DRUG SCREENING LOG

OFFICE: _____ MONTH: _____ YEAR: _____

YOUTH	Case Manager Performing Test	Collection Date	Collection Time	Test Time	Result Code (see below)

RESULT CODES:

1 – Negative	**3** – Positive for Cocaine	**5** – Positive for Barbiturates
2 – Positive for Cannabis (THC)	**4** – Positive for Amphetamines	**6** – Positive for Other