**Drug & Alcohol Testing Authorization**

**University of Washington CDL Drivers**

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| **Purpose of this form**: To document pre-employment, random and follow-up CDL drug and alcohol testing; the rationale and circumstances behind a decision to request a reasonable suspicion or post-accident test. Must be kept by the UW department, HR and department’s CDL DATP Coordinator and is a confidential document. Must be used for all UW CDL drug and alcohol testing. | | |
| Employee’s Name | UW Employee ID # | Date |
| **Reason for Testing**  Describe in detail below in comments | | |
| * **Pre-employment** | * **Random testing** | |
| * **Reasonable Suspicion** * Observed behavior * Observed drug/alcohol use/abuse * Slurred speech, erratic behavior, can’t maintain balance, other (explain) | * **Post-accident** * Accident causing a fatality or injury requiring off-scene treatment * Vehicle damaged and undriveable **and** driver received citation * Accident causing significant property damage | |
| * **Positive test follow-up** |
| **Comments** Describe in detail the rationale for requesting testing, including observed facts and circumstance, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc. Use additional sheets, if needed. | | |
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| **Supervisor/manager instructions**   * Fill out this form – including name, employee number, date, reason for test and rationale, and the type of test required. Sign and date the form at the bottom. * Provide this form, along with a chain of custody form to the employee. * Ensure the employee has a **valid photo ID** with them. * Except for pre-employment testing, accompany the employee to the Drug Free Business testing facility at 11511 NE 195th St, Suite 102, Bothell, WA 98011, or a proper facility that participates with Drug Free Business. * If you need after-hours testing, please use the LabCorp testing site at 5300 Tallman Ave NW, Seattle, WA 98107 – and ensure the facility is contacted at (206)781-6360 prior to your arrival. * If you need further assistance finding a site, contact Drug Free Business at (800)598-3437. | | |
| **Employee instructions**   * Present this form, along with the chain of custody (carbon copy) form, and a **valid photo ID** to collection site personnel. * All specimens will be checked for adulteration, dilution and temperature. If your specimen fails due to temperature, you are allowed to re-test as long as you don’t leave the testing facility. | | |
| **Test required** Check all that apply – check both for post-accident and reasonable suspicion testing. | | |
| * Urine drug screening * Breath/blood alcohol screening | | |
| **Supervisor/Manager Printed Name** | **Signature** | **Date** |
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| **Employee Printed Name** | **Signature** | **Date** |
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