

# DRUG/ALCOHOL TESTING CONSENT/DECLINATION FORM

## 1. Dealing with the Employee (initial appropriate boxes)

- a. \_\_\_\_\_ ***I advised the employee of my observations privately in the presence of another Company Representative.***

Name of Company Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

- b. \_\_\_\_\_ ***I asked the employee what might be the cause of the problem.***

Explanation given: \_\_\_\_\_

\_\_\_\_\_

- c. \_\_\_\_\_ ***The explanation given was unsatisfactory. I made arrangements for evaluation and/or testing.***

- d. \_\_\_\_\_ ***I requested the employee to submit to drug/alcohol testing and notified him/her that refusal would result in disciplinary action up to and including termination.***

- e. \_\_\_\_\_ ***I asked the employee to sign the release form for drug/alcohol testing (copy attached).***

\_\_\_\_\_ The employee agreed to be tested.

\_\_\_\_\_ The employee refused to be tested and was suspended without pay.

## 2. Arrangements (initial appropriate boxes)

- a. \_\_\_\_\_ ***I made arrangements for the employee to be transported and/or escorted to a facility for collection.***

- b. \_\_\_\_\_ ***I requested that the Employee Drug/Alcohol Testing Authorization and other appropriate forms be delivered to the collection facility.***

- c. \_\_\_\_\_ ***I assisted with arrangements for the employee to be transported and/or escorted home following testing.***

(Describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- d. \_\_\_\_\_ ***I notified appropriate management personnel (in person or by immediately paging him or her) that "reasonable suspicion" testing was performed on the employee, or the employee had refused to submit to testing and had been placed on immediate leave without pay.***

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**At least two Company Representative's Signatures Recommended (if possible)**

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Company Representative One Signature

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Date

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Initial

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Company Representative Two Signature

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Date

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Initial

# DRUG/ALCOHOL TESTING CONSENT/DECLINATION FORM

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## Employee Drug/Alcohol Testing Authorization

I, the undersigned, do as follows:

\_\_\_\_\_  
Initial Here

**I authorize** designated Company personnel to transport and/or escort me to the Company's designated Collection Facility;

**I authorize** the Company's designated Collection Service to administer a breath-alcohol test and/or to take bodily fluid specimen(s) from me and to submit such specimen(s) to the Company's designated testing facility for the purpose of performing laboratory analysis to determine the presence of drugs and/or alcohol;

**I authorize** the Company's designated testing facility to conduct the test of the specimen(s) and to furnish the results of drug testing to the Medical Review Officer designated by the Company; and

**I authorize** the Medical Review Officer to communicate to appropriate Company personnel the results of any and all tests for illicit drug use performed on me in conjunction with my employment with the Company. The Collection Service will communicate alcohol test results at the time of testing.

\_\_\_\_\_  
Initial Here

**I do not authorize** the above and understand that by failing to do so I may subject myself to immediate suspension and termination of employment.

**The Company's designated Collection Service will require a photo I.D.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

Make Two Copies And Distribute As Follows:

Original – Designated Collector

Copy 1 – Company

Copy 2 – Employee