



SAFE-T-WORKS

Web: www.safetworksinc.com

1029 Sunset Avenue, Asheboro, NC 27203

Phone 336-736-8038

MRO Fax: 336-736-8042 or 336-736-8041

COMPANY:

Drug and Alcohol Testing Authorization Form

Part 1: To Be Completed by the Employer Authorizing the Test

1. Employee/Participant's Name (Print):

2. Employee/Participant's SSN #: _____ - _____ - _____

** or if authorized, employee ID # _____

3. Reason:

- PRE-EMPLOYMENT
- POST ACCIDENT
- RANDOM
- FOLLOW-UP
- REASONABLE SUSPICION
- OTHER (Please Explain)

4. Type (Check all that apply):

- DOT** Urine Collection WITH Testing Agency:
 - FMCSA** **FTA** or Other, specify _____
- BREATH ALCOHOL
- Non-DOT URINE COLLECTION, Specify: _____
- OTHER (Specify)

5. Notify Employee/Participant: *You must arrive at the collection site listed below and bring:*

- 1. Driver's license
- 2. This form
- 3. Custody and Control Form from your employer.

Your Expected Arrival Time is _____ AM / PM on Date _____,

_____ The designated collection site:

_____ or Other site (specify)

Employee/Participant Notified at _____ AM / PM on Date _____

6. List the Specimen ID Number from the Custody and Control Form (CCF) here _____

7. Give a copy of this form and the Custody and Control Form to the participant, who should take BOTH forms to the collection site.

8. Fax this form to Safe-T-Works 336-736-8042 BEFORE the participant goes to the test.

Employer

Organization/Company:

Authorized by:

Title:

DER Contact:

Phone:

Fax:

Cell:

Email:

MRO

To avoid serious delay of results Check that MRO on the CCF is current:

Dr. Kendall Garing, MRO

Safe-T-Works, Inc.

1029 Sunset Ave., Asheboro, NC 27203

Phone 336-736-8038 Fax 336-736-8041 or 8042

End of Employer section.

Below: Collection Site / Medical Facility Use Only

Part 2: To Be Completed by the Collection Site: Note: This is a Collect Only Request

1. On CCF: check **DOT** Urine Collection AND Correct Testing Agency: (*FMCSA, FAA, FTA, etc.*) in Step 1: Part D.

2. **Fax CCF COPY 2 (MRO Copy) to 336-736-8042 or 8041**

Attn: MRO, Dr. Kendall Garing, immediately after completing the test. **** DO NOT USE any previous fax numbers for the MRO.

Version 6: September 15, 2015

For electronic or hard copies of this form or other information email lesadawkins@safetworksinc.com.

DISCARD all previous versions of this authorization form.