

DAILY TREATMENT LOG / URINE LOG

MONTH _____ **YEAR** _____

VENDOR: _____ **CLIENT NAME** _____ **PROBATION OFFICER** _____

PACTS# _____ **PHASE** _____ ***(PLEASE LIST ANY NO SHOWS)***

DATE	TIME IN TIME OUT	PURPOSE OF VISIT BARCODE / NIDT	COLLECTOR'S SIGNATURE	CLIENT'S SIGNATURE	OBSERVED (YES/NO)	MEDS *	SPECIAL TEST	RESULTS

Comments to include no shows and problems noted during urine collection **and reasons for any extra UA's taken.**

*When positive UA results are a result of legitimately prescribed medication, please attach a copy of the prescription or bottle label to Urine Log.