

# Background Checks and Drug Tests

## Purpose

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CRST Home Solutions requires that all servicers that perform Home Solutions jobs have a passing criminal background check and a negative drug screen. This requirement ensures that we are sending the best and safest options into our customer's homes. Below is the process for processing these background checks.

## Background Checks

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Servicers new to working Home Solutions jobs (even if they work for an existing company) must pass a background check before they can go onsite for any customer orders. We also require that background checks are renewed every year. The process of running and recording these checks are handled by the FSS team.

When a new servicer needs to be setup to work jobs:

1. The service company admin/dispatcher or the MM creates the new Technician Account in DOLI for the servicer.  
**Note:** This step is not necessary for existing servicers. Instead, Market Managers will be alerted to the imminent expiration and will reach out the servicer before the expiration date per the next step.
2. Send the servicer the Background Check Form (standard form provided by management) and ask the servicer to fill it in and return it along with full color images of their Driver's License and Social Security Card.
3. Our expectation is that this can be submitted within one week of notification.
4. Market Mangers will send the documents directly to the FSS team ([fss@crst.com](mailto:fss@crst.com)) and notify the servicer of any adverse results.

**Note:** If the service company/servicer has run a seven-year national background check through a known and reputable screening company, they may submit that report instead.

## Drug Screening

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Servicers new to working Home Solutions jobs (even if they work for an existing company) must submit a negative 5-panel urinalysis drug test before they can go onsite for any customer orders. We also require that these drug screenings are renewed every year. Servicers are responsible for finding a provider and taking the drug test on their own. The FSS team will record and track the results.

1. The service company admin/dispatcher or the MM creates the new Technician Account in DOLI for the servicer.  
**Note:** This step is not necessary for existing servicers. Instead, Market Managers will be alerted to the imminent expiration and will reach out the servicer before the expiration date per the next step.
2. Ask the servicer to submit a drug screening that meets the following criteria.

- Urinalysis 5-panel drug screen done at any clinic of the servicer's choosing. The drugs that must be screened for are:
    - ✓ Amphetamines
    - ✓ Cocaine
    - ✓ Marijuana
    - ✓ PCP
    - ✓ Opiates
  - Our expectation is that this is completed and submitted with 2 weeks of notification.
  - The submitted results must show the servicer's full name and a unique identifier (last 4 of SS#, Driver's License number, or Date of birth).
  - Results must show what drugs/types were tested and that the results are negative.
  - Results must have a doctor's signature (Medical Review Officer, typically).
- Our expectation is that this can be submitted within one week of notification.
  - Market Mangers will send the documents directly to the FSS team ([fss@crst.com](mailto:fss@crst.com)) and notify the servicer of any adverse results.

**\*\*Do not send a Chain of Custody form. A Chain of Custody form is basically showing that the test was taken--- we need the results. See examples below\*\***

**BAD EXAMPLE- Chain of custody for drug tests. NO results. CANNOT USE..**

DRUG TESTING CUSTODY AND CONTROL FORM

Lab ID: QUEST  
Lab Acct #: 19905617  
Lab Panel ID: 27215N

Quest Diagnostics  
800-877-7484

SPECIMEN ID NO: 7902501627

Company Account: 39629-0  
STEP 1: Concentra Medical Center - Galthersburg  
Medical Review Officer:  
Dr. Stephen Kracht  
Dr. Stephen Kracht  
8140 Ward Parkway  
Kansas City MO 64114

STEP 2: Specimen temperature within range: Yes  
Verified Donor ID  Observed

STEP 3: Collector affixes bottle seal on specimen.  
Type:  Urine  Oral  Blood  Hair  Breath  Spite Specimen

STEP 4: Reason For Test: Random

STEP 5: TO BE VERIFIED BY DONOR  
Donor ID: 12/18/1994  
Date of Birth: 12/18/2020 09:08 AM  
Daytime Phone Number: Not Provided  
Evening Phone Number: Not Provided  
Signature of Donor: [Signature]

STEP 6: TO BE VERIFIED BY COLLECTOR  
Name of Collection Site, Address, City, ST, Zip: [Redacted]  
Collection Site ID: 39629  
Collector Phone Number: [Redacted]  
Signature of Collector: Wendy Carvajal

STEP 7: LAB RECEIVED  
Seal Intact:  Yes  No  
Shipper: [Redacted]  
Specimen Bottle(s) Released To: [Redacted]  
Date & Time: [Redacted]  
Signature: [Redacted]

ORIGINAL MUST ACCOMPANY SPECIMEN TO LABORATORY

eCCF ® generated in eScreen123® software system

**GOOD EXAMPLE: shows what drugs were tested and what the results are.**

eScreen Specimen Result Certificate

Printed by: 2635 - Concentra Medical Center - Hamm Report printed on 11/19/2020 05:46 PM Page 1 of 1  
ID Number: 7903484195

Attention: [Redacted] Verification Date: 11/19/2020 05:44 PM CST  
COD: [Redacted]

Medical Review Officer:  
Dr. Stephen Kracht  
8140 Ward Parkway Ste 275  
Kansas City MO 64114  
888-382-2291

Collector: [Redacted]

Donor Name: [Redacted] Donor SSN: [Redacted]  
Date of Test: [Redacted] Donor ID: [Redacted]  
ID Number: [Redacted] Reason for Test: Pre-employment

Service: mCup 10A on site drug test Regulation: Non-DOT  
Specimen Type: Urine

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *
Marijuana	Negative	50 ng/mL	15 ng/mL	Benzodiazepines	Negative	300 ng/mL	300 ng/mL
Cocaine	Negative	300 ng/mL	150 ng/mL	Methadone	Negative	300 ng/mL	300 ng/mL
Amphetamines	Negative	1000 pg/10mg	500 pg/10mg	MCMAM/MA	Negative	500 ng/mL	250 ng/mL
Opiates	Negative	2000 ng/mL	2000 ng/mL				
PCP	Negative	25 ng/mL	25 ng/mL				

Final Result Disposition: **Negative**

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

Negative  Positive  Test Cancelled  Refusal to test because  
 Dilute  Adulterated  Substituted

REMARKS

Dr. Stephen Kracht  
Signature of Medical Review Officer: [Signature] Date (Mo./Day/Yr.): 11/19/2020 05:44 PM