



Drug and Alcohol Testing Set-up Form

Business Name: _____

Main Contact: _____ Alternate Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Fed ID# _____

Phone: _____ Fax: _____

E-mail address: _____

Reporting Methods (Check one): Secure Fax E-mail US Mail

• **Regulated Testing Required** (Check all that apply to your company):

FMCSA USCG FAA RSPA FTA FRA

• **Seasonal** (removed from random testing for part of the year)

Yes No

Non-Regulated Testing (Check one if your company is electing to participate in Non-regulated testing):

- 5 drugs or SAM5 (Marijuana, Cocaine, Opiates, PCP, Amphetamines) - \$35
- 7 drugs of SAM 7 (SAM5 plus Barbituates and Benzodiazepines) - \$42

Call for other types of drug testing.

- Yes, we would like to do random testing for our Non-regulated employees.
(Please provide WorkSafe a list of employees to be randomized, percentage to be tested and frequency of randomization)

Random Testing List

- If your company is required by the Department of Transportation or is voluntarily participating in random testing please forward a list of your employees Names and Social Security Numbers with this set up form
- If an employee is not currently in a random program, a negative pre-employment test will need to be done prior to entering the consortium pool.
- It is the company's responsibility to notify WorkSafe, Inc. monthly of any personnel changes so that the consortium pool can be updated in a timely manner.

Agreement:

I am an authorized person for the above named company and agree to the annual management fee and other pricing located on the attached WorkSafe Fee Schedule. WorkSafe payment terms are net 30.

Purchase orders used: No Yes (Please fax blanket purchase order with setup form)

Main Contact Signature: _____ **Date:** _____

Please fax the completed application to (907) 563-8380 or mail to WorkSafe, Inc.