OCCUPATIONAL DRUG TESTING, LLC

Positive Result Checklist

Date:_____

Positive: _____   RTD: _____   Follow-Up: _____

1. Contact the DER _____
Name

Employee needs to be removed from safety duty

Do they need a SAP? Check company policy. Get certification if not on file

If SAP is Bob Kelley, give DER his information

Go over 5-Day Regulation

Payment: Donor   Employer

2. Does the SAP Need to Be Located?   Yes   No

a) Name:_____   Phone:_____   Fee:_____

b) Is the SAP Certification on File?   Yes   No

3. Send e-mail to the SAP   _____
Date Sent

Give employee the result information

Company information entered

Contact Information entered

4. Evaluation Received   _____
Date

Contact DER: Employee needs to be scheduled for observed RTD test

5. Evaluation Scanned

6. Return to Duty Received

Contact DER: If negative, employee can safely return

Follow-Ups Created

Send Schedule to Designated Employee Representative