

OKLAHOMA BOARD OF NURSING

2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106

Telephone: 405/962-1800
Fax: 405/962-1819
Website: www.ok.gov/nursing

DRUG/ALCOHOL SCREEN CHECKLIST

Checklist must be completed and returned with drug/alcohol report.

I. To be completed by the collection site:

_____ Date and time of specimen collection

If collection time is after 5 p.m., did the nurse arrive at the facility before 5 p.m.? __Yes __No

Please check all that apply to specimen collection:

- _____ Water in lavatory turned off
- _____ Bluing agent in toilet bowl
- _____ Temperature strip on specimen cup
- _____ Temperature after specimen collection _____ degrees

If not within range of 32.5C – 37.7 C or 92F – 99F, do not Accept specimen.

- _____ **Direct observation** of specimen collection by witness
- _____ Verify drug/alcohol screen requisition identifies Oklahoma Board of Nursing as the Agency.

Signature of collection witness

Date

II. To be completed by the nurse being monitored by the Oklahoma Board of Nursing:

- 1. _____ Date and time nurse called for the color.
- 2. List all medications you have taken within the last 14 days (if none, indicate none):

3. Specimen sealed in your presence _____ Yes _____ No

4. You initialed sealed specimen _____ Yes _____ No

5. Name/phone # of witness _____

(Please print)

6. Nurses phone #'s: _____
Home Cell Work

Signature of nurse being monitored

Date

Make sure each question is answered correctly. Send form to lab with the drug/alcohol screen requisition.