

COUNTY OF LOS ANGELES - DRUG/ALCOHOL TESTING WORK ORDER

DEPARTMENT INFORMATION

Employees must report to the collection site within 60 minutes of notification plus travel time.

Authorized by - Full Name <i>(last, first, middle)</i>			
Signature		Date	
Work Telephone No.		Work Email	
Date/Time Employee Notified			
Department Name			
Account No. <i>(ASAP use only)</i>			

EMPLOYEE INFORMATION

Full Name <i>(last, first, middle)</i>		Employee No.	
Commercial Driver's License No. <i>(If Applicable)</i>		Date of Birth	
Job Title		Item No.	
Personal Telephone No.		Personal Email	

COLLECTION SITE

Do not conduct drug or alcohol testing without an authorized work order. Collection must be completed on the same date services were authorized. EMPLOYEES MUST PRESENT VALID PHOTO IDENTIFICATION.

Collection Site Name			
Collection Site Address			
City		State	
Collection Site Telephone Number			

Reason for Test	Type of Test		
DOT FMCSA	DOT Random Drug	DOT Random Alcohol	DOT Random Drug & Alcohol
	DOT Pre-Employment	DOT Return to Duty	Other
	DOT Post-Accident	DOT Follow-Up	
Non-DOT	Reasonable Suspicion	Non-DOT Random	Other
	Drug & Alcohol	Drug & Alcohol	
FormFox Code <i>(ASAP use only)</i>			

Employee time in:

Employee time out:

Submit invoice for services to ASAPcheck

Fax or email all MRO copies and collection paperwork to 562-624-2737 or asapforms@asapdrugsolutions.com.