



S.H.E.P. Procedures Manual

Revision Date: 05/07

Ref: D – DOT Testing, Alcohol & Controlled Substances

Effective Date: 5/96

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**Employee/Customer Referral Form
Controlled Substance and Alcohol Testing Service**

Check One: New Employee _____ or Current Employee _____

Driver's Name: _____

Company: _____ Fax: _____ Phone: _____

Physical Address: _____

Mailing Address: _____

City, State & Zip: _____

Primary Contact: _____

Secondary Contact: _____

E-Mail Address: _____

Sales Representative: **Raymond C. Steil - R.M.&C., Inc.**

Date Referred to St. Luke's: _____ St. Luke's Fax: **712-224-4301 Attn: D/A Test**

Note(s): _____

Type of Testing:

_____ **DOT Testing: Federal drug testing of 50% drug tests and 10% alcohol tests.**

_____ **S.H.E.P. Consortium Membership**

_____ **Employees Only**

Employee Consent Form:

DATE: _____ / _____ / _____

I understand that as required by the Federal Highway Administration Regulations, Title 49, Section 382.201, all driver-applicant of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances and alcohol. I understand that a positive test result for controlled substances and/or alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my controlled substance test and alcohol test results will be maintained by the employer. Negative and positive results will be reported to the employer. If the results are positive, the substance will be identified. The results will not be released to any parties without my written authorization.

(Applicant's PRINTED Name)

(Applicant's Signature)

Fax this form to:

**St. Luke's D/A Testing Dept. – (712)-224-4301
R.M.&C., Inc. D/A Testing – (712)-277-4009
RETURN ORIGINAL FORM TO THE EMPLOYEE'S DOT FILE**