To be completed by collection site personnel upon arrival at site and returned to employer with Employer's copy of Chain of Custody Form.

_____ _____ _____
Time Date Collection Site Personnel Initials

_____
Print Collection Site Personnel Name

ORDER FOR TESTING

The Federal Transit Administration issued regulations (49 CFR Part 655) that require all safety-sensitive employees/applicants to submit to drug and alcohol testing as a condition of employment in a safety-sensitive position. Refusing to submit to testing; adulterating, substituting, or tampering with the specimen; or failing to cooperate with any part of the collection process is a violation of the regulations and of company policy.

Testing is to be accomplished on the date, time and location indicated below. **You must present this form at the collection site.**

Print Full Name:_____ ID # _____

Collection Site Location: _____

You must report no later than _____ am/pm, on _____(date)
Failure to complete a drug and/or alcohol test will be considered a test refusal.
** **Pre-employment tests** = New applicants, transfer from a non-safety-sensitive position, return to active status.*
*** **Return-to-Duty tests** = Only performed following a positive/refusal to test and successful completion of SAP counseling.*

Type of Test: ☐ Drug ☐ Alcohol ☐ Both

Test Authority: ☐ DOT-FTA ☐ Non-DOT ☐ DOT- Other _____

Test Category: ☐ Pre-employment* ☐ Random

☐ Post-accident ☐ Reasonable Suspicion

☐ Return-to-duty** ☐ Follow-up

☐ Retest, Specify: _____

Observed Collection: ☐ Yes ☐ No

Transported: ☐ Yes, By Whom:_____ ☐ No

Picture ID: ☐ Yes ☐ No

Other Special Instructions:_____

Supervisor Authorizing Test: _____ _____ _____
Print Name Date Time Notified

Designated Employer Representative / DAPM:_____ _____
Print Name Phone Number