

NON-SAMHSA

ATTENTION: USE THIS FORM FOR EMPLOYEES WHO DO NOT HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)

PUBLIC WORKS ROAD MAINTENANCE SEASONAL HELP TEST INFORMATION SHEET

1.) Date of Test: _____

Employer: SNOHOMISH COUNTY GOVT. Phone: 425-388-3549
3000 Rockefeller Ave. M/S 610 FAX: 425-388-3499
Everett, WA 98201 Attn: John Navroth

2.) Name: _____

3.) Type of Test: Drug Screen (non-SAMHSA) Breath Alcohol (non-SAMHSA)

4.) Reason for Testing: Random

5.) Time notified: _____ AM/PM
(To be filled in by Supervisor)

Check-in time: _____ AM/PM
(To be filled in by Clinic and HOLD for
pick up by John Navroth)

6.) _____
Supervisor Print Name

**IMPORTANT! EMPLOYEE MUST BRING THIS FORM WITH PICTURE I.D.
AND REPORT PROMPTLY TO:**

US HealthWorks Occupational Medicine Broadway Clinic 3726 Broadway, Suite 101 Everett, WA 98201 (425) 259-0300	OR: US HealthWorks Occupational Medicine Paine Field Clinic 11001 31 st Place W. Everett, WA 98204 (425) 267-0299
--	--