**EMPLOYER NAME/LOGO**

**Drug and Alcohol Testing Notification**

*The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Part 655) requires all safety-sensitive employees must submit to drug and alcohol testing as a condition of employment in a safety-sensitive position.*

**Employee Information:**

Employee Name:

Employee ID/SSN:

Date of Notification: Time of Notification: AM/PM

Employee Transported? NO YES Transported by:

**Collection Site Information:**

Name: Address:

City, State, Zip:

**Order for Testing:**

**Type of Test:** ❑ Alcohol ❑ Drug ❑ Both

**Testing Authority**: ❑ DOT/FTA ❑ Non-DOT

**Test Type:** ❑ Pre-Employment ❑ Random ❑ Post-Accident

❑ Reasonable Suspicion ❑ Return-to-Duty ❑ Follow-up

**Observed Collection**: ❑YES ❑ NO

**To be filled out by Collection Site Personnel:**

Time of Arrival: AM/PM Collector Name:

**Return this form with the Employer Copy of CCF and/or ATF to:**

DER Name:

Employer Address:

Employer City, State, Zip: