



\_\_\_\_\_ CD Number

*Connecticut Drug and Alcohol  
Testing Consortium*



**Collection Site Process Review Report**

**Location Name** \_\_\_\_\_

**DAPM Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**Collection Site Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Review Date** \_\_\_\_\_

**Name of Reviewer** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_

- The review indicated that this collection site is conducting collections in accordance with 49 CFR Part 40 requirements**
- During the review, the collection site failed to comply with one or more required steps. This matter was discussed with a supervisor and resolved. (Comments on next page) \_\_\_\_\_**
- The review indicated that this collection site needs additional training and follow-up. (Comments on next page)**