

EMPLOYER NAME/LOGO

Drug and Alcohol Testing Notification

The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Part 655) requires all safety-sensitive employees must submit to drug and alcohol testing as a condition of employment in a safety-sensitive position.

Employee Information:

Employee Name: _____

Employee ID/SSN: _____

Date of Notification: _____ Time of Notification: _____ AM/PM

Employee Transported? NO YES Transported by: _____

Collection Site Information:

Name: _____

Address: _____

City, State, Zip: _____

Order for Testing:

Type of Test: Alcohol Drug Both

Testing Authority: DOT/FTA Non-DOT

Test Type: Pre-Employment Random Post-Accident
 Reasonable Suspicion Return-to-Duty Follow-up

Observed Collection: YES NO

To be filled out by Collection Site Personnel:

Time of Arrival: _____ AM/PM Collector Name: _____

Return this form with the Employer Copy of CCF and/or ATF to:

DER Name: _____

Employer Address: _____

Employer City, State, Zip: _____