

1. What Employee level positions within your company are subject to DOT drug & alcohol testing?
2. What Supervisor level positions within your company are subject to DOT drug & alcohol testing?

Supervisor Level Positions	Employee Level Postions

3. What Collection Facility do you send your employees to? Name, Address and phone number

Name:	
Address:	
Telephone:	

4. Do you have a TPA(Random Program Provider, ex: DISA, Pipeline Testing Consortium etc..)?

Name:	
Address:	
Telephone:	

5. What SAMHSA certified laboratory is used?

Name:	
Address:	
Telephone:	

6. What is the name, address, and phone number of your MRO(Medical Review Officer)?

Name:	
Address:	
Telephone:	

7. What type of (EBT) Breathalyzer does your collection facility use? Make? Model?

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8. Do you have an Employee Assistance Program? *If No, we will list it as an "in-house program in collaboration with local resources"*

Name:	
Address:	
Telephone:	

9. Who do you use as an SAP(Substance Abuse Professional)? *If None, we will look up the closest one to your company office.*

Name:	
Address:	
Telephone:	

