

SAFE-T-WORKS, INC.

Drug & Alcohol Testing and Employment Services
1029 Sunset Ave., Asheboro, NC 27203
Phone: 336-736-8038 Fax: 336-736-8042

DRUG & ALCOHOL TESTING AUTHORIZATION FORM

Please complete this document prior to sending the participant to be tested to the collection site and fax it to us at **336-736-8042**. A copy of this document must also accompany the intended participant to ensure the collection site performs the required and necessary tests. (Updated 09/15/2015)

PLEASE PRINT CLEARLY OR TYPE FOR ACCURACY

MEDICAL/COLLECTION FACILITY: _____

COMPANY NAME: _____

PARTICIPANT'S NAME: _____ SS #: _____ - _____ - _____

Reason for test – PLEASE CHECK ONE:

_____ PRE-EMPLOYMENT _____ RANDOM _____ CAUSE OR REASONABLE SUSPICION
_____ POST ACCIDENT _____ RETURN TO DUTY _____ OTHER (Please Explain)

IMPORTANT! COLLECTION SITE: THIS IS A COLLECT ONLY!

(For instructions call 336-736-8038)

DRUG SCREEN COLLECTION REQUESTED

_____ Non-DOT Urine Collection

FAX COPY OF CHAIN TO 336-736-8042 IMMEDIATELY FOLLOWING TEST COMPLETION

ALCOHOL TESTING REQUESTED OR REQUIRED

_____ BREATH ALCOHOL _____ SALIVA ALCOHOL _____ BREATH ALCOHOL preferred
or SALIVA ALCOHOL

*****FAX COPY OF BAT RESULTS IMMEDIATELY FOLLOWING TEST TO 336-736-8042*****

NOTIFICATION DATE & TIME: _____ Chain #: _____

AUTHORIZED BY: _____ TITLE: _____

PHONE NUMBER: _____

ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED

FAX COPY OF CCF & THIS FORM TO 336-736-8042 or 336-736-8041