

Saratoga Springs, Utah
Natural Gas Explosion
February 06, 2007

Appendix # 2

Post accident drug and alcohol test results for:

**Richard B. Southwick
Jack E. Bryant
Ryan Whittekier**

Test Event Detail

SSN: [REDACTED]
 First Name: RICHARD B.
 Last Name: SOUTHWICK
 Reason for Test: Post Accident
 Procedure: Breath
 Company: DFWQUEREG
 Location:

REDACTED
 CONFIDENTIAL - SUBJECT
 TO PROTECTIVE ORDER

Summary:
 Date Scheduled: 2/6/2007 Result Disposition:
 Date Collected: 2/6/2007 Complete

Scheduling Detail

Who Ordered: tonie Ordered Date: 2/7/2007 Time: 1637 DOT:
 Regulatory Mode: PHMSA Notified Date: 2/6/2007 Time:
 Employee Category: Op/Maint/ER Scheduled Date: 2/6/2007 Time:

Collection Detail

Collected By: Questar Gas-SLC, UT Arrived Date: 2/6/2007 Time:
 Collection Status: OK Collected Date: 2/6/2007 Time:

Testing Detail - Alcohol

Breath Alcohol Technician: ROBERT A. WELLINGTON EBT #: 011437

Screen Test

Test Number: 0630
 Procedure: Breath
 Time: 2203

Confirmation Test

Test Number:
 Procedure:
 Time:

U.S. Department of Transportation (DOT)

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name RICHARD B. SOUTHWICK
SSN or Employee ID No. [REDACTED]
Employer Name QUESTAR GAS
Street 1140W 200S
City, ST ZIP SLC UT 84145
DER Name and Telephone No. BRENDA (801)324 3742
D: Reason for the Test: [X] Post-Accident

Affix or Print Additional Results Here
Affix with Tamper Evident Tape

RBT 11437
DATE 2-07
TEST 530
AS 73
SCR
G/210 ME
000 03

REDACTED
CONFIDENTIAL - SUBJECT
TO PROTECTIVE ORDER

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.
Signature of Employee [Signature]
Date Month Day Year 2, 6, 07

Affix or Print Additional Results Here
Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form. I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: [X] BAT [] STT DEVICE: [] SALIVA [X] BREATH* 15-Minute Wait: [] Yes [] No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Table with 6 columns: Test#, Testing Device Name, Device Serial # OR Lot # & Exp Date, Activation Time, Reading Time, Result

CONFIRMATION TEST: Result MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Affix or Print Additional Results Here
Affix with Tamper Evident Tape

Alcohol Technician's Company IDT
Company Street Address 2702S 3600W STE G
Alcohol Technician's Name (First, M.I., Last) ROBERT A. WELLINGTON
Company City, State, Zip Phone Number WVC UT 84119 (801)965 0665
Signature of Alcohol Technician [Signature]
Date Month Day Year 2, 6, 07

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.



Intermountain MRO Services, Inc.
P.O. Box 9223,
Salt Lake City, UT 84109
1 (801) 486 - 5400

TO: QUESTAR GAS COMPANY E
P.O. BOX 45360
SALT LAKE CITY, UT 84145-0360

Medical Review Officer Report

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:	RICHARD B. SOUTHWICK
Test Type:	Post Accident
Collection Site:	IDT-ON SITE
Laboratory:	Quest Diag-Van Nuys, CA
MRO:	Paul Teynor, MD
Drug Panel:	SAMHSA (NIDA)

ID/SS#:	[REDACTED]
Specimen ID#:	0805210
Date of Collection:	2/6/2007
Lab Accession#:	802338Q
MRO Report Date:	2/8/2007
MRO Copy CCF2:	2/8/2007

Substances included in test profile:

Amphetamines
Opiates
Marijuana

Cocaine
Phencyclidine

REDACTED
CONFIDENTIAL - SUBJECT
TO PROTECTIVE ORDER

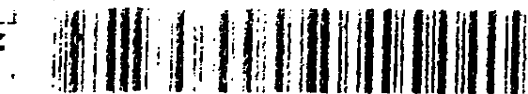
This controlled substance test was conducted in accordance with 49 CFR Part 40.

The verified result is:

Negative

Comments: COLLECTED ON SITE AT: 36 W 1400 N LEHI, UT

Paul Teynor, MD



20091528 0805210 SPECIMEN ID NO. 800 877.7484

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. ACC# 20294176 B. MRO Name, Address, Phone and Fax No. PAUL TEYNOR MD

C. Donor SSN or Employee I.D. No. [REDACTED] *REDACTED* CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

D. Reason for Test: [] Pre-employment [] Random [] Reasonable Suspicion/Cause [X] Post-Accident [] Return to Duty [] Follow-up [] Other (specify)

E. Drug Tests to be Performed: [] THC, COC, PCP, OPI, AMP [] THC & COC Only [] Other (specify) [X] 35304N NIDA 5 PANEL U/R/T

F. Collection Site Name: IDT ON SITE AT Address: 36 W 1400 N City, State and Zip: LCHI UT Collector Phone No.: 801 965 3613 Collector Fax No.: 801 965 3613

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? [X] Yes [] No, Enter Remark Specimen Collection: [X] Split [] Single [] None Provided (Enter Remark) [] Observed (Enter Remark)

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Signature of Collector: Robert A. Wellington Time of Collection: 10:12 AM Date: 2/6/07 SPECIMEN BOTTLE(S) RELEASED TO: [X] Quest Diagnostics Courier [] FedEx [] DHL / Airborne [] Other

STEP 5: COMPLETED BY DONOR

Signature of Donor: Richard B. Southwick (PRINT) Donor's Name (First, MI, Last) Richard B Southwick Date (Mo./Day/Yr.) 2/6/07

Daytime Phone No. (801) 853-6706 Evening Phone No. [REDACTED] Date of Birth [REDACTED]

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is: [] NEGATIVE [] POSITIVE [] TEST CANCELLED [] REFUSAL TO TEST BECAUSE: [] DILUTE [] ADULTERATED [] SUBSTITUTED

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is: [] RECONFIRMED [] FAILED TO RECONFIRM - REASON *REDACTED* CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

Test Event Detail

SSN: [REDACTED]
 First Name: JACK E.
 Last Name: BRYANT
 Reason for Test: Post Accident
 Procedure: Breath
 Company: DFWQUEREG
 Location:

REDACTED
 CONFIDENTIAL - SUBJECT
 TO PROTECTIVE ORDER

Summary:
 Date Scheduled: 2/6/2007 Result Disposition:
 Date Collected: 2/6/2007 Complete

Scheduling Detail

Who Ordered: tonie Ordered Date: 2/7/2007 Time: 1634 DOT:
 Regulatory Mode: FMCSA Notified Date: 2/6/2007 Time:
 Employee Category: Driver Scheduled Date: 2/6/2007 Time:

Collection Detail

Collected By: Questar Gas-SLC, UT Arrived Date: 2/6/2007 Time:
 Collection Status: OK Collected Date: 2/6/2007 Time:

Testing Detail - Alcohol

Breath Alcohol Technician: ROBERT A. WELLINGTON EBT #: 011437

Screen Test

Test Number: 0629
 Procedure: Breath
 Time: 2152

Confirmation Test

Test Number:
 Procedure:
 Time:

**U.S. Department of Transportation (DOT)
Alcohol Testing Form**
(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name JACK E. BRYANT
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [REDACTED] ***REDACTED*
CONFIDENTIAL - SUBJECT
TO PROTECTIVE ORDER**

C: Employer Name QUESTAR GAS
 Street 1140W 200S
 City, ST ZIP SLC UT 84145

DER Name and Telephone No. BRENDA (801) 341 3742
DER Name DER Phone Number

D: Reason for the Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

Affix or Print Additional Results Here
Affix with Tamper Evident Tape

RBT 1437
 DATE 07
 TEST 29

AS I 73
 SC IME
 G/21 1:52

***REDACTED*
CONFIDENTIAL - SUBJECT
TO PROTECTIVE ORDER**

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Jack Bryant 2 16 07
Signature of Employee Date Month Day Year

Affix or Print Additional Results Here
Affix with Tamper Evident Tape

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form. I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Inst#	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Result MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Affix or Print Additional Results Here
Affix with Tamper Evident Tape

IDT 27023 3600W STEG
Alcohol Technician's Company Company Street Address

ROBERT A. Wellington WVC UT 84119 (801) 965 0665
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

Robert A. Wellington 2 16 07
Signature of Alcohol Technician Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.



Intermountain MRO Services, Inc.
P.O. Box 9223,
Salt Lake City, UT 84109
1 (801) 486 - 5400

TO: QUESTAR GAS COMPANY E
P.O. BOX 45360
SALT LAKE CITY, UT 84145-0360

Medical Review Officer Report

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:	JACK E. BRYANT	ID/SS#:	[REDACTED]
Test Type:	Post Accident	Specimen ID#:	0805211
Collection Site:	IDT-ON SITE	Date of Collection:	2/6/2007
Laboratory:	Quest Diag-Van Nuys,CA	Lab Accession#:	802023Q
MRO:	Paul Teynor, MD	MRO Report Date:	2/8/2007
Drug Panel:	SAMHSA (NIDA 5)	MRO Copy CCF2:	2/8/2007

REDACTED
CONFIDENTIAL - SUBJECT
TO PROTECTIVE ORDER

Substances included in test profile:

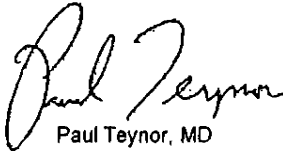
Amphetamines	Cocaine
Opiates	Phencyclidine
Marijuana	

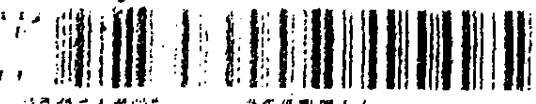
This controlled substance test was conducted in accordance with 49 CFR Part 40.

The verified result is:

Negative

Comments: COLLECTED ON SITE AT: 36 W 1400 N. LEHI, UT


Paul Teynor, MD



0201526 0805211 SPECIMEN ID NO. 800.877.7484

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. ACC# 20294176 B. MRO Name, Address, Phone and Fax No. PAUL TEVNGR MD TEHRAN?
 EMPLOYER QUESTSTAR LAB INTERMOUNTAIN HRB SVCS
 PH PO BOX 9800 276 E 6700 S
 FAX SALT LAKE CITY UT 84109
 PH 801-486-5400 FAX 801-486-5454

C. Donor SSN or Employee I.D. No. [REDACTED] *REDACTED*
 D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post-Accident
 Return to Duty Follow-up Other (specify) _____
 E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____
COCAINE U/H 35304H HIDA 5 PANEL: U/H/LT

F. Collection Site Name: EDITION SITE AT Collection Site Code: _____
 Address: 36 W 1400 N Collector Phone No: 801 965 0665
 City, State and Zip: LEHI UT Collector Fax No: 801 965 2670

STEP 2: COMPLETED BY COLLECTOR

Head specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____
 Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.
 Robert A. Wellington 10:00 AM Time of Collection
 Signature of Collector (Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)
 SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 DHL / Airborne Other _____
 Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: Signature of Accessioner _____ Date (Mo./Day/Yr.) _____
 Primary Specimen Bottle Seal Intact: Yes No, Enter Remark Below
 SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.
 Signature of Donor Jack E Bryant (PRINT) Donor's Name (First, MI, Last) 2/6/07 Date (Mo./Day/Yr.)

Daytime Phone No. [REDACTED] Evening Phone [REDACTED] Date of Birth [REDACTED]
 Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:
 NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED
 REMARKS _____
 Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:
 RECONFIRMED FAILED TO RECONFIRM - REASON _____
 _____ Date (Mo./Day/Yr.) _____

Test Event Detail

SSN: [REDACTED]
First Name: RYAN
Last Name: WHITTEKIEND
Reason for Test: Post Accident
Procedure: Breath
Company: DFWQUEREG
Location:

Summary:
Date Scheduled: 2/2/2007 Result Disposition:
Date Collected: 2/2/2007 Complete

REDACTED
CONFIDENTIAL - SUBJECT
TO PROTECTIVE ORDER

Scheduling Detail

Who Ordered: tonie Ordered Date: 2/7/2007 Time: 1626 DOT: #
Regulatory Mode: PHMSA Notified Date: 2/2/2007 Time:
Employee Category: Op/Maint/ER Scheduled Date: 2/2/2007 Time:

Collection Detail

Collected By: Questar Gas-SLC, UT Arrived Date: 2/2/2007 Time:
Collection Status: OK Collected Date: 2/2/2007 Time:

Testing Detail - Alcohol

Breath Alcohol Technician: ROBERT WELLINGTON EBT #: 011437

Screen Test

Test Number: 0628
Procedure: Breath
Time: 2140

Confirmation Test

Test Number:
Procedure:
Time:

**U.S. Department of Transportation (DOT)
Alcohol Testing Form**

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name RYAN WHITE KIEWD
(Print) (First, M.I., Last)

J: SSN or Employee ID No. [REDACTED]

K: Employer Name QUEST STAR GAS
 Street ~~602 N~~ 1140W 200S
 City, ST ZIP SLC UT 84145

L: DER Name and Telephone No. BRENDA (801)324 3742
DER Name DER Phone Number

D: Reason for the Test: Random Reasonable Susp Post-Accident Return to Duty Follow-up Pre-employment

*Affix or Print Screening Results Here
Affix with Tamper Evident Tape*

RET 11437
 DATE -07
 TEST 0628
[REDACTED]
 AS 2773
 SIG NG
 G/2 TIME
000 21:40

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Ryan White Kiewd 702 102107
 Signature of Employee Date Month Day Year

*Affix or Print Confirmation Results Here
Affix with Tamper Evident Tape*

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form). I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: *(For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)*

Test#	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
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CONFIRMATION TEST: Result MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

*Affix or Print Additional Results Here
Affix with Tamper Evident Tape*

IDT 27025 3600W STEG
 Alcohol Technician's Company Company Street Address
ROBERT A. WELLINGTON WVC UT 84119 (801) 965 0665
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

Robert A. Wellington 2 6 07
 Signature of Alcohol Technician Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

1 1
 Date Month Day Year



Intermountain MRO Services, Inc.
P.O. Box 9223,
Salt Lake City, UT 84109
1 (801) 486 - 5400

TO: QUESTAR GAS COMPANY E
P.O. BOX 45360
SALT LAKE CITY, UT 84145-0360

Medical Review Officer Report

-Confidential-

This is a notification of a controlled substance test result on:

Individual Tested:	RYAN WHITTEKIEND	ID/SS#:	[REDACTED]
Test Type:	Post Accident	Specimen ID#:	0805202
Collection Site:	IDT-ON SITE	Date of Collection:	2/6/2007
Laboratory:	Quest Diag-Van Nuys,CA	Lab Accession#:	802939Q
MRO:	Paul Teynor, MD	MRO Report Date:	2/8/2007
Drug Panel:	SAMHSA (NIDA 5)	MRO Copy CCF2:	2/7/2007

Substances included in test profile:

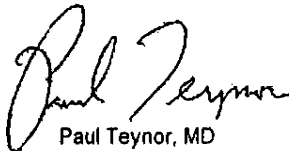
Amphetamines	Cocaine
Opiates	Phencyclidine
Marijuana	

This controlled substance test was conducted in accordance with 49 CFR Part 40.

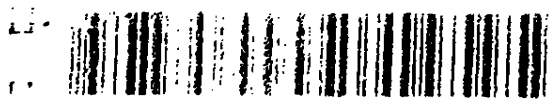
The verified result is:

Negative

Comments: COLLECTED ON SIT AT : 36 W. 1400 N. LEHI, UT



Paul Teynor, MD



20301528 0805202 SPECIMEN ID NO. 800.877.7484

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE LAB ACCESSION NO.

A. Employer Name, Address, I.D. No. ACCT# 20294176
 EMPLOYER QUESTAR GAS
 B. MRO Name, Address, Phone and Fax No. PAUL FEYNER RD FLORIDA 2
 INTERMOUNTAIN BRO SVCS
 PO BOX 1900 C26 E 6200 S
 SALT LAKE CITY UT 84109
 PH: 801-496-5400 FAX: 801-496-4854

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post-Accident
 Return to Duty Follow-up Other (specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____
 35304N MIDA 5 PANEL N/N/TI

F. Collection Site Name: IDT on site MT. Collection Site Code: _____
 Address: 36 W 1400 N Collector Phone No.: 801 965 2665
 City, State and Zip: LEHI, UT Collector Fax No.: 801 965 2670

STEP 2: COMPLETED BY COLLECTOR
 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____
 Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY
 I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.
 Robert A. Wellington 9:48 AM PM
 Signature of Collector Time of Collection
 ROBERT A. Wellington 2/16/07
 (Print) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)
 SPECIMEN BOTTLE(S) RELEASED TO:
 Quest Diagnostics Courier FedEx
 DHL / Airborne Other _____
 Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: Signature of Accessioner _____
 (Print) Accessioner's Name (First, MI, Last) _____
 Date (Mo./Day/Yr.) _____
 Primary Specimen Bottle Seal Intact Yes No, Enter Remark Below
 SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Ryan Whittlekield 02/16/07
 Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
 Daytime Phone No. (801) 965-6544 Evening Phone No. [REDACTED] Date of Birth [REDACTED]
 Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:
 NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED
 REMARKS _____
 Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:
 RECONFIRMED FAILED TO RECONFIRM - REASON _____