EMPLOYEE NAME:	DATE:	SS#
COMPANY:	AUTHORIZED BY:	P.O. #
REASON FOR TESTING		
Pre-Employment	Random Follow-	-Up Post-Accident
Annual	Pre-Access Ret	turn to Duty Other
DRUG & ALCOHOL COLLECTION		
CRL DOT/Non-DOT (Non-Consortium)		DISA DCCHA Drug and Breath Alcohol
Rapid 10 Panel		DISA DCCOF Drug and Breath Alcohol
ASAP Drug Solutions LACC and Breath Alcohol		DISA DCCEO Drug and Breath Alcohol
ASAP Drug Solutions NASAP and Breath Alcoho	ıl	DISA DCCHA Hair Follicle
Breath Alcohol Test(DOT/Non-DOT)		DISA DCCHT (Hair Follicle w/Random)
		DISA NASAP drug and Breath Alcohol
PHYSICAL EXAMINATIONS		
Non-DOT Employer Defined Physical DOT Physical (49 CFR 391.41-49)		
<u>c</u>	OCCUPATIONAL HEALTH SERVICES	<u> </u>
PFT (Pulmonary Function Test) MEQ Included		- IT Test (Half and Full Face)
Audiometric Testing (Baseline and Annual)	3M6000 Half Face	Scott AV 2000 Full Face
	3M6000 Full Face	Scott AV 3000 Full Face
	3M7800 Full Face	Other:
OSHA CLASSROOM TRAINING		
Training Hours are provided at 9AM, 12PM and 3PM		
Supplied Air Training w/ 5 minute Egress Bottle		Bottlewatch Training
	BLOOD DRAW COLLECTIONS	
Chromium 6 Blo		Other