**Drug and Alcohol: Test Result Summary**

**Instructions:**

This form is to be completed by the DER/DAPM to document information on the results of drug and alcohol tests.

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| **Employee Name:** |  |
| **Employee SS or ID Number:**  |  |

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| **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 |
|  | **Re-Test** |  |  |
|  | **Other, explain**  |

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| **Testing Authority** *(check all that apply)* |
|  | **DOT Drug Specimen** |  |  | **Non-DOT Drug Specimen** |
|  | **DOT Breath Alcohol** |  |  | **Non-DOT Breath Alcohol** |

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| **Testing Information** |

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| **Reported for Test:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Alcohol Test Conducted:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Drug Test Conducted** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Collection Site Information** |
| **Name of Collection Site:** |  |
| **Address:** |  |
| **Technician/Collector Name:**  |  |

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| **Testing Laboratory** |
| **Name of Laboratory:** |  |
| **Address:** |  |
| **Certifying Scientist:**  |  |

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| **Split Analysis Laboratory** |
| **Name of Laboratory:** |  |
| **Address:** |  |
| **Certifying Scientist:**  |  |

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| **Medical Review Officer (MRO)** |
| **Name of MRO:** |  |
| **Business Address:** **(no PO Box)** |  |

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| **Key Dates** |

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| **Lab Received Specimen:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Lab Reported to MRO:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **MRO Verified Results:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Results Received by DER:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Employee Informed:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Test Results** |
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|  | **Negative** |  | **Negative-Dilute** |  | **Positive** |  | **Cancelled** |
|  | **Unsuitable** |  | **Not Performed** |  | **Insufficient** |  | **Adulterated** |

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| **Prohibited Substance Detected on Positive Result** |
|  | **Marijuana** |  | **Amphetamine** |
|  | **Cocaine** |  | **Phencyclidine** |
|  | **Opioids** |  | **Other, (specify)**  |

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| **Action Taken** *(if required)* |
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|  | **Employee Terminated** |  | **Date:** |  |
|  | **Referred to SAP** |  | **Date:** |  |

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| **Report Completed By:** |
| **Name:**  |  |
| **Title:** |  |
| **Signature:** |  |
| **Date:** |  |