



**COLLECTION INFORMATION FORM**

**This Section to be Completed by EMPLOYER**

*[Complete this form and send to collection site along with custody and control form (CCF)]*

Place this account number on the CCF..... \_\_\_\_\_

Employee Name \_\_\_\_\_ D.L.# \_\_\_\_\_ Company Code \_\_\_\_\_

Name of Supervisor Requesting Test \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Breath Alcohol Test Required  YES  NO Urine Drug Collection Required  YES  NO

Observed Collection Required  YES  NO Employee Transported to Collection Site  YES  NO

Name of Supervisor Transporting Employee \_\_\_\_\_ Supervisor Title \_\_\_\_\_

Date Sent to Collection Site \_\_\_\_\_ Time \_\_\_\_\_

Expected Arrival Time at Collection Site \_\_\_\_\_

*[If employee does not arrive by this time, please call the supervisor requesting the test.]*

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| <b><u>REASON FOR TEST:</u></b>                |
| <input type="checkbox"/> Pre-employment       |
| <input type="checkbox"/> Random               |
| <input type="checkbox"/> Reasonable Suspicion |
| <input type="checkbox"/> Post Accident        |
| <input type="checkbox"/> Follow-up            |
| <input type="checkbox"/> Return to Duty       |
| <input type="checkbox"/> Other                |

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| <b><u>TYPE OF CUSTODY AND CONTROL FORM TO BE USED:</u></b>   |
| <input type="checkbox"/> Federal DOT Custody and Control Form<br><u>Check Appropriate Testing Authority:</u><br><input type="checkbox"/> FTA <input type="checkbox"/> FMCSA <input type="checkbox"/> PHMSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> USCG |
| <input type="checkbox"/> NON Regulated Non DOT Custody and Control Form  |
| <input type="checkbox"/> NON Regulated Custody and Control Form-<br>DOT employee test did not meet DOT Guidelines  |

**This Section to be Completed by COLLECTION SITE**

Date of Test \_\_\_\_\_ Time of Arrival \_\_\_\_\_ Time of Test \_\_\_\_\_

Collection Site Name \_\_\_\_\_

Collection Site Address \_\_\_\_\_

Verbal Result Date \_\_\_\_\_ Time \_\_\_\_\_ Status \_\_\_\_\_

**IMPORTANT: within 24 hours fax breath alcohol test results to ComplianceOne 785-232-5016**

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|---|---|
| <b>PLEASE BILL ALL<br/>COLLECTION CHARGES TO:</b> | <b>ComplianceOne<br/>2121 SW Chelsea Drive, Topeka, Kansas 66614<br/>or fax to 785-232-5016</b> |
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