Drug Testing Program
Testing Register

Date of Collection T/D/M/Y	Batch and Spec#	Tested Member's Printed Name, SSN, Signature	TPI	Observer's Printed Name and Signature	Comments and Disposition
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				
	Bat: Spec:				