

# Employer Substance Abuse Testing Form

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|--|--|---|
| <input type="checkbox"/> <b>Tyrone Office 344-3627</b><br>347-9818- Fax<br>3251 66th Street N.<br>St. Petersburg, FL 33710<br>Mon-Fri 8am-8pm<br>Sat-Sun 9am-6pm   | <input type="checkbox"/> <b>Beach Office 367-5666</b><br>367-7808- Fax<br>6455 Gulf Blvd.<br>St. Pete Beach, FL 33706<br>Mon-Fri 9am-6pm<br>Sat 9am-3pm  | <input type="checkbox"/> <b>Largo Office 531-2273</b><br>535-8930- Fax<br>13163 66th Street N.<br>Largo, FL 33773<br>Mon-Fri 8am-7pm<br>Sat 9am-3pm |
| <input type="checkbox"/> <b>Northeast Office 526-3627</b><br>520-1440- Fax<br>7000 4th Street N.<br>St. Petersburg, FL 33702<br>Mon-Fri 9am-8pm<br>Sat-Sun 9am-6pm | <input type="checkbox"/> <b>Seminole Office 397-5666</b><br>398-2857- Fax<br>7601 Seminole Blvd.<br>Seminole, FL 33772<br>Mon-Fri 8am-7pm<br>Sat 9am-3pm | <input type="checkbox"/> <b>Pasadena Office 381-3627</b><br>343-0537- Fax<br>1550 S. Pasadena Ave.<br>South Pasadena, FL 33707<br>Mon-Fri 9am-7pm   |

**Employer Name:**   
**Employee Name:**   
**Date:**

*Please remind employee to bring photo ID.*

**FEDERALLY REGULATED TESTING**

A:) **TESTING AUTHORITY:** You must Choose from:

- HHS
- NRC
- DOT: **You must choose from:**
  - FMCSA
  - FAA
  - FRA
  - FTA
  - PHMSA
  - USCG

B:) **REASON FOR TEST:** Choose one

- PRE-EMPLOYMENT
- RANDOM
- REASONABLE SUSPICION/CAUSE
- POST-ACCIDENT
- RETURN TO DUTY
- FOLLOW-UP

C:) **OBSERVED TEST:** Choose one

- YES
- NO

D:) **BREATH ALCOHOL TEST:** Choose one

- YES
- NO

**FLORIDA DRUGFREE WORKPLACE**  
**OR**  
**NON-REGULATED TESTING**

A:) **PANEL:** Choose one

- 5= THC+AMP+COC+PCP+OPI
- 8= 5PANEL+BENZ+QUAL+BARB
- 10= 8 PANEL+PROP+METHADONE

B:) **REASON FOR TEST:** Choose one

- PRE-EMPLOYMENT
- RANDOM
- REASONABLE SUSPICION/CAUSE
- POST-ACCIDENT
- RETURN TO DUTY
- FOLLOW-UP

C:) **OBSERVED TEST:** Choose one

- YES
- NO

D:) **BLOOD ALCOHOL TEST:** Choose one

- YES
- NO

Name of Authorized Employer Representative (Please PRINT): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In Office use only:**  
 Donor presented to clinic without this form.

- Information obtain by phone from \_\_\_\_\_
- Employer not available. Performed testing as per Accounts Database
- Donor did not bring Outside Lab COC form. Employer Rep \_\_\_\_\_ authorized use of our COC/Lab  
 (first name/last name)
- Other: \_\_\_\_\_
- \_\_\_\_\_

Staff Signature: \_\_\_\_\_