
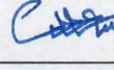


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|---|--|---------------------------------------|----------------------|
|  | Civil Aviation Regulatory Commission | Form | |
| | Document Code: 27 GF-0201 | Issuance: 02 | Amendment: 00 |
| | Management Representative Approval:  | Date of Issuance: (07/04/2026) | |
| | Title: CARC Drugs and Alcohol Testing Program Form | | |

Verification Worksheet

| | |
|----|--|
| 1 | Employee Name: (First) (Middle) (Last) |
| 2 | Date of birth: |
| 3 | Employee License No: |
| 4 | Date of collection: |
| 5 | Specimen ID No.: |
| 6 | Date medical examination conducted (if applicable): Time: |
| 7 | Examining physician's name: Address: Telephone: |
| 8 | Result: |
| 9 | date received: |
| 10 | Comments: |
| 11 | attempts to contact employee / interview details: |
| 12 | Date employee notified of verified result: Time: |
| 13 | Date employer notified of verified result: Time: |
| 14 | Employer contact: Address: Telephone: |
| 15 | Date CARC notified of verified result & time: |
| 16 | Verification decision: |
| 17 | Positive Drug (specify): |

