GEAUGA COUNTY DRUG AND ALCOHOL CONSORTIUM
ORDER FOR TESTING
ATTACHMENT B(1)

Arrival: _____ _____
Time Date
Sign Out Time: _____
To be completed by collection site personnel

The FTA/FMCSA has promulgated regulations (49 CFR, Part 655, as amended) that require all safety-sensitive employees/applicants submit to drug/alcohol testing as a condition of employment in a safety sensitive position. Refusal to submit to testing, providing false information in connection with said testing, adulterating, substituting, tampering with the specimen or failure to cooperate with any part of the collection process is a violation of the regulations and of the Substance Abuse policy.

Testing is to be accomplished on this date at the time and location indicated below. Employee must present this form at the collection site. Failure to report without a valid explanation will be considered a test refusal.

NAME _____IDENTIFICATION NO._____
NAME OF EMPLOYER _____
COLLECTION SITE LOCATION _____

YOU MUST REPORT TO SITE: _____ ON _____ AM/PM
(DATE) (TIME)
TYPE OF TEST: ____ DRUG ____ ALCOHOL ____ BOTH

TEST CATEGORY: _____ PRE-EMPLOYMENT
_____ RANDOM
_____ POST-ACCIDENT
_____PRE-EMPLOYMENT, AFTER 90-DAY ABSENCE AND REMOVED FROM RANDOM TESTING POOL
_____RETURN-TO-DUTY AFTER RELEASE BY SAP
_____ FOLLOW-UP
_____ REASONABLE SUSPICION
_____ RE-TEST, SPECIFY _____

OBSERVED COLLECTION YES____ NO____
TRANSPORTED: YES____ NO____ NAME OF TRANSPORT_____
PICTURE ID: YES____ NO____
SPECIAL INSTRUCTIONS:_____

____ Attached is a copy of the "Instructions for Drug Testing". Please read these instructions.
____ Attached is a copy of the "Instructions for Alcohol Testing". Please read these instructions.

SUPERVISOR SIGNATURE _____DATE _____
PRINT NAME _____ TIME EMPLOYEE NOTIFIED _____

DER SIGNATURE _____ PHONE NUMBER _____
PRINT NAME _____

(5-1-14)