

**Professional Specimen Collector  
for Department of Transportation (DOT) Urine Collections  
Mock Collection Documentation Form**

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**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Monitor/Trainer Name:** \_\_\_\_\_

FEDERAL REGULATIONS require that a qualified person must monitor and evaluate your proficiency demonstration performance and attest in writing that the mock collections are "error-free."  
By initialing after each mock collection below, the student and instructor do hereby attest that the collections were completed error-free.

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**Mock Collection #1 (Uneventful):** Student Initials: \_\_\_\_\_ Instructor Initials: \_\_\_\_\_

**Mock Collection #2 (Uneventful):** Student Initials: \_\_\_\_\_ Instructor Initials: \_\_\_\_\_

**Mock Collection #3 (Donor declines to initial specimen bottles and declines to fill out Certification Statement on Copy 2, Step 5):** Student Initials: \_\_\_\_\_ Instructor Initials: \_\_\_\_\_

**Mock Collection #4 (Temp-out-of-range specimen & 2<sup>nd</sup> collection using direct observation procedures):** Student Initials: \_\_\_\_\_ Instructor Initials: \_\_\_\_\_

**Mock Collection #5 (Shy Bladder):** Student Initials: \_\_\_\_\_ Instructor Initials: \_\_\_\_\_

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Upon completion of all five (5) mock collections, read the following statement and sign below.

I/We hereby attest that the mock collections were performed error-free, as required by the regulations in 49 CFR Part 40.

\_\_\_\_\_  
Monitor/Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Collector Student Signature

\_\_\_\_\_  
Date