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## COUNTYWIDE REASONABLE SUSPICION DRUG AND ALCOHOL TESTING REQUIRED FORMS

Below are descriptions of all the required forms for Reasonable Suspicion Drug and Alcohol Testing. If you click on the name of the form, it will take to that page within this PDF document. Separate copies of these forms are also available on the DHR-OHP website, please [click here](#) to access.

### 1. **Countywide Reasonable Suspicion Procedures**

The Countywide Reasonable Suspicion Procedures form is a guide for completing all the necessary and required steps when an employee is under Reasonable Suspicion. *Managers and Supervisors are not required to return this form to OHP.*

### 2. **Countywide Reasonable Suspicion Checklist**

The Countywide Reasonable Suspicion Checklist (RSC) must be completed by a supervisor or manager who has been trained in the County's Reasonable Suspicion Procedure and has personally observed the employee's appearance and behavior(s) resulting in a request for reasonable suspicion drug and alcohol testing. *This document must be provided to OHP.*

### 3. **Countywide Reasonable Suspicion - Notice of Requirement**

The observing supervisor or manager must provide the employee with a copy of the Countywide Notice to Employee of the Requirement to Submit to Reasonable Suspicion Drug and Alcohol Testing form (Notice of Requirement). If the employee refuses or declines to sign the Notice of Requirement, the observing supervisor or manager must proceed with completing all other required forms, indicate on the Notice of Requirement the employee's refusal to sign and forward the documentation to OHP. Except for a medical emergency or safety/security threat, this is the only time the employee would not be taken for testing. *This document must be provided to OHP.*

### 4. **Countywide Reasonable Suspicion - Notice to OHP**

The Countywide Reasonable Suspicion Notice to OHP form is a template to be used by Departments whenever an employee is under Reasonable Suspicion. The Notice to OHP must be completed on your Departmental letterhead. *This document must be provided to OHP.*

### 5. **Countywide Drug and Alcohol Testing - Work Order**

This work order must be completed and taken with the employee to the collection site. Please select "Non-DOT" as the Reason for the Test and "Reasonable Suspicion Drug & Alcohol" for the Type of Test. Please be sure to select the correct test since this work order is also utilized for Department of Transportation (DOT) Random Drug and Alcohol Testing. *A copy of this work order must be provided to OHP.*

### 6. **List of ASAP Drug and Alcohol Testing Locations**

The Los Angeles County, Department of Human Resources contracts with American Substance Abuse Professional Drug Solutions, Inc. (ASAP) to provide drug and alcohol specimen collection and laboratory testing services.

### 7. **Countywide Reasonable Suspicion - Witness Affidavit**

The Countywide Reasonable Suspicion Affidavit is intended to be completed by a Witness who is not the Primary Observer. *All Witness Affidavits must be provided to OHP.*



## COUNTYWIDE REASONABLE SUSPICION PROCEDURES

**Note: Reasonable Suspicion Drug and Alcohol Testing must be completed within four (4) hours of initial observation of impairment.**

<p>1. When a supervisor or manager witnesses or is informed of an employee who appears to be impaired or exhibiting concerning behavior(s), you should first obtain approval from your Departmental Human Resources (HR) or Employee Relations (ER) to proceed with the Reasonable Suspicion procedures.</p> <p>If the Departmental HR or ER personnel are not available, the supervisor or manager must proceed with the Reasonable Suspicion procedures and document the reason for not being able to obtain prior approval.</p>	<p><input type="checkbox"/> <b>Initiate the Reasonable Suspicion procedures and document attempt(s) to reach out to HR/ER personnel.</b></p>
<p>2. Before you speak to the employee, the <b>Reasonable Suspicion Checklist (RSC)</b> should be completed by two (2) trained supervisors or managers. If the RSC is completed by only one (1) trained supervisor or manager, an explanation must be documented.</p>	<p><input type="checkbox"/> <b>RSC is completed by one (1) or two (2) trained supervisor(s) or manager(s).</b></p>
<p>3. The observing supervisor or manager must complete the following in the stated order:</p> <p>a. On the day of the observed impairment the observing supervisor or manager must meet with the employee under suspicion of impairment to discuss the observations documented on the RSC that led to the referral.</p> <p>b. The observing supervisor or manager must inform the employee of their right to representation. The employee must be allowed a reasonable time frame to secure a representative to attend the meeting so as to not delay the reasonable suspicion testing process.</p>	<p><input type="checkbox"/> <b>Meet with employee.</b></p> <p><input type="checkbox"/> <b>Review observations documented on the RSC with the employee.</b></p> <p><input type="checkbox"/> <b>Inform employee of their right to representation.</b></p>
<p>4. During the observing supervisor or manager's meeting with the employee under reasonable suspicion, the employee must be given the opportunity to provide an explanation regarding observations of their concerning behavior(s).</p> <p>Regardless of the employee's explanation, proceed to Step 5.</p>	<p><input type="checkbox"/> <b>Employee is given an opportunity to explain and/or provide a written response. The observing supervisor or manager should document the employee's explanation.</b></p>



<p>5. The observing supervisor or manager must provide the employee with a copy of the <b>Countywide Notice to Employee of the Requirement to Submit to Reasonable Suspicion Drug and Alcohol Testing</b> form (Notice of Requirement) and obtain the employee's signature. If the employee refuses or declines to sign the Notice of Requirement, the supervisor/manager must proceed with obtaining all required forms, indicate on the Notice of Requirement the employee's refusal to sign and forward the documentation to OHP. <b><u>Except for a medical emergency or safety/security threat, this is the only time the employee would not be taken for testing.</u></b></p>	<p><input type="checkbox"/> <b>Provide a copy of the <i>Notice of Requirement to Submit to Reasonable Suspicion Drug and Alcohol Testing</i> to the employee.</b></p> <p><input type="checkbox"/> <b>Obtain employee's signature or document the refusal.</b></p>
<p>6. The observing supervisor or manager must complete the <b>Reasonable Suspicion Drug and Alcohol Testing Work Order</b> and provide it to the authorized departmental representative who will accompany the employee to the collection site.</p>	<p><input type="checkbox"/> <b>Complete the <i>Reasonable Suspicion Drug and Alcohol Testing Work Order</i>.</b></p>
<p>7. The observing supervisor or manager must arrange transportation to and from the collection site (<i>unless on-site collection has been arranged with OHP personnel</i>) by an authorized departmental representative or a transportation service.</p> <p>An authorized person, other than the employee's immediate supervisor, <b>must</b> confirm that the employee has a photo identification (e.g., Driver's License or County ID) prior to accompanying the employee to the collection site.</p> <p>It is recommended that a supervisor or manager, other than the employee's immediate supervisor, drive or accompany the employee to the collection site unless both the employee and immediate supervisor agree that they are the most suitable person to drive or accompany the employee to the collection site.</p>	<p><input type="checkbox"/> <b>Transportation to and from the collection site for the employee was arranged.</b></p> <p><input type="checkbox"/> <b>Authorized Departmental representative accompanying employee has a copy of the Work Order.</b></p> <p><input type="checkbox"/> <b>Confirmed the employee has photo identification.</b></p>



8. At the collection site, the authorized departmental representative must provide the **Reasonable Suspicion Drug and Alcohol Testing Work Order** to the collection site's staff.

The employee must present photo identification, or the department representative must confirm the employee's identity.

The employee must provide a urine specimen and complete a breath alcohol test (BAT) in accordance with the collection site's collection procedures.

- Authorized departmental representative provided the Reasonable Suspicion Drug and Alcohol Testing Work Order to the collection site's staff.**
- The employee's identity was confirmed by the collection site's staff.**
- The employee provided a urine specimen and completed the BAT.**

9. If there are additional witnesses to the employee's impairment, the supervisor or manager who completed the RSC must instruct those witnesses to complete an affidavit documenting their observations.

The supervisor or manager who completed the RSC, or their designee, must forward completed copies of the **Notice to OHP of Reasonable Suspicion Drug and Alcohol Testing**, **RSC**, and **witness affidavit(s)** to OHP via email at [ohp@hr.lacounty.gov](mailto:ohp@hr.lacounty.gov).

- Email OHP the following:**
  - Notice to OHP of Reasonable Suspicion Drug and Alcohol Testing**
  - RSC**
  - Witness Affidavit(s)**

10. The observing supervisor or manager must arrange transportation to and from the collection site (unless on-site collection has been arranged).

- The employee must not drive after the Reasonable Suspicion procedures have been initiated.**

11. Upon receiving and reviewing the laboratory report, OHP will provide a final results letter to the employee and Department Head (or designee) within four (4) business days from the time of the specimen collection.

- Final Results Letter will be sent by OHP.**



## COUNTYWIDE REASONABLE SUSPICION CHECKLIST

**Note:** This document must be completed by a supervisor or manager who has been trained in the County's Reasonable Suspicion Procedure and has personally observed the employee's appearance and behavior(s) resulting in a request for reasonable suspicion drug/alcohol testing.

### **EMPLOYEE REFERRED FOR REASONABLE SUSPICION TESTING**

<b>Full Name</b> (last, first, middle)		<b>Employee ID No.</b>	e
<b>Job/Classification Title</b>			
<b>Department</b>			

### **PRIMARY OBSERVER INFORMATION**

<b>Full Name</b> (last, first, middle)		<b>Employee ID No.</b>	e
<b>Job/Classification Title</b>			
<b>Department</b>			
<b>Work Telephone Number</b>			
<b>Work Email Address</b>			

### **SECONDARY OBSERVER INFORMATION**

<b>Full Name</b> (last, first, middle)		<b>Employee ID No.</b>	e
<b>Job/Classification Title</b>			
<b>Department</b>			
<b>Work Telephone Number</b>			
<b>Work Email Address</b>			

### **DATE & LOCATION OF OBSERVATION**

*May be completed by either Primary or Secondary Observer.*

<b>Date of Observation</b>		<b>Time of Observation</b>	
<b>Location of Observation</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	
		<b>Zip Code</b>	



**OBSERVATIONS**

*Please check all the observations that apply.*

**Quality of Speech**

- Normal*
- Loud*
- Slowed*
- Rapid*
- Soft*
- Slurred*
- Pressured*
- Silent*

**Nature of Speech**

- Normal*
- Confused*
- Hostile*
- Non-Sensical*
- Paranoid*

**Level of Alertness**

- Normal*
- Drowsy*
- Energetic*

**Mood**

- Normal*
- Elated/ "Up"*
- Fearful*
- Anxious*
- Irritable*
- Angry*
- Sad/ "Down"*

**Movements**

- Normal*
- Slowed*
- Quickened*
- Uncoordinated*
- Shaking*
- Aggressive*

**Walking**

- Normal*
- Stumbling*
- Falling*
- Holding, Reaching*

**Balance**

- Normal*
- Swaying*
- Staggering*
- Falling*

**Nose**

- Sniffing*
- Runny*
- Reddened*

**Eyes**

- Reddened*
- Pupils Constricted*
- Pupils Dilated*

**Breath**

- Alcohol-Like*
- Chemical Odor*
- "Burnt Rope" Odor*



**COUNTY OF LOS ANGELES**

Department of Human Resources

Occupational Health Programs

Phone: 213-433-7201 | Email: [ohp@hr.lacounty.gov](mailto:ohp@hr.lacounty.gov)

**EXPLANATION OF OBSERVED BEHAVIORS**

*Please use plain language to describe and further explain any of the behaviors that were checked in the section above.*

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**ADDITIONAL NOTES/OBSERVATIONS**

*Please provide any additional details to support your request for a reasonable suspicion referral.*

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**ATTESTATION**

I certify that I hold the position of supervisor or higher with the County of Los Angeles, and that I have completed the training on Reasonable Suspicion. I also certify that based on my observation, I believe that reasonable suspicion exists to require the above employee to undergo testing for drugs and/or alcohol.

<b>Primary Observer's - Printed Name</b>	
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<b>Primary Observer's Signature</b>		<b>Date</b>	
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<b>Secondary Observer's - Printed Name</b>	
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<b>Secondary Observer's Signature</b>		<b>Date</b>	
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**PLEASE SUBMIT AN ELECTRONIC COPY OF THIS DOCUMENT TO OCCUPATIONAL HEALTH PROGRAMS IN THE DEPARTMENT OF HUMAN RESOURCES AT: [OHP@HR.LACOUNTY.GOV](mailto:OHP@HR.LACOUNTY.GOV)**



## **COUNTYWIDE NOTICE TO EMPLOYEE OF THE REQUIREMENT TO SUBMIT TO REASONABLE SUSPICION DRUG AND ALCOHOL TESTING**

<b>Date this Notice was Provided to the Employee</b>	
<b>Name of the Employee Receiving the Notice</b>	
<b>Employee's Department</b>	

The County of Los Angeles' (County) Drug-Free Workplace Policy 9.050 strictly prohibits the use, possession, selling, or sharing of drugs or alcohol by employees, contract personnel, and others responsible for carrying out the County's business while in the workplace or on duty. This policy further prohibits being under the influence of any substance that causes impairment or that adversely impacts the individual's ability to perform their job duties safely and effectively and may adversely affect the health, safety, security, and productivity of the County's workforce, as well as undermine public trust and confidence.

This policy also authorizes a County department to initiate the County's Reasonable Suspicion Drug and Alcohol Testing procedures when a direct observation is made concluding that there is a reason to believe that the employee is impaired due to drugs and/or alcohol. The term "drugs" refers to any and all controlled substances that are taken outside of a valid prescribed use as authorized by the Controlled Substances Act. A copy of this policy accompanies this notice.

Observations reported to the Department, as documented by a supervisor or manager in the Reasonable Suspicion Checklist document provided to you on \_\_\_\_\_ support the Department's decision to refer you for reasonable suspicion drug and alcohol testing.

**Accordingly, you are required to undergo both a urine drug test and a breath alcohol test (BAT) immediately and without unnecessary delay.**

### **SUBSTANCES SCREENED FOR**

The drug and alcohol tests will screen for the following substances:

1. Amphetamines and Methamphetamines
2. Benzodiazepines (for example, Valium, Librium)
3. Barbiturates (for example, Fiorinal)
4. Cocaine
5. Methadone
6. Methaqualone (for example, Quaalude)
7. Opiates (for example, Tylenol #3, Codeine)
8. Phencyclidine (PCP)
9. Marijuana
10. Alcohol (BAT)





### **REFUSAL TO SUBMIT TO REASONABLE SUSPICION DRUG AND ALCOHOL TESTING**

Refusing to consent to reasonable suspicion drug and alcohol testing and/or failure to provide a urine specimen and BAT within four (4) hours from the time of the observed behavior may subject you to disciplinary action, up to and including discharge by your Department, for being under the influence of drugs and/or alcohol based on your refusal and documentation of your behavior(s).

### **URINE COLLECTION AND TESTING**

You will be required to provide a urine specimen in a manner that respects your privacy and dignity but also prevents potential tampering, adulteration, or substitution of the urine specimen. You must provide enough urine (about ¼ cup) so that the sample can be divided into two bottles. Both specimen bottles will be sealed in your presence and will be transported to a certified drug testing laboratory. The laboratory will unseal the first bottle and will use that specimen to conduct the drug test.

If the urine specimen you provide yields a positive drug test result, a Medical Review Officer (MRO) must review and discuss the test results with you prior to making a final determination. The MRO will advise you of your right to have the second specimen bottle to be tested at a different certified laboratory within 72 hours after the discussion between you and the MRO.

### **BREATH ALCOHOL TEST (BAT)**

You will be required to breathe into a breath alcohol device to determine your blood alcohol concentration (BAC) at the time of testing.

### **FINAL RESULTS**

After the MRO completes their assessment, you will receive a letter from the Department of Human Resources, Occupational Health Programs informing you of the final results of the drug and alcohol testing and a copy of the laboratory result(s).

Your Department will be notified of the final results and will contact you directly to discuss any applicable next steps.

***I RECEIVED A COPY OF THIS NOTICE AND UNDERSTAND ITS CONTENTS, INCLUDING MY RIGHT TO REPRESENTATION AND TO OBTAIN A NO-COST TEST OF THE SECOND BOTTLE SAMPLE IF THE SPECIMEN RESULTS FROM THE FIRST BOTTLE ARE POSITIVE.***

<b>Employee's Printed Name</b>	
<b>Employee's Signature</b>	
<b>Date and Time</b>	



## **TEMPLATE NOTICE LETTER TO OHP**

*(To be provided on Official Departmental Letterhead)*

Date

Occupational Health Programs  
Department of Human Resources  
Attn: Reasonable Suspicion Testing Unit

Sent via email to [ohp@hr.lacounty.gov](mailto:ohp@hr.lacounty.gov)

### **CONFIDENTIAL NOTICE TO DHR/OHP**

#### **COUNTYWIDE REASONABLE SUSPICION DRUG AND ALCOHOL TESTING**

Based on direct observation, The Department (Name of Department) has reasonable suspicion that the employee named below is under the influence of drugs and/or alcohol while on duty or when reporting to duty and their ability to perform their duties is impaired. Therefore, the Department is ordering the employee to undergo reasonable suspicion drug and alcohol testing.

Employee Name (last, first, middle initial)	
Employee ID	e-
Employee's Job Title / Classification	
Employee's Assigned Work Location at the time impairment was observed	
Testing Site Used for Specimen Collection	

Should you need additional information regarding this notice, please contact the following individual:

Printed Name of Departmental Representative	
Signature of Departmental Representative	
Email Address	
Phone Number	

## 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.*

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

### EMPLOYEE INFORMATION

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

### 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.*

<b>Collection Site Name</b>			
<b>Collection Site Address</b>			
<b>City</b>		<b>State</b>	
<b>Collection Site Telephone Number</b>			

Reason for Test	Type of Test		
<b>DOT FMCSA</b>	DOT Random Drug	DOT Random Alcohol	DOT Random Drug & Alcohol
	DOT Pre-Employment	DOT Return to Duty	Other
	DOT Post-Accident	DOT Follow-Up	
<b>Non-DOT</b>	Reasonable Suspicion	Non-DOT Random	Other
	Drug & Alcohol	Drug & Alcohol	
<b>FormFox Code</b> <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](mailto:asapforms@asapdrugsolutions.com).



## DRUG AND ALCOHOL TESTING COLLECTION SITES

The Los Angeles County, Department of Human Resources contracts with American Substance Abuse Professional Drug Solutions, Inc. (ASAP) to provide drug and alcohol specimen collection and laboratory testing services for the following programs:

- Department of Transportation (DOT) Random
- Non-DOT Random
- Reasonable Suspicion

**All of the clinics below are able to conduct drug and alcohol testing for any program listed above.**

ASAP also offers a **mobile response** to the work site for on-site sample collection in accordance with the Countywide Reasonable Suspicion drug and alcohol program. Use of the mobile unit is reserved only when a manager/supervisor is unable to drive the employee under responsible suspicion to a collection site. The use of the ASAP mobile unit, which is available during regular business hours, M-F 8 a.m. – 5 p.m., can only be authorized by OHP Personnel and requires consultation. Mobile response times may vary, but typical will arrive within 90 minutes to work sites within a 25-mile driving distance of the facility. Response times for distances longer than 25 miles could be longer. There is an additional cost associated with a mobile response.

### ASAP, Inc Contact Information

General Inquiries: [Support@asapcheck.com](mailto:Support@asapcheck.com) (562) 624-2720  
Urgent Inquiries: [clientsupport@asapcheck.com](mailto:clientsupport@asapcheck.com) (213)261-3297

Clinic Name/Location	Hours of Operation
<b>CareOnSite – Torrance</b> 20280 S Vermont Ave Ste 120 Torrance, CA 90502 (562) 624-2720	<b>Monday – Friday</b> <b>7:00 A.M. – 5:00 P.M.</b>
<b>Concentra Medical Center – Torrance</b> 1149 W. 190th Street Torrance, CA 90248 (310) 324-5777	<b>24 Hours</b> <b>7 days per week</b>
<b>Concentra Medical Center - Irwindale</b> 6520 N. Irwindale Ave #100 Irwindale, CA 91702 (626) 812-0366	<b>Monday to Friday (7 A.M. – 10 P.M.)</b> <b>Saturday (8 A.M. – 5 P.M.)</b> <b>Sunday (8 A.M. – 2 P.M.)</b>
<b>Concentra Medical Center – Irwindale Arrow Highway</b> 15768 Arrow Highway Irwindale, CA 91706 (626) 969-9800	<b>24 Hours</b> <b>7 days per week</b>



<p><b>ProActive Work Health Center</b>          44451 16th Street West Suite 101          Lancaster, CA 93534          (661) 945-5999</p>	<p style="text-align: center;"><b>Monday – Friday</b>  <b>7:00 A.M. to 5:00 P.M.</b></p> <p style="text-align: center;"><b>Saturday</b>  <b>9:00 A.M. to 2:00 P.M.</b></p>
<p><b>Concentra Medical Center – LAX</b>          6033 West Century Blvd. Suite # 200          Los Angeles, CA 90045          (310) 215-1600</p>	<p style="text-align: center;"><b>24 Hours</b>  <b>7 days per week</b></p>
<p><b>Concentra Medical Center – El Segundo LAX</b>          390 North Pacific Coast Hwy Suite 1000          El Segundo, CA 90245          (310) 640-9911</p>	<p style="text-align: center;"><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center - Chatsworth</b>          9700 DeSoto Avenue          Chatsworth, CA 91311          (818) 882-8100</p>	<p style="text-align: center;"><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center - El Monte</b>          9350 Flair Drive #102          El Monte, CA 91731          (626) 407-0300</p>	<p style="text-align: center;"><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center – LA 3<sup>rd</sup> Street</b>          420 East 3<sup>rd</sup> Street, Suite 600          Los Angeles, CA 90013          (213) 745-6106</p>	<p style="text-align: center;"><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center - Commerce</b>          3430 Garfield Avenue          Commerce, CA 90040          (323) 722-8481</p>	<p style="text-align: center;"><b>24 Hours</b>  <b>7 days per week</b></p>
<p><b>Concentra Medical Center - Van Nuys</b>          16300 Roscoe Blvd. Suite 1-A          Van Nuys, CA 91406          (818) 893-4426</p>	<p style="text-align: center;"><b>Monday – Friday</b>  <b>7:00 A.M. to 7:00 P.M.</b></p> <p style="text-align: center;"><b>Saturday</b>  <b>7:00 A.M. to 3:00 P.M.</b></p>
<p><b>Concentra Medical Center - Vernon</b>          3851 Soto Street          Vernon, CA 90058          (323) 585-7162</p>	<p style="text-align: center;"><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>



<p><b>Concentra Medical Center – Long Beach</b>          100 Oceanate, P245          Long Beach, CA 90802          (562) 432-2821</p>	<p><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center – City of Industry</b>          17487 East Hurley Street          City of Industry, CA 91744          (626) 965-0959</p>	<p><b>Monday – Friday</b>  <b>7:00 A.M. to 7:00 P.M.</b></p>
<p><b>Concentra Medical Center – Burbank</b>          2550 N. Hollywood Way, Suite 100          Burbank, CA 91505          (818) 524-3730</p>	<p><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center – Pomona</b>          801 Corporate Center Dr. # 130          Pomona, CA 91768          (909) 623-1954</p>	<p><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center – San Vicente</b>          434 S San Vicente Blvd          Los Angeles, CA 90048          (310) 360-6780</p>	<p><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center – Santa Clarita/Saugus</b>          22840 Soledad Canyon Road          Saugus, CA 91350          (661) 799-1776</p>	<p><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center – Santa Fe Springs</b>          10400 Norwalk Blvd, Suite 100          Santa Fe Springs, CA 90670          (562) 968-1300</p>	<p><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>
<p><b>Concentra Medical Center – Valencia</b>          25733 Rye Canyon Road          Valencia, CA 91355          (661) 295-2500</p>	<p><b>Monday – Friday</b>  <b>8:00 A.M. to 5:00 P.M.</b></p>

