ALCOHOL/DRUG AND CDL DRUG TESTING LOG

Facility/Office/Center: _____

TYPE OF TEST: 1A=Pre-Employment On-Site **IB**=Pre-Employment Off-Site **2**=Random **3**=CDL **4**=Reasonable Suspicion Alcohol **5**=Reasonable Suspicion Drug

DATE FORM GIVEN	EMPLOYEE/APPLICANT'S NAME	C.O.C. # (ONLY IF SENT TO COLLECTION SITE)	EMPLOYEE ID # OR APPLICANT SSN	EMPLOYEE OR APPLICANT'S INITIALS	TYPE OF TEST (USE CODE ABOVE)	INITIALS OF NOTIFER	DATE OF TEST	DATE RESULTS VERIFIED	INITIALS OF VERIFIER

Retention Schedule: Upon completion, this form shall be retained in the local personnel office for one (1) calendar year.