

# NON-SAMHSA

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

## REASONABLE SUSPICION/CAUSE TEST INFORMATION SHEET

1.) Date of Test: \_\_\_\_\_

Employer: **SNOHOMISH COUNTY GOVT.** Phone: **425-388-3411 ex. 2020**  
**3000 Rockefeller Ave. M/S 503** FAX: **425.388.3579**  
**Everett, WA 98201** Attn: **Rebecca Olin, Human Resources**

2.) Department/Division: \_\_\_\_\_

3.) Name: \_\_\_\_\_

(Employee covered under: Snohomish County Code 3.58 Drug-Free Workplace)

4.) Test Type:  Drug Screen (rapid)  Breath Alcohol (non-SAMHSA)

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

Check-in time: \_\_\_\_\_ AM/PM  
(To be filled in by Clinic and FAXED to  
Rebecca Olin, Human Resources)

6.) \_\_\_\_\_  
Supervisor Print Name

**IMPORTANT! SUPERVISOR MUST BRING THIS FORM WITH THE EMPLOYEE  
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<sup>st</sup> Place W.  
Everett, WA 98204  
(425) 267-0299