

DPHL Field Screening Record

Submitter / Tester:		Date:	
Location:		Sample ID:	
Sample Description/Identifier:			

Required Testing (Sample will not be accepted by the DPHL until this testing is complete. *Only if opioid exposure is suspected)

Test		Result	Rejection Range (Reject Sample)	Date & Time	Equipment & / or Method Used	Calibration / Control Passed (circle one):	Comments
REQUIRED	Radiation		≥200 CPM (3X background)			YES NO N/A	
REQUIRED	Explosives test		Any positive result			YES NO N/A	
*	Opioid		Any positive result			YES NO N/A	

Additional Testing (If it is suspected that the sample may have or could possibly be exposed to Chemical Warfare Agents or other chemicals. This testing must be completed before the sample is accepted by the DPHL)

Test		Result	Rejection Range (Reject Sample)	Date & Time	Equipment & / or Method Used	Calibration / Control Passed (circle one):	Comments
Oxidizer (starch paper)			Any positive result			YES NO N/A	
M8 paper			Any positive			YES NO N/A	
M9 paper			Any positive			YES NO N/A	
pH paper			None			YES NO N/A	
H ₂ O paper			None			YES NO N/A	
FTIR			None			YES NO N/A	
RAMAN			None			YES NO N/A	
PID			Any positive result			YES NO N/A	

Additional Notes/Comments:

Cleared for Preparedness Testing	
Submitter printed name/signature:	YES NO (list reason):
DPHL receiver printed name/signature:	YES NO (list reason):