**Order Form: Drug and Alcohol Testing[[1]](#footnote-1)**

**Employee Instructions:** Testing is to be accomplished on the date, time, and location indicated below. You must present this form at the Collection Site.

**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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Donor/Employee Information** | | | |
| **Print Full Name:** |  | **ID Number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Collection Site Location:** |  | | | |
| **Employee Transported to Collection Site?** |  | **Yes** |  | **No** |
| **Transported by (Name):** |  | | | |

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Order for Testing** | | | | | | | |
|  | | | | | | | |
| **Type of Test** | | |  | **Testing Authority** | | | |
|  | | **Alcohol** |  |  | | **DOT-FTA-Federal Transit Administration** | |
|  | | **Drug** |  |  | **DOT-Other** | | |
|  | | **Both** |  |  | **Non-DOT** | | |
|  | | | | | | | |
| **Test Reason** | | | | | | **Drug Test to be Observed**  (Yes/No) | **Notes** |
|  | **Pre-Employment[[2]](#footnote-2)** | | | | |  |  |
|  | **Random** | | | | |  |  |
|  | **Post-Accident** | | | | |  |  |
|  | **Reasonable Suspicion** | | | | |  |  |
|  | **Return-To-Duty[[3]](#footnote-3)** | | | | |  | Required, if after previous violation |
|  | **Follow-Up** | | | | |  | Required, if after previous violation |
|  | **Retest** | | | | |  |  |
| **Other Special Instructions:** | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To be filled out by: Collection Site Personnel** | | | | | |
| **Facility Name/Collection Site** |  | | | | |
| **Name of Collector (Print)** |  | | | | |
| **Time** of Donor/Employee Arrival |  | | | **AM/PM** | |
| **Date** of Donor/Employee Arrival |  | | | | |
| **Picture ID** |  | **Yes** |  | | **No** |

1. Federal Transit Administration (FTA) drug and alcohol testing regulation 49 CFR Part 655 requires all safety-sensitive applicants/employees to submit to testing as a condition of employment in safety sensitive positions. Refusing to submit to testing; adulterating, substituting, or tampering with the specimen or failing to cooperate with the collection process is a violation of the regulations and of company policy. [↑](#footnote-ref-1)
2. **Pre-Employment Tests** = New applicants, transfer from a non-safety-sensitive position, return to active status. [↑](#footnote-ref-2)
3. **Return-to-Duty Tests** = Only performed following a positive/refusal to test and successful completion of SAP counseling. [↑](#footnote-ref-3)