

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 506.21	Page 1 of 1
	Effective Date: March 1, 2021	
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	Supersedes: N/A	
Approved by: Tony Parker		
Subject: INMATE DRUG/ALCOHOL TESTING SANCTIONS		

POLICY CHANGE NOTICE 21-6

INSTRUCTIONS:

Please change Section VI. (A)(6)(b) to read as follows:

- “b. Upon initial admission to a TDOC diagnostic center or upon admission to a specialized correctional facility/program (boot camp, therapeutic community, technical violators program, youthful offender program, transition center, or therapeutic residential center) inmates shall receive an on-site drug screen.”

Please change Section VII. to read as follows:

“VII. ACA STANDARDS: 5-ACI-5E-11.”

Please strikethrough the CR-3992 & CR-3993 on page 16 of this policy and insert the attached page 17. Renumber policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION

DRUG SCREEN CONSENT/REFUSAL
SUBSTANCE USE TREATMENT

DO NOT ENTER IN OMS

Name: TDOC ID:

Date of Birth: Facility:

I, TDOC ID: hereby Consent / or Refuse to allow a blood sample, urine specimen to be drawn/collected for the purpose of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to be collected prior to possible disciplinary proceedings. I further understand that, if I refuse, this refusal will be considered in the disciplinary proceedings.

Inmate Signature Date

Witness Signature Date

2nd Witness Signature (Refusal Only) Date

Table with columns for Positive, Negative, N/A for various substances: AMP, OPI, OXY, THC, BAR, BUP, mAMP, BZO, COC, MTD, PCP, K2, ALC, Other.

- Disciplinary Board Ordered
Inmate Involved in Altercation
Pre-Parole Hearing
Program Testing (Non-Substance Abuse)
Random List
Reasonable Suspicion
Within 30-Day Release
Other Reason, please specify:
Temperature: Initial
Start Time: Random
End Time: Exit

TO BE PLACED IN THE INMATE'S TREATMENT FILE



TENNESSEE DEPARTMENT OF CORRECTION
DRUG SCREEN CONSENT/REFUSAL

Name: _____ **TDOC ID:** _____

Date of Birth: _____ **Facility:** _____

I _____, TDOC ID: _____, hereby Consent /
 or Refuse to allow a blood sample, urine specimen to be drawn/collected for the
 purpose of alcohol or drug screening.

I understand that this is the only opportunity I will be granted for blood to be drawn or urine to
 be collected prior to possible disciplinary proceedings. I further understand that, if I refuse,
 this refusal will be considered in the disciplinary proceedings.

 Inmate Signature

 Date

 Witness Signature

 Date

	<u>Positive</u>	<u>Negative</u>	<u>N/A</u>		<u>Positive</u>	<u>Negative</u>	<u>N/A</u>
AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

- Disciplinary Board Ordered _____
- Inmate Involved in Altercation _____
- Pre-Parole Hearing _____
- Program Testing (Non-Substance Use) _____
- Random List _____
- Reasonable Suspicion _____
- Within 30-Day Release _____
- Other Reason, please specify: _____
- Temperature: _____
- Start Time: _____
- End Time: _____