

MONTHLY SUBSTANCE USE TESTING REPORT

To: DIRECTOR OF SECURITY OPERATIONS

FACILITY: _____

REPORT FOR MONTH OF _____ DATE OF REPORT _____

NUMBER OF SPECIMENS POSITIVE (BY ASSAY)

	Total Specimens Tested	Total Positive	AMP	BUP	BZO	COC	ETG	ETS	mAMP	MOP	MTD	OP	PCP	THC	Other*
Spot Check															
Routine															
Random															
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Legend
AMP (Amphetamine)
BUP (Buprenorphine)
BZO (Oxazepam)
COC (Cocaine)
ETG (Ethyl Glucuronide)
ETS (Ethyl Sulfate)
mAMP (Methamphetamine)
MOP (Morphine)
MTD (Methadone)
PCP (Phencyclidine)
OP (OPIATES)
THC (Cannabinoid)

***Description of Other(s) tested.**
