

Employer Substance Abuse Testing Form

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|--|--|---|
| <input type="checkbox"/> Tyrone Office 344-3627
347-9818- Fax
3251 66th Street N.
St. Petersburg, FL 33710
Mon-Fri 8am-8pm
Sat-Sun 9am-6pm | <input type="checkbox"/> Beach Office 367-5666
367-7808- Fax
6455 Gulf Blvd.
St. Pete Beach, FL 33706
Mon-Fri 9am-6pm
Sat 9am-3pm | <input type="checkbox"/> Largo Office 531-2273
535-8930- Fax
13163 66th Street N.
Largo, FL 33773
Mon-Fri 8am-7pm
Sat 9am-3pm |
| <input type="checkbox"/> Northeast Office 526-3627
520-1440- Fax
7000 4th Street N.
St. Petersburg, FL 33702
Mon-Fri 9am-8pm
Sat-Sun 9am-6pm | <input type="checkbox"/> Seminole Office 397-5666
398-2857- Fax
7601 Seminole Blvd.
Seminole, FL 33772
Mon-Fri 8am-7pm
Sat 9am-3pm | <input type="checkbox"/> Pasadena Office 381-3627
343-0537- Fax
1550 S. Pasadena Ave.
South Pasadena, FL 33707
Mon-Fri 9am-7pm |

Employer Name:
Employee Name:
Date:

Please remind employee to bring photo ID.

FEDERALLY REGULATED TESTING

A:) TESTING AUTHORITY: You must Choose from:

- HHS
- NRC
- DOT: **You must choose from:**
 - FMCSA
 - FAA
 - FRA
 - FTA
 - PHMSA
 - USCG

B:) REASON FOR TEST: Choose one

- PRE-EMPLOYMENT
- RANDOM
- REASONABLE SUSPICION/CAUSE
- POST-ACCIDENT
- RETURN TO DUTY
- FOLLOW-UP

C:) OBSERVED TEST: Choose one

- YES
- NO

D:) BREATH ALCOHOL TEST: Choose one

- YES
- NO

FLORIDA DRUGFREE WORKPLACE OR NON-REGULATED TESTING

A:) PANEL: Choose one

- 5= THC+AMP+COC+PCP+OPI
- 8= 5PANEL+BENZ+QUAL+BARB
- 10= 8 PANEL+PROP+METHADONE

B:) REASON FOR TEST: Choose one

- PRE-EMPLOYMENT
- RANDOM
- REASONABLE SUSPICION/CAUSE
- POST-ACCIDENT
- RETURN TO DUTY
- FOLLOW-UP

C:) OBSERVED TEST: Choose one

- YES
- NO

D:) BLOOD ALCOHOL TEST: Choose one

- YES
- NO

Name of Authorized Employer Representative (Please PRINT): _____
 Signature: _____ Date: _____

In Office use only:

Donor presented to clinic without this form.

- Information obtain by phone from _____
- Employer not available. Performed testing as per Accounts Database
- Donor did not bring Outside Lab COC form. Employer Rep _____ authorized use of our COC/Lab
 (first name/last name)
- Other: _____
- _____

Staff Signature: _____