

FORT PECK TRIBAL COURT-PROBATION OFFICE

ASSINIBOINE & SIOUX TRIBES

CERTIFICATION OF URINALYSIS OR BREATH SCREENING

Authorization No. _____

I, the undersigned, certify that I am duly authorized to administer a urinalysis screening and/or blood alcohol content screening. The following alcohol and or drug screening test(s) was/were administered on the _____ day of _____ at the hour of _____ at _____ a.m/p.m

I further certify that the following alcohol and/or drug screening test(s) was/were administered to:

Client Name: _____ Patch: _____
Name of Requesting Agency or Program: _____ UA: _____
Signature of Authorizing requestor: _____ Hair: _____
Signature of Specimen Donor _____ Swab: _____
ETG: _____

Table with 4 columns: Drug Screen Test Administered, Urine Temperature, O Pass, O Fail. Lists 13 drug types with their respective test results.

Alco-Sensor FST Screen Test administered: Blood Alcohol Content _____
Intoxilyzer/Breath Test Analysis administered by: _____

Comments: _____

Certifying Officer: _____ Date: _____
Witnessed By: _____ Date: _____

Table with 4 columns: Type of Test Administered, Price, Extended O, Total. Lists various test types and their associated costs.