

# 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