## FEDERAL TEST NOTIFICATION AND AUTHORIZATION FORM

**NOTE:** Before performing a drug or alcohol test, the employer is required to notify the employee that the test is required, as mandated by the Department of Transportation. This form is to be used by the DER when notifying an individual of a required federal drug and/or alcohol test.

**DIRECTIONS:** Complete this form and make a copy, keeping the original to add to the employee's file. The copy is for the employee to take with him or her to the collection site.

## EMPLOYER AND EMPLOYEE INFORMATION

EMPLOYER NAME:		DOT MODE:	
PHONE NUMBER:		DER NAME:	
ADDRESS:			
NOTIFICATION DATE:			
NOTIFICATION TIME:		EMPLOYEE NAME:	
ARRIVAL TIME:		SSN OR ID#:	
EMPLOYEE WAS NOTIFIED:	☐ Verbally	☐ Written (this for	m)
REQUIRED TESTING	☐ Drug Test Only	☐ Alcohol Only	☐ Drug & Alcohol Test
TESTING REASON	☐ Pre-Employment	☐ Post-Accident	☐ Reasonable Suspicion
DIRECT OBSERVATION REQUIRED: Yes		□ No	
NOTE: only check the Yes box if the Employer or MRO has requested a direct observation collection.			

## COLLECTOR/BREATH ALCOHOL TECHNICIAN INFORMATION

COLLECTOR NOTICE: Please fax the MRO copy immediately upon completion to Occupational Drug Testing's MRO at 603-218-7779, or use the secure email address: CCF@occupationaldrugtesting.com. Please notify the DER of any problems during the collection.

BAT NOTICE: Please note the time the employee arrived at the testing collection site. DOT regulations require notification of a confirmed BAC of .02 or greater to the Employer's DER. Please email the result of the Alcohol Test to CCF@occupationaldrugtesting.com or fax to 603-218-7779.

INVOICING EMAIL: ap@occupationaldrugtesting.com

MAILING ADDRESS: Occupational Drug Testing, LLC

Attn: Accounts Payable Department

340 Harvey Road Manchester, NH 03103

