**Order Form: Drug and Alcohol Testing**

**Employer Instructions:** This form is used to notify the employee of drug and/or alcohol testing. The employee should be instructed to proceed to the Collection Site immediately upon notification.

**Collection Site Instructions:**

Complete the bottom of this form and return it, along with the **Employer Copy** of the CCF and/or ATF to the employer listed below. Call the Designated Employer Representative (DER) upon confirmation of *alcohol test result ≥ 0.02.*

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| **Order for Testing[[1]](#footnote-1)** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of Test** | | |  | **Testing Authority** *(check all that apply)* | | |
|  | | **Alcohol** |  |  | **DOT-FTA-Federal Transit Administration** | |
|  | | **Drug** |  |  | **Non-DOT, specify** | |
|  | | **Both** |  |
|  | | | | | | |
| **Test Reason** | | | | | **Drug Test to be Observed**  (Yes/No) | **Notes** |
|  | **Pre-Employment** | | | |  |  |
|  | **Random** | | | |  |  |
|  | **Post-Accident** | | | |  |  |
|  | **Reasonable Suspicion** | | | |  |  |
|  | **Return-To-Duty** | | | |  | Required, if after previous violation |
|  | **Follow-Up** | | | |  | Required, if after previous violation |

|  |  |
| --- | --- |
| **Donor/Employee Information** | |
| **Employee Name:** |  |
| **Employee SS or ID Number** |  |
| **Signature** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Notification Received** | | | | |
| **Date:** |  | **Time:** |  | **AM/PM** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Transported to Collection Site?** |  | **No** |  | **Yes** |
| **Transported by:** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer/Transit System: Contact Information** | | | |
| **Contact Person (DAPM)/(DER):** |  | | |
| **Phone (office):** |  | **Mobile:** |  |
| **Address:** |  | | |
| **Email:** |  | | |

|  |  |  |
| --- | --- | --- |
| **To be filled out by: Collection Site Personnel** | | |
| **Facility Name/Collection Site** |  | |
| **Name of Collector** |  | |
| **Address:** |  | |
| **Time** of Donor/Employee Arrival |  | **AM/PM** |
| **Date** of Donor/Employee Arrival |  | |

1. The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Part 655) requires all safety-sensitive employees to submit to testing as a condition of employment in safety sensitive positions. [↑](#footnote-ref-1)