

# SAFE-T-WORKS, INC.

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

## DER FORM

Designated Employer Representative Form. The persons listed below are the Designated Employer Representatives {DER} for our organization:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secure Voice Mail: Y N

Fax Number: \_\_\_\_\_ Secure Fax Line: Y N

Email: \_\_\_\_\_

\*\*\*Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secure Voice Mail: Y N

Fax Number: \_\_\_\_\_ Secure fax Line: Y N

Email: \_\_\_\_\_

\*\*\*Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secure Voice Mail: Y N

Fax Number: \_\_\_\_\_ Secure fax Line: Y N

Email: \_\_\_\_\_

Safe-T-Works, Inc. is authorized to accept results on your behalf from the laboratory and from the Medical Review Officer and forward these results to our organization by fax, email, or by another suitable and agreeable method.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Data entered by: \_\_\_\_\_ Date: \_\_\_\_\_