

Form 13: Agency Monthly Drug-Testing Summary Log

Test site: _____

Report for tests performed during the month of: _____ Facility: _____

	Initial		Random		Offender	
	#Pos	#Neg	#Pos	#Neg	#Pos	#Neg
Drug tested: _____	_____	_____	_____	_____	_____	_____
Drug tested: _____	_____	_____	_____	_____	_____	_____
Drug tested: _____	_____	_____	_____	_____	_____	_____
Drug tested: _____	_____	_____	_____	_____	_____	_____
Drug tested: _____	_____	_____	_____	_____	_____	_____
Drug tested: _____	_____	_____	_____	_____	_____	_____
Drug tested: _____	_____	_____	_____	_____	_____	_____
Total: _____	_____	_____	_____	_____	_____	_____

Source: American Probation and Parole Association