

Non-DOT Breath Alcohol Test Request

COLLECTOR-PLEASE READ BEFORE TEST:

- A positive test result must be confirmed by a confirmation test. A confirmation test must be a breath alcohol test.
- If the result is positive and the donor is unaccompanied, contact the Employer Designated Representative (see below) by phone to verify arrangements to transport the donor.
- Account and billing through Drug Free Workplaces USA, LLC (see below).

EMPLOYER & EMPLOYEE INFORMATION:

Date: _____

State of Nevada Agency/Department: _____

Name of employee: _____

Social security number or employee ID number: _____

Test reason:

Reasonable suspicion

Post accident

Return to duty

Other (specify): _____

Authorized by (print name): _____

Title: _____

Signature: _____

Date: _____

RESULTS:

Fax all copies of results to Employer Designated Representative and Drug Free Workplaces USA, LLC.

- **CALL BEFORE FAXING EMPLOYER DESIGNATED REPRESENTATIVE.**
 - Employer Designated Representative: _____
 - Phone number: _____
 - Fax number: _____
- Drug Free Workplaces USA, LLC's fax number: (850) 434-8244

BILLING & QUESTIONS:

Drug Free Workplaces USA, LLC
27 W. Romana Street, Pensacola, FL 32502
Phone: (850) 434-3782
Fax: (850) 434-8244