

North Star
INSURANCE SERVICES, LLC

Monthly Emergency Test and Check Log For:
FV SCANDIES ROSE

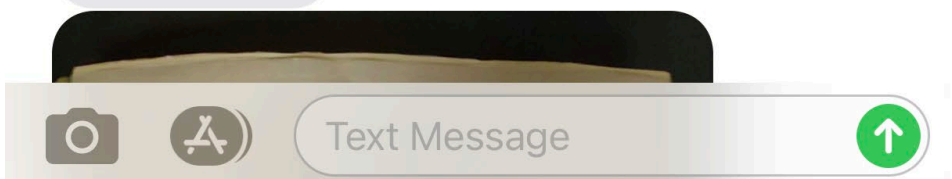
EPIRB:	Battery Expiration Date: <u>8/17/2021</u> Hydrostatic Release Expiration Date: <u>10/20/22</u> Port: <u>6+8</u>
SURVIVAL CRAFT:	Hydrostatic Release Expiration Date: <u>10/20/22</u> <u>12/31/20</u> Yearly Service Date: <u>6/2020</u> <u>10/2020</u>
FIRE EXTINGUISHERS:	Service Date: <u>5</u> <u>2019</u> All Checked and Charged: <u>5</u> <u>2019</u>
SURVIVAL SUITS:	Opened Check and Zippers Waxed: <u>12/31/19</u>
HIGH WATER ALARMS:	Tested: <u>12/31/19</u>
FLARE KIT:	Opened and Dates Checked: <u>12/31/19</u>

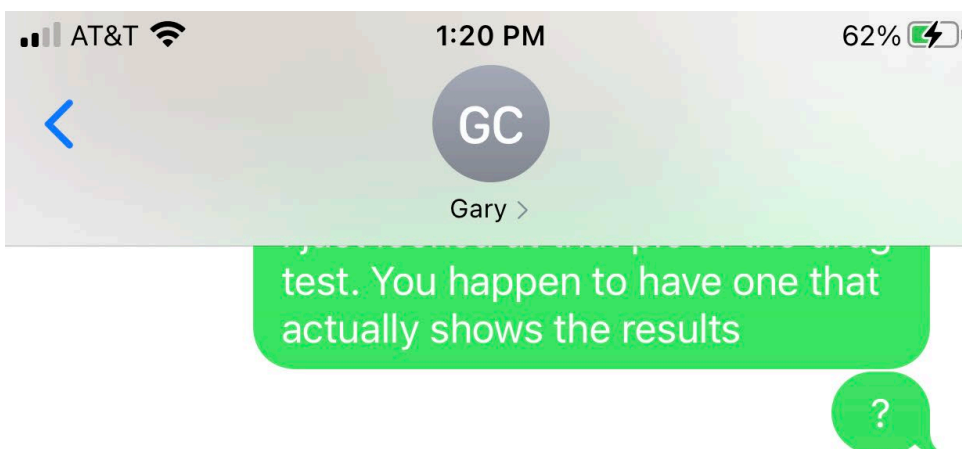
Certified Coast Guard Drill Conductor: _____
Date: _____
White Copy: Office • Canary Copy: Vessel

I just looked at that pic of the drug test. You happen to have one that actually shows the results

?

(no subject)

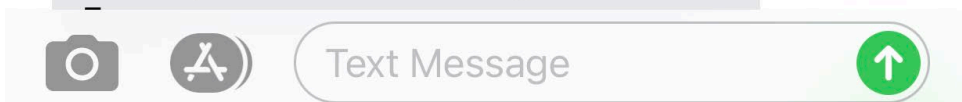


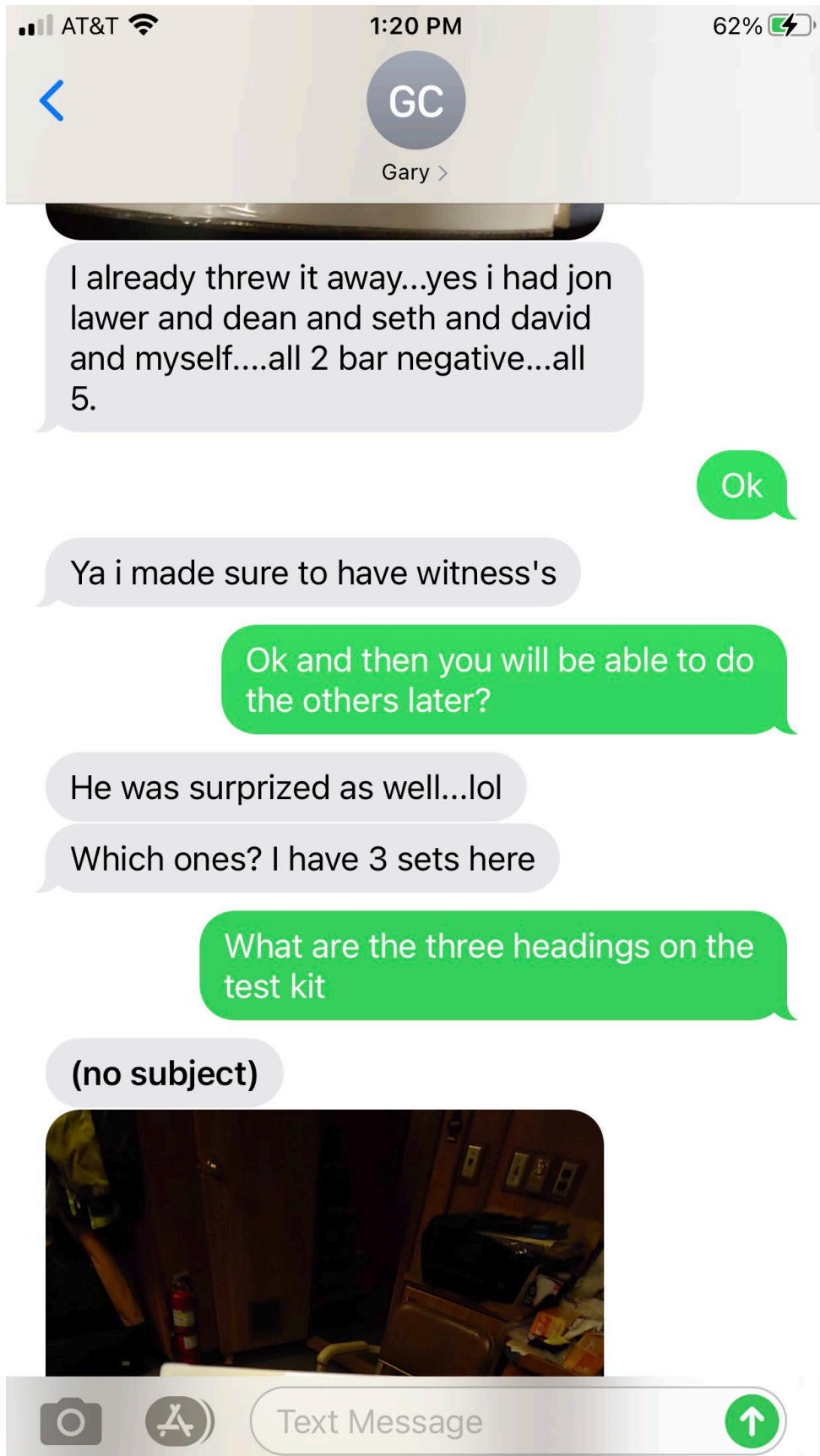


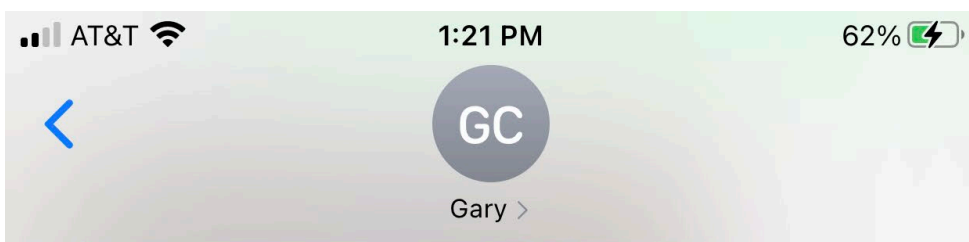
(no subject)

A photograph of a 'Fishing Vessel Monthly Drills and Instruction' form from North Star Insurance Services, LLC. The form is for the vessel 'Scandin Rose', dated 12/31/19, at 1834. It lists 11 drills with 'YES' or 'NO' checkboxes. The 'NAME' section lists: Gary Carlson Sr., Seth Carlson, Dean Carlson, Brock Rainey, Jon Larson, and Bob Changas. The 'SIGNATURE' section has signatures for Gary D. Carlson Jr., Dean Carlson, Brock Rainey, Jon Larson, and Bob Changas. A note at the bottom states: 'NOTE: All new crew, observers and guests must be given safety orientation before vessel leaves port. Certified Coast Guard Drill Conductor: [Signature]'. The footer reads: 'White Cape Office • Casey Cape • Vinal'.

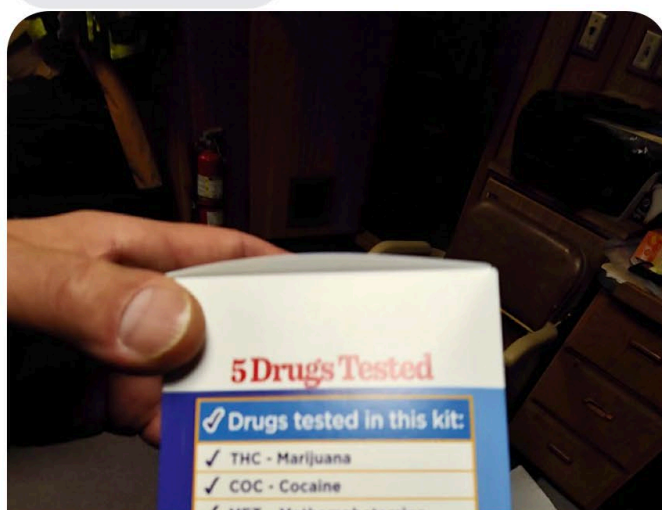
I already threw it away...yes i had jon lawer and dean and seth and david and myself....all 2 bar negative...all

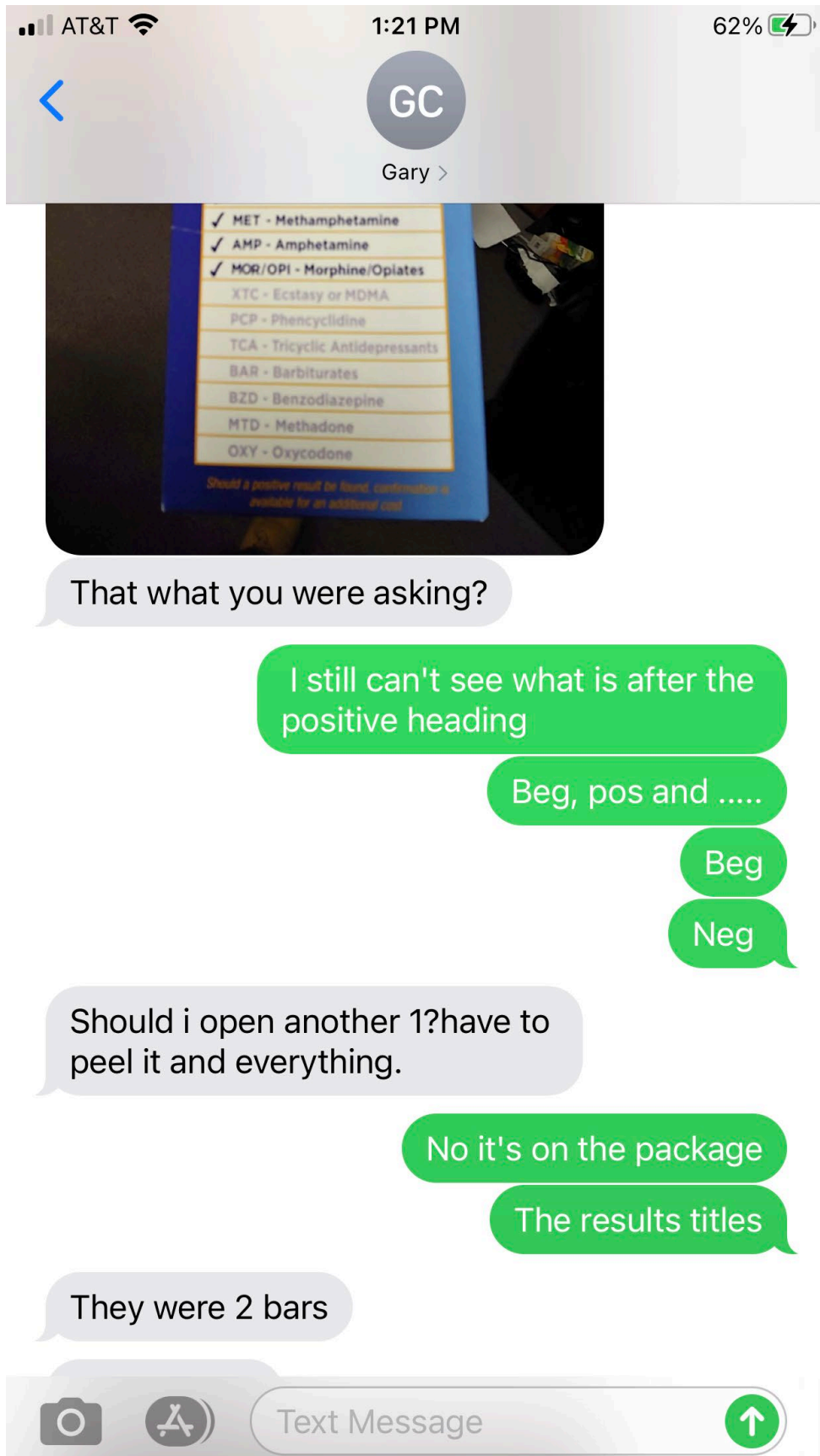


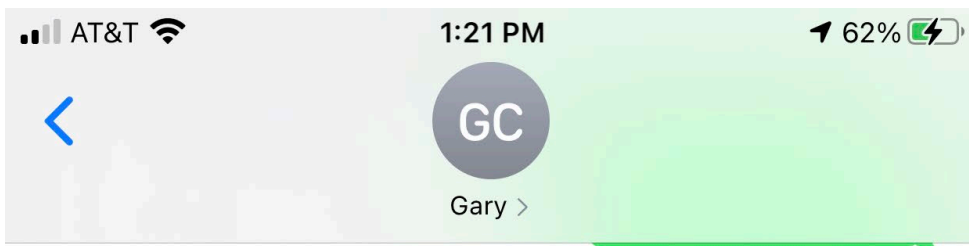




(no subject)

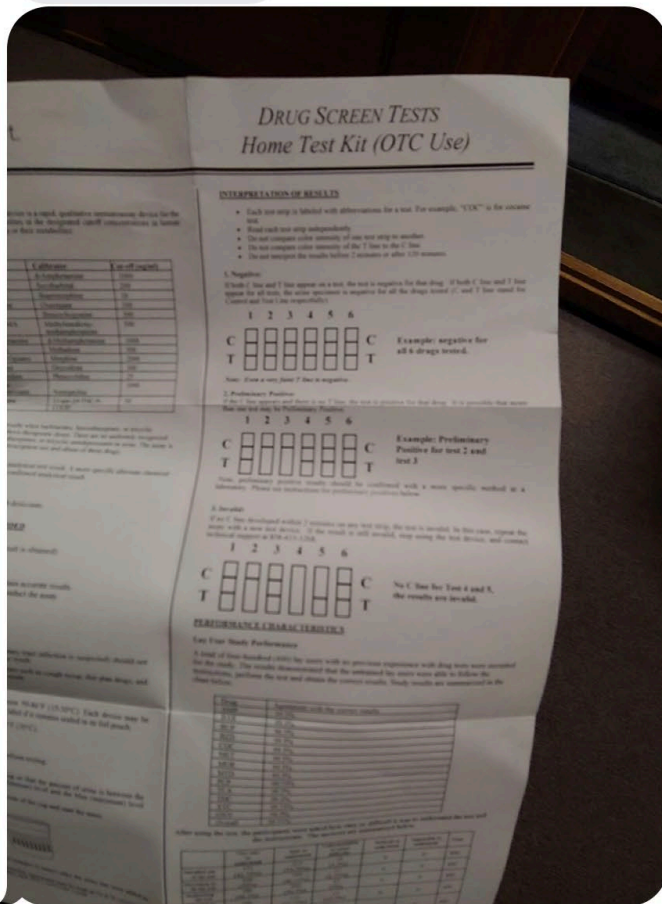






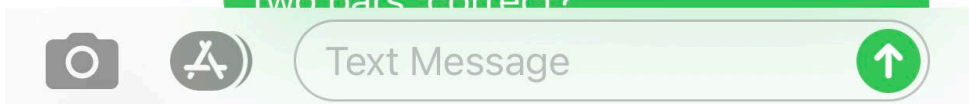
They were 2 bars

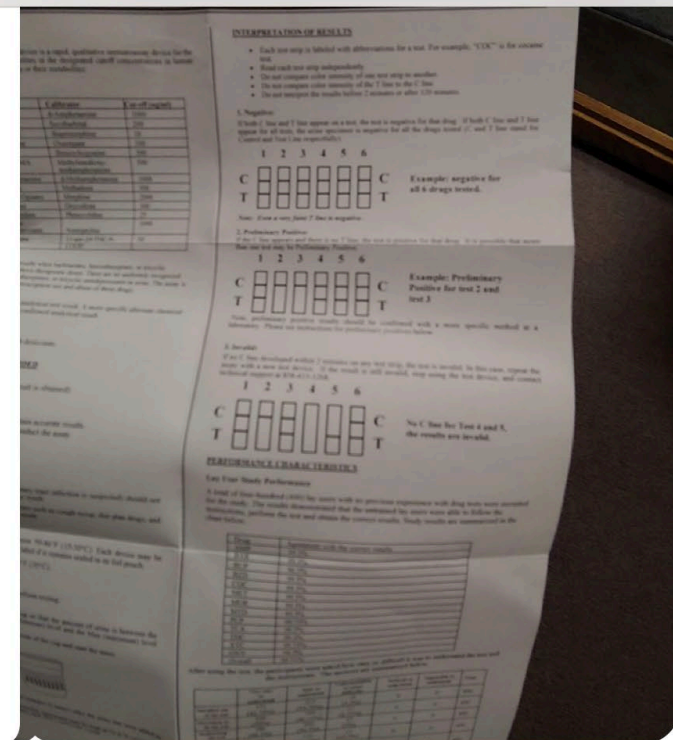
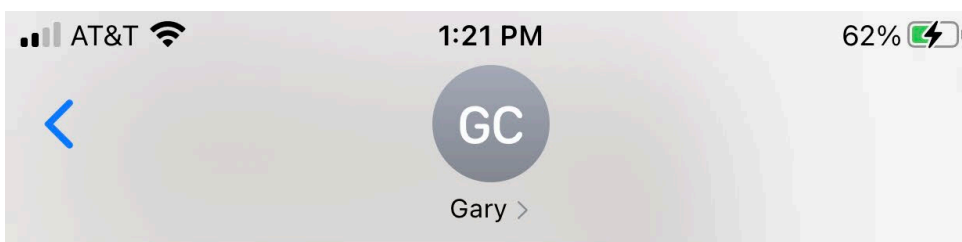
(no subject)



Ok? Need anything more?

Ok since I can't see the two bars for all five tests, under all five tests are two bars correct?





Ok? Need anything more?

Ok since I can't see the two bars for all five tests, under all five tests are two bars, correct?

Yes

Today 1:16 PM

Sending to get back into messages feed



Text Message



JON LAWLER's Pre-season Drug Test Results

CHAIN OF CUSTODY FORM

OTS - RTP
LABCORP

Customer Service: 800-833-3984



16621

SPECIMEN ID NO. 0380966143

LAB ACCESSION NO.

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

FIRSTCARE
ATTN: MGR

B. MRO Name, Address, Phone and Fax No.

M.D. MRO

183398

FIRSTCARE
1301 HUFFMAN RD

AK 99517

ANCHORAGE

AK 99515

Location:

C. Donor SSN or Employee I.D. No.

D. Reason for Test: ☐ Pre-Employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post Accident ☐ Periodic ☒ Other

Personal

E. Collection Site Address:

500578
FIRST CARE MEDICAL CENTER

Collector Phone No.

Collector Fax No.

F. Donor Identification Verified By: ☒ Photo I.D. ☐ Employer Representative

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100°F? ☐ Yes ☐ No, Enter Remark Below Split Specimen Collection ☐ Yes ☐ No

REMARKS:

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR

G. Daytime Phone No.

Evening Phone No. ()

Date of Birth

H. TEST(S) REQUESTED BY EMPLOYER:

☒ NEGATIVE

ADDITIONAL TESTING FOR:

* ATTENTION COLLECTOR: USE THE ABMC PRODUCT *
* REF #: 10-10DOC-030 *
* ENTER LOT#: L9416 EXP. DATE: 2020-10 *

() PROFILE 1-METH
() PROFILE 4-THC
() PROFILE 7-BZP
() PROFILE 10-OXY

() PROFILE 2-AMP
() PROFILE 5-OPI
() PROFILE 8-PCP

() PROFILE 3-COC
() PROFILE 6-BAR
() PROFILE 9-MTD

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

(PRINT) DONOR'S NAME (FIRST, MI, LAST)

SIGNATURE OF DONOR

MONTH DAY YEAR

STEP 5: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified on this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

AM
PM

Time of Collection

12/23/19

Date (Mo/Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo/Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

Printed: 11/17

CONTAINER SEAL

OTS - RTP



Bottle A



Bottle B
(SPLIT)

A

DATE

DONOR'S INITIALS

B

SPLIT

DATE

DONOR'S INITIALS

NOTE: IF BOTTLE IS STARTED, BOTTOM CONTAINER MUST BE SHOWN

COPY 1 - LABORATORY