ALCOHOL/DRUG AND CDL DRUG TESTING LOG

Facility/Office/Center:	
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TYPE OF TEST: 1A=Pre-Employment On-Site IB=Pre-Employment Off-Site 2=Random 3=CDL 4=Reasonable Suspicion Alcohol 5=Reasonable Suspicion Drug

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DATE FORM	EMPLOYEE/APPLICANT'S NAME	C.O.C. # (ONLY IF SENT	EMPLOYEE ID # OR APPLICANT SSN	EMPLOYEE OR APPLICANT'S	TYPE OF TEST	INITIALS OF	DATE OF TEST	DATE	INITIALS OF
GIVEN	NAME	TO COLLECTION	APPLICANT SSN	INITIALS	(USE CODE	NOTIFER	1ES1	RESULTS VERIFIED	VERIFIER
GIVEN		SITE)		HVIII	ABOVE)	NOTHER		VERH IED	VERH IER
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Retention Schedule: Upon completion, this form shall be retained in the local personnel office for one (1) calendar year.