

ORDER FOR TESTING

To be completed by collection site personnel upon arrival at site and returned to employer with Employer's copy of Chain of Custody Form.

Time	Date	Collection Site Personnel Initials
Print Collection Site Personnel Name		

The Federal Transit Administration issued regulations (49 CFR Part 655) that require all safety-sensitive employees/applicants to submit to drug and alcohol testing as a condition of employment in a safety-sensitive position. Refusing to submit to testing; providing false information in connection with said testing; adulterating, substituting, or tampering with the specimen; or failing to cooperate with any part of the collection process is a violation of the regulations and of company policy.

Testing is to be accomplished on the date, time and location indicated below. **You must present this form at the collection site.**

Print Full Name: _____ ID # _____

Collection Site Location: _____

You must report no later than _____ am/pm, on _____ (date)
Failure to complete a drug and/or alcohol test will be considered a test refusal.

* **Pre-employment tests** = New applicants, transfer from a non-safety-sensitive position, return to active status.

** **Return-to-Duty tests** = Only performed following a positive/refusal to test and successful completion of SAP counseling.

Type of Test: Drug Alcohol Both

Test Authority: DOT-FTA Non-DOT DOT- Other _____

Test Category: Pre-employment* Random

Post-accident Reasonable Suspicion

Return-to-duty** Follow-up

Retest, Specify: _____

Observed Collection: Yes No

Transported: Yes, By Whom: _____ No

Picture ID: Yes No

Other Special Instructions: _____

Supervisor Authorizing Test: _____
Print Name Date Time Notified

Designated Employer Representative / DAPM: _____
Print Name Phone Number