

PROBATION

Location: _____

RANDOM UA and BAT LOG

Month: _____

United States Probation Office

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Kansas City, MO 64106

Phone: 512-1300 Fax: 512-1313

PLEASE FAX TO 816-512-1313 DAILY

Date	ID#	Name of Offender	Specimen No.	Collector's Initials	Comments
					<input type="checkbox"/> Scheduled <input type="checkbox"/> Walk-In <input type="checkbox"/> Compromised <input type="checkbox"/> 5-Panel _____ <input type="checkbox"/> MDMA _____ <input type="checkbox"/> BAT _____
		<i>(signature here)</i>			
					<input type="checkbox"/> Scheduled <input type="checkbox"/> Walk-In <input type="checkbox"/> Compromised <input type="checkbox"/> 5-Panel _____ <input type="checkbox"/> MDMA _____ <input type="checkbox"/> BAT _____
					<input type="checkbox"/> Scheduled <input type="checkbox"/> Walk-In <input type="checkbox"/> Compromised <input type="checkbox"/> 5-Panel _____ <input type="checkbox"/> MDMA _____ <input type="checkbox"/> BAT _____
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