing the Soldier's or Observer's signatures.

e) When the Donor's initials are missing on the bottle label.

f) The specimen is from the UPL turning in the specimen.

g) With approval from the installation SJA.

h) At the time of the collection, specimens was collected by a non-certified UPL.

B. The DTC will create an MFR to record the reason for any authorized disposal and include who authorized it by name and title.

18. FTDTL FATAL AND NON-FATAL DISCREPANCIES.

A. A specimen receives a fatal discrepancy when the FTDTL feels that either the urine specimen or the paperwork makes the specimen's result indefensible in a court of law. The FTDTL will test all non-fatal discrepancies (see appendix F for definition).

B. The DTC will notify the commander upon receipt of all fatal and non-fatal discrepancies.

1) The Soldier will be required to submit a new specimen sample after the results are reported as a fatal discrepancy.

2) The retest should occur as soon as possible or within reasonable time after notification. The retest is a completion of the initial test and cannot be made up the following month.

3) The drug testing basis for a fatal discrepancy is "Inspection Other" (IO).

19. PROBABLE CAUSE AND FITNESS FOR DUTY TESTS.

A. Probable cause tests.

1) The commander should always consult with SJA before a Soldier is tested under probable cause.

2) Search or seizure/probable cause (PO). "A probable cause urinalysis is a nonconsensual extraction of urine from the body of an individual pursuant to a search warrant or a search authorization under M.R.E. 315 or under other conditions described in M.R.E. 313. It is done when there is a reasonable belief that a Soldier's urine contains evidence of illicit drug use or an alcohol-related offense."

3) If tested on the weekend, specimen(s) must be turned in the first working day following the weekend, or long holiday, to the DTC.

4) The commander must request, in writing, if the specimen(s) should also be tested for the rotational drugs Synthetic Marijuana (SPICE). The UPL must submit the MFR to the DTC along with the specimen(s).

5) The supporting specimen and documents (DD Form 2624, testing register and observer memorandums) will be reviewed at the Drug Testing Collection Point (DTCP) to ensure the procedures and chain of custody guidelines are met.

a) UPLs will use the DTP LITE 5.4.1 version if the full DTP 5.4 version is not accessible. Specimen(s) test basis should be coded as Probable Cause (PO).

b) Only one specimen per DD Form 2624 and if more than one Soldier tested, the batches will follow consecutively.

c) The amount of urine collected should be at least 60 ml for a special test request.

B. Competence for Duty (CO).

1) Test basis “Competence for duty” (CO).s During evaluation of a Soldier, the appropriate command authority may direct urinalysis to determine the Soldier’s competence for duty or need for counseling, rehabilitation, or medical treatment when there is reason to question the Soldier’s CO based on aberrant, bizarre, or uncharacteristic behavior, breaches of discipline, and other similar behavior. This test may be based on less than PO. Recommend commander contact SJA before testing under PO..

2) The ASAP does not require a signed endorsement by the SJA to have the CO specimens tested at the FTDTL.

20. SUSPECTED ADULTERATED SPECIMENS.

A. Specimens identified by the Forensic Toxicology Drug Testing Laboratory (FTDTL) as possibly adulterated (SB) will be identified as a positive or negative, accordingly. A urine specimen containing a substance that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration will be reported by the laboratory with a “SB” discrepancy code (see appendix F for definition).

B. Most additives mask certain drugs, but if a drug can be identified, the FTDTL is able to report a positive test result.

C. Under no circumstance will the UPL or the observer allow a questionable specimen to be destroyed.

D. If the UPL or observer suspects the Soldier adulterated the specimen, the UPL will secure the specimen bottle and its contents and complete the collection process, but will not release the Soldier. The UPL will have another observer or NCO notify the commander, and the UPL will explain the circumstances to the commander. The commander may order the tested Soldier to provide a PO specimen after consulting with the appropriate legal advisor. The UPL will collect this specimen under a separate chain of custody. The Soldier will remain in the holding area until the specimen is provided. If the UPL, not the observer, discovered the possible adulteration, the commander should replace the observer immediately for not properly observing the specimen collection, and contact the appropriate legal advisor for further guidance. The first specimen should be sent to the FTDTL for testing with a special request memorandum from the commander to test the specimen for validity.

E. If it is suspected that the specimen is adulterated, the UPL will submit the suspected sample to the DTC. The DTC will ship the sample to the FTDTL in order to receive an official memorandum of the findings.

D. Upon a report of an adulterated specimen by the FTDTL web portal, the DTC will notify the commander. The DTC will then receive an official letter from the FTDTL through official mail, which the DTC will forward to the commander.

F. The FTDTL letter will state specific findings why it is believed that the specimen has been adulterated. The commander may request that the FTDTL perform validity testing to determine if the specimen is human urine. The FTDTLs are not required to determine the exact type or quantity of adulteration. The commander should consult with the local CID for investigation purposes.

G. The commander may request a validity test, after a specimen has been reported adulterated by the FTDTL, to determine if the ph., creatinine and gravity level is consistent in the range attributed to normal human urine.

H. The DTC will maintain a list of all the FTDTL reported adulterated specimens and will assist in matters pertaining to retest and validity testing of specimens.

21. PROPER CLEANING, DISINFECTING AND WASTE CONTROL PROCEDURES

A. DTCs and UPLs will use the following disinfectants when cleaning the work area after handling urine bottles:

- 1) 10% bleach solution, freshly made within 8 hours of use. Mix 1 part bleach with 9 parts water (1/2 cup bleach with 4-1/2 cups of water).
- 2) Or spray disinfectant such as LYSOL or similar type that must contain at least 70% or higher alcohol solution of methanol or ethanol.
- 3) Ensure you let the surface air-dry.
- 4) Isopropyl alcohol (rubbing alcohol) or Pine sol are not effective disinfectants.

B. Any time a spill involving urine occurs it should be treated as potentially hazardous and cleaned up immediately. The correct procedure is:

- 1) To put on gloves and place paper towels over the spill, so that it is totally absorbed.
- 2) Spray or pour your disinfectant over the paper towels. Ensure all the paper towels are saturated with disinfectant.
- 3) Allow the disinfectant to work for 10 minutes.
- 4) Wipe-up area with additional paper towels.
- 5) Clean the area with a regular detergent and dispose of all paper towels in trash.

22. MEDICAL REVIEW OFFICER (MRO) REVIEW AND TRACKING PROCEDURES

A. The DTC will ensure the DAMIS MRO Soldier positive list is maintained, to ensure MRO evaluations have been reviewed by the MRO within fifteen days. Even though the MRO

forwards all completed SF 513s to the DTC, it is critical that the DAMIS MRO positive reports have been updated in a timely manner.

B. The MRO must be on orders and ensure his/her certification has not expired. MROs are certified every three years. The MRO verifies all positive results that could have been due to prescription medication and follows MEDCOM Regulation 40-51, by reviewing Soldier's records from the past six months.

C. If necessary, the MRO will coordinate with the unit commander, who will offer the Soldier the opportunity to furnish medical evidence in the form of a medical prescription and/or statement from the Soldier's physician or dentist documenting the drug prescribed or given, date of medical or dental procedure that required prescription drugs, and the medical reason for its use. The documentation will be marked "For Official Use Only - Personal in Nature" and will be forwarded to the MRO for evaluation. Unit commanders will not initiate an adverse action against the Soldier until the MRO had rendered an evaluation.

D. MROs should advise Soldiers of UCMJ Article 31 rights using a DA Form 3881 prior to speaking with Soldiers.

E. Section 15 of this SOP provides the procedures for MRO positive and negative reports.

23. PRE-DEPLOYMENT TRAINING AND PROCEDURES

A. Commanders will maintain their substance abuse programs random testing rate, to the maximum extent practical, while deployed. In areas where Soldiers receive hostile fire pay, local brigade or higher commanders will determine the required monthly testing rate.

B. Units deploying should have the UPL(s) pick up enough supplies at the DTCP to test their unit strength during deployment. Once deployed, units will order supplies through the normal supply system. For a complete supply list see Appendix A.

C. The DTC should be contacted and may be able to schedule a UPL certification course, for those Soldiers not able to attend the scheduled 24-hour UPL course or recertification course before upcoming deployment.

D. Once deployed, the commander should contact the ASAP at <https://asap.army.mil/>, for assistance locating Base Area Code Manager's for reporting of testing results.

E. The UPL should check the ACSAP website periodically for updates and changes.

F. If a UPL candidate is deployed, they may be certified using the distance learning and certification procedures explained at www.acsap.army.mil/. Upon successful completion of all course requirements, UPLs will receive a certificate of training and a UPL certification card.

G. Shipping and packaging guidelines are provided in the "Commander's Guide & Unit Prevention Leader Urinalysis Collection Handbook." Deployed UPLs will ship all specimens directly to the drug testing laboratory for testing.

24. ALCOHOL TESTING PROCEDURES AND DEVICES

A. IAW AR 600-85, paragraph 3-2(a) on-duty impairment of Soldiers is defined as having blood alcohol content equal to or greater than .05 grams of alcohol per 100 milliliters of blood. There will be no alcohol consumption during duty hours unless specifically authorized by the first GO or civilian equivalent (member of the senior executive service) in the supervisory chain or, if not reasonably available, the installation commander.

B. Underage drinking is prohibited. Army policy governing the minimum age for dispensing, purchasing, consuming, and possessing alcoholic beverages is found in AR 215-1, chapter 10. Any underage Soldier using alcoholic beverages will be referred to the SUDCC for screening within 5 working days.

C. Commanders may use unannounced unit inspections and fitness for duty testing for alcohol with evidentiary DOT-approved alcohol testing breathalyzers in coordination with Provost Martial support to:

- 1) Promote military fitness, good order, and discipline.
- 2) Promote safety.
- 3) Increase awareness of the effects of alcohol consumption on duty performance, health and safety.
- 4) Deter alcohol abuse.
- 5) Assist in the early ID and referral to the ASAP of Soldiers at high risk.

D. Unit commanders will confront suspected alcohol abusers, regardless of rank or grade, with the specifics of their behavior, inadequate performance, or unacceptable conduct.

E. Commanders will process all Soldiers for separation, in accordance with AR 600-85, paragraph 10-6, who are involved in two serious incidents of alcohol-related misconduct in a 12-month period; any Soldier who is convicted of DWI or DUI two times during his or her career will be processed for separation.

F. Only results from evidentiary tests may be used in support of disciplinary or administrative actions. (Refer to AR 190-5 for guidance related to alcohol testing).

G. The decision to test and how to organize the testing event is made by the commander; however, commanders must be cognizant that an unpredictable testing pattern will produce a more accurate indicator of alcohol impairment and abuse within a particular unit than one which

is predictable. Commanders must also be aware that the Soldier must have known that they were scheduled to be on duty at the time of the test. It is recommended that commanders consider testing during/after first formation, after lunch, or for shift workers, immediately after reporting for duty.

H. To realize the objectives of the Army's Alcohol Testing Program, there are eight circumstances for alcohol testing of Soldiers:

1) Inspection. An inspection is an examination of a unit, or part thereof conducted as a function of command, the primary purpose of which is to ensure the security, military fitness, or good order and discipline of the unit, and is conducted pursuant to Military Rule of Evidence (MRE) 313.

2) Search or seizure/probable cause. This may include searches based on probable cause (PO) (in accordance with MRE 315) or those conducted pursuant to a recognized exception to the PO requirement.

3) Competence for duty. During evaluation of a Soldier, the appropriate command authority may direct alcohol testing to determine the Soldier's competence for duty (CO) or need for counseling, rehabilitation, or medical treatment when the commander has reason to question the Soldier's CO based on aberrant, bizarre, or uncharacteristic behavior, breaches of discipline, or other similar behavior. This test may be based on less than PO, but may not be used for disciplinary action under the UCMJ.

4) Treatment. Soldiers enrolled in SUD treatment will submit to alcohol testing through blood or breath tests on a monthly basis as a part of the alcohol or other drug treatment program. The treatment team will determine if an increased frequency is required and will communicate this to commanders.

5) Mishap or safety inspection. A specimen may be collected for alcohol testing from personnel contributing to any Class A, B, or C aviation accident or when deemed appropriate by a commander or physician. Specimens that are collected in compliance with the MRE (for example, inspection by command policy, search, seizure, or consent) may be used for any lawful purpose. However, specimens may also be collected for mishap investigatory purposes only and may not satisfy the requirements of the MRE for admissibility in a court-martial. If specimens do not satisfy the standards of admissibility, these tests will be protected by the Limited Use Policy.

6) Consent. A specimen for alcohol testing may be provided voluntarily by a Soldier as part of a consent search conducted in accordance with MRE 314(e).

7) New entrant. Alcohol testing may be required during the pre-accession physical, initial period of military Service, or for physicals in connection with the selection/attendance of specific military schools.

8) Medical. A specimen for alcohol testing may be required during any examination for a valid medical purpose (for example, emergency treatment, periodic physical examinations, and

such other medical examination (MOs) as are necessary for diagnostic or treatment purposes in accordance with MRE 312).

I. Commanders may use non-evidentiary alcohol screening devices that are listed on the DOT Conforming Products List of Alcohol Screening Devices.

- 1) Commanders should request devices for testing through the ASAP's DTC.
- 2) Alcohol results received with these devices cannot be used in any administrative action until the Soldier's test is confirmed with an evidentiary alcohol breath measuring device or through a legal blood alcohol test under chain of custody.
- 3) Soldiers who screen positive using the alcohol breath measuring device will be referred to the commander for a determination as to whether probable cause exists and further search is warranted. Under no circumstance will the Soldier who screened positive drive any privately owned vehicle (POV) or military vehicle until identified as not impaired by a Substance Abuse Professional (SAP).

J. In order for an alcohol test to meet the evidentiary requirements for use by trial by court martial, the following standards must usually be met. However, these are provided as a guideline only. Nothing in this paragraph confers more rights on the accused or respondent and failure to meet the guidance will not necessarily make the test inadmissible in a court of law or other adverse proceeding.

- 1) Chain of custody documents must be correctly completed and maintained.
- 2) The instrument used must be calibrated in accordance with established procedures and the manufacturer's recommendations.
- 3) The instrument operator must be certified on the instrument's use, usually by the manufacturer, on an annual basis.
- 4) The instrument must be properly maintained in accordance with standard operating procedures and the manufacturer's recommendations.
- 5) The operator should print and maintain a copy of test data. This should include calibration, quality control, and the Soldier's specimen data.

K. Commanders should request evidentiary tests through the MTF.

L. Although no testing rate is currently mandated, commanders may conduct alcohol screening tests, and confirmation tests as required, on whole or a part of their units for the primary purpose of ensuring the security, military fitness, and good order and discipline of their units. This inspection is to determine if Soldiers are maintaining proper standards of readiness, and are fit and ready for duty. Alcohol screening and confirmation tests should only be performed during duty hours when the Soldiers selected for testing have prior knowledge that they should be on duty. For example, if the commander calls an unannounced alert and Soldiers report for duty at

0430 when they were originally scheduled to report at 0630, then the alcohol test cannot be administered until at least 0630. However, if the Soldiers were previously told that they had to report at 0430, then they may be tested for alcohol at 0430. Commanders must avoid the appearance of selective testing or using screening tests to target individuals.

M. The commander will refer all Soldiers identified by alcohol testing, DUI/DWI, investigation, apprehension, underage drinking or reportable incident involving the use of alcohol to the BH clinic for a SUD evaluation within 5 days of the incident or investigation using DA Form 8003 for evaluation and potential enrollment.

APPENDIX A

UPL STATION SUPPLIES

1. Urine Specimen Bottles with box: NSN 6640-00-165-5778 (120 bottles).
2. Urine Female Collection Cup: NSN 6530-01-048-0855.
3. Tamper evident tape: Acetate tamper evident paddle, Source: Time Labeling System, INC, 144 Tower Dr., Byer Ridge, IL 60621, Product #: TRL-2N, Tel: 1-800-323-4840
Or Tape, Tamper Resistant: NSN 6640-01-204-2654.
4. Avery 5163 labels – Local purchase.
5. Gloves, Rubber: NSN 6515-00-339-7860.
6. DD Forms 2624, Specimen Custody Document-Pre-printed by DTP front to back.
7. Unit Urinalysis Testing Registers, pre-printed by DTP.
8. Observer's Brief, Commander's Brief, UPL's Brief.
9. UPL's Briefings.
10. Ball Point Pens – Blue or Black.
11. Black Marker to blacken out barcodes if a correction is made.
12. AAA 162.
13. Paper Towels - In case of a spill or wet bottle.
14. Disinfectant spray.
15. Ruler – to line out an entire entry on the DD Form 2624, if necessary
16. Trash can with trash bags,
17. Table and Chair (your work station).
18. Copy of current AR 600-85.
19. Copy of installation and unit SOPs.
20. Copy of Region/MACOM and/or installation policy letters.
21. UPL appointment orders.

HOLDING AREA SUPPLIES

1. Styrofoam Drinking Cups,
2. Table
3. Chairs
4. Garbage can(s) with Trash Bags
5. Fluids - water, coffee, juice, soda, etc.

LATRINE SUPPLIES

1. Hand Soap and paper towels.
2. Latrine off limits sign (available in Commander's Guide and UPL Handbook)

PACKAGING SUPPLIES

1. Liquid absorbent pouches: NSN 6330-01-304-9754
2. Specimen Transfer Bag 6”X6” with absorbent pad BAG1055
3. Mailing pouch – white: NSN 6530-01-304-9762
4. Envelopes, plain white (#10 business): NSN 7530-00-286-6970
5. Adhesive tape for packaging
6. Black marker to sign payroll signature across top and bottom of box
7. Brown wrapping paper to wrap box if required by mail carrier

APPENDIX B

UNCLASSIFIED

Commander's Briefing

Oct 2019

Today our Unit will be drug tested for illegal substance use. The primary purpose of this test is to ensure our unit's military fitness and that we are maintaining proper standards of readiness.

Individuals in this unit have been selected on a random basis for drug testing. There is no probable cause or reasonable suspicion that anyone in the unit is using or abusing drugs or a controlled substance.

Everyone selected will be tested. Anyone not present will be rescheduled for testing at a later date.

Every specimen collected will be tested for Marijuana (THC); Cocaine; Amphetamines (which include methamphetamines, MDMA (ecstasy), and MDA), heroin, opiates (which include, morphine and codeine), synthetic opioids (Oxycodone/ oxymorphone) known commonly as OxyCotin and Hydrocodone/hydromorphone) and Fentanyl, selected benzodiazepines and synthetic cannabinoids, known commonly as Spice.

Testing procedures outlined in AR 600-85 will be followed.

All Soldiers must be aware that all verbal orders connected with the testing are lawful and are to be followed as such.

A refusal to comply with orders relating to this test subjects the Soldier to punitive or administrative actions under AR 600-85, AR 135-18, AR 135-178, and AR 635-10.

DOES ANYONE HAVE ANY QUESTIONS?

The UPL will now provide you with details about the drug testing procedures that will be used today.

APPENDIX C

UPL's Observer's Briefing
October 2019

1. Observers are a critical link in the process of collecting urine specimens to be tested for substance abuse. Instances have occurred in the past where observers did not follow proper collection procedures and positive drug tests were not usable in legal and/or administrative actions. In order to prevent similar occurrences in the future, the observer will read and sign this Memorandum for Observer(s).

2. The testing procedures do not violate a Soldier's Fourth or Fifth Amendment rights, nor does the observation procedure violate the right to privacy. A refusal to produce a specimen is a violation of a direct order and may result in the soldier being processed for separation.

3. The results of tests may be used in legal proceedings and consequently the urine sample may be considered as evidence. A valid chain of custody is mandatory for a successful prosecution. As an observer, you may be asked to provide testimony at legal or administrative proceedings. You may be subject to UCMJ or administrative action if it is discovered that the specimen was altered in any way while it was under your control.

a. Article 92: Knowingly failing to obey a lawful general order or regulation by not maintaining direct line of sight of the urine into the bottle.

b. Article 107: Making a false official statement in signing the UPL's urinalysis ledger acknowledging the urination process was directly observed and no tampering occurred.

c. Article 134: False swearing by authenticating that no substitution or tampering of the urine sample occurred.

**Observer's Briefing
October 2019**

1. Be an Officer or NCO in the rank of E-5 or above.
2. Be of the same gender as the Soldier being tested.
3. Possess sufficient maturity and integrity to preserve the dignity of the Soldier being observed.
4. Not have been enrolled in mandatory SUD treatment in the past twelve months or currently be under investigation for any substance abuse related offenses.
5. The observer(s) control the urine collection process once the Soldier leaves the UPL's desk and during the collection of the specimen in the latrine.
6. Maintain visual contact with the bottle at all times.
7. Ensure the Soldier washes his/her hands with water only before the collection begins.
8. Ensure that the specimen provided is not contaminated or altered.
9. Directly observes the Soldier (one Soldier at a time per observer) voiding urine into the specimen bottle
10. Ensure direct observation of urine flow from the Soldier's body into the bottle
11. Ensure the Soldier provides at a minimum of 30mls of urine; however, 45mls is preferred
12. Ensure the Soldier tightens the specimen bottle cap and the bottle is dried.
13. Ensure the bottle is not reopened after the cap is tightened.
14. Ensure the Soldier washes and dries hands (Soldier can use soap)
15. Escort the Soldier back to the UPL station/table with the bottle in full view.
16. In full view of the Soldier and the UPL, ensures the specimen bottle cap is tight prior to the UPL placing tamper evident tape over the top of the bottle. The specimen bottle will remain on the table while the UPL is holding the specimen bottle.
17. Observe the UPL placing tamper-evident tape over the top of the bottle, and across the label.
18. Observe the UPL place the specimen in the collection box.
19. The observer will print and sign name on the testing register in front of the UPL and the Soldier verifying the collection process and direct observation was conducted.
20. Your Signature on the testing register, verifies you have completed steps 1-19.

OBSERVER'S AFFIDAVIT: I have read and understand this document. I will comply with the responsibilities as stated above and will report anything out of the ordinary immediately to the UPL or Commander.

Rank	Observer's Printed Name	Observer's Signature	Date
Rank	Observer's Printed Name	Observer's Signature	Date
Rank	Observer's Printed Name	Observer's Signature	Date
UPL's Printed Name		UPL's Signature	Date

APPENDIX D

UPL's UNIT BRIEF
October 2019

You have five major responsibilities during the collection procedure:

1. Confirm identification with ID card
2. Provide more than 30ml of specimen. (45ml is preferred)
3. Initial the specimen bottle label verifying your personal data is correct
4. Keep specimen bottle in full sight until sealed with tamper evident tape.
5. Sign your payroll signature on the testing register to verify that the specimen was yours and you watch your specimen bottle label being placed on the bottle and sealed by the UPL with tamper evident tape.

Your urine specimen will be provided in a plastic bottle (a wide mouth collection cup is available for males and females).

Each bottle will have a label affixed to it with today's date that identifies you by your DoD ID# after you return from the latrine.

Collection of the specimen will be conducted using direct observation in full view of an observer. Do not go to the UPL station until you feel you are ready to provide at least 30ml or more (approximately ½ bottle) of urine. If you are unable to provide a specimen or an adequate quantity of urine, you will be held in the holding area until you are able to provide a specimen. You will be provided an adequate amount of liquid to help facilitate the collection process. You will not be released from duty today until you have provided a proper specimen.

Your tasks include:

You will provide your military ID card. If you do not have your military ID card or other photo identification, the commander will be called to verify your identification.

Remove excess outer garments such as OCP jackets and coats or IPFU tops.

Provide a urine specimen under direct observation.

You will initial the bottle label upon returning from the latrine after you have verified your DoD ID#, full name, and date on the Testing Register; verify DoD ID# on DD Form 2624; and verify the date and your DoD ID# on the bottle label.

Sign your payroll signature on the testing register verifying that the urine specimen provided was yours, the bottle label was placed on the bottle and initialed by the UPL, specimen was sealed with tamper evident tape, and then placed into the collection box.

Note: I do not need to know if you are taking or have taken prescription medications. If your specimen result comes back from the laboratory as positive for a drug that could have been a result of prescription medication, a medical doctor will review the result before any other actions are taken. The doctor will review your medical record, any prescriptions from outside providers, and possibly interview you, prior to making a medical determination of valid prescription use or illegal use. If the doctor determines the drug positive was a result of valid prescription medication, then no actions will be taken against you.

Are there any questions? Any questions about the collection procedure will be directed towards your observer or myself.

APPENDIX E

PROBABLE CAUSE TEST REQUEST

Unit Office Symbol

Date

MEMORANDUM FOR Commander,

SUBJECT: Request for PO Testing

1. I request that the enclosed urine sample be tested for all substances on the approved Department of Defense Drug Testing Panel memorandum. The additional required information is provided
 - a. Base Area Code (BAC):
 - b. Unit Identification Code (UIC):
 - c. Batch Number:
 - d. Specimen Number:
 - e. Date Collected:
 - f. DODID of Donor: (DO NOT INCLUDE THE SOLDIERS NAME ON THE MEMORANDUM)
 - g. Commander's Phone Number:
 - h. Commanders OFFICIAL Email Address:
 - i. Commander's Mailing Address (for test results):
2. I have consulted with my servicing Staff Judge Advocate (SJA) that sufficient probable cause exists to support this Probable Cause (PO) drug test and have enclosed their concurrence for this particular PO test.
3. The point of contact for this memorandum is the undersigned at (commander's phone & email)

COMMANDERS
SIGNATURE BLOCK

APPENDIX F

Joint Discrepancy Code List

(effective 1 July 18)

ITEM	CODE	CODE DESCRIPTION	USA
Bottle	BA	Bottle / container unauthorized	Fatal
Bottle	BB	Bottle leaked in shipment- NOT TESTED	Fatal
Bottle	BC	Bottle leaked in shipment, quantity not sufficient to test	Fatal
Bottle	BD	Bottle - broken seal	Fatal
Bottle	BE	Bottle - no seal	Fatal
Bottle	BF	Bottle - two seals, no explanation	Fatal
Bottle	BK	Bottle leaked in shipment-TESTED	Testable
Bottle	BU	Bottle empty	Fatal
Bottle	BY	Bottle discrepancy - NOT TESTED	Fatal
Bottle	BZ	Bottle discrepancy - TESTED	Testable
DD2624	FA	Form-UIC or base/area code discrepant*/differs from bottle	Testable
DD2624	FH	Form-date specimen collected discrepant*/differs from bottle	Testable
DD2624	FL	Form not received	Fatal
DD2624	FM	Form received separately from bottle	Fatal
DD2624	FN	Form chain of custody entries (Blocks 12a-d) discrepant*	Fatal
DD2624	FP	Form did not list specimen, bottle received	Fatal
DD2624	FR	Form on two pieces of paper - no linking identifiers	Fatal
DD2624	FT	Form - SSN discrepant*	Fatal
DD2624	GG	Form listed specimen, no bottle received	Fatal
DD2624	GP	Form or other document contains service member's name / signature	Fatal
DD2624	GR	Form marked void for received specimen	Fatal
DD2624	GY	Form discrepancy - NOT TESTED	Fatal
DD2624	GZ	Form discrepancy - TESTED	Testable
Label	LA	Label missing/blank	Fatal
Label	LD	Label over label	Fatal
Label	LF	Label - collection date discrepant*	Testable
Label	LJ	Label - member initials discrepant*	Testable
Label	LL	Label - collector or observer's initials discrepant*	Testable
Label	LN	Label - SSN does not match form	Fatal
Label	LQ	Label has service member's name/signature	Fatal
Label	LX	Label - SSN discrepant*	Fatal
Label	LY	Label discrepancy - NOT TESTED	Fatal
Label	LZ	Label discrepancy - TESTED	Testable
Other	OY	Laboratory technical discrepancy - NOT TESTED	Fatal
Other	OZ	Laboratory technical discrepancy - TESTED	Testable
Package	PA	Package - no seal	Fatal
Package	PB	Package - broken seal	Fatal
Package	PD	Package missing signature/date	Testable
Package	PH	Package - Leakage noted- TESTED	Testable
Package	PI	Package - Leakage noted- NOT TESTED	Testable
Package	PL	Package - Leakage noted- NOT TESTED	Fatal
Package	PY	Package discrepancy - NOT TESTED	Fatal
Package	PZ	Package discrepancy - TESTED	Testable
Specimen	SA	Specimen appears to be adulterated - NOT TESTED	Fatal
Specimen	SB	Specimen appears to be adulterated - TESTED	Testable
Specimen	SC	Specimen quantity not sufficient to test	Fatal
Specimen	SE	Specimen volume < 30 mL	Testable
Specimen	SY	Specimen discrepancy - NOT TESTED	Fatal
Specimen	SZ	Specimen discrepancy - TESTED	Testable

* "Discrepant" = Incorrect, Incomplete, Illegible, Missing, Overwritten, Not Original, or Not Forensically Corrected
 Per AR 600-85, para 4-13d., only Codes FT, LD, LJ, and LN can be disposed of at the installation level

APPENDIX G
CERTIFICATE OF CORRECTION

MEMORANDUM FOR RECORD

DATE: _____

SUBJECT: Discrepancies BAC E7A1

REFERENCE: (X) Bottle Label, (X) DD Form 2624, (X) Other _____.

_____/_____/_____
UIC COLLECTION DATE YYYYMMDD BATCH #
SPECIMEN #

_____ Double Seal – _____ applied 2nd seal in presence of _____ and _____ due to: _____.

_____ Collection Date Incorrect, collection date should read as _____.

_____ UIC or BAC incorrect should read _____.

_____ Quantity is _____.

_____ Urine appears to be adulterated _____.

_____ Accidentally Voided on 2624, Specimen is present. DODID is _____,
Test Basis is _____ and Test Info is _____.

_____ Corrected DODID due to _____,
DODID should read as _____.

_____ UPL Initials should read _____, UPL initials on bottle label are _____.

_____ SM initials illegible should read _____. # _____ SM initials illegible should read _____.

_____ SM initials illegible should read _____. # _____ SM initials illegible should read _____.

_____ SM initials illegible should read _____. # _____ SM initials illegible should read _____.

_____ SM initials illegible should read _____. # _____ SM initials illegible should read _____.

_____ SM initials illegible should read _____. # _____ SM initials illegible should read _____.

_____ SM initials illegible should read _____. # _____ SM initials illegible should read _____.

_____ Other: _____

Signature: _____
Rank/Name: _____
Date: _____
UPL NCO

Signature: _____
Rank/Name: _____
Date: _____
OBSERVER

Verified By: _____
Rank/ Name: _____
Date: _____
ASAP

Signature: _____
Rank/Name: _____
Date: _____
