

ATTENTION!! USE THIS FORM FOR EMPLOYEES WHO HAVE A COMMERCIAL DRIVER'S LICENSE (CDL)

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 DER: John Navroth

2.) Department/Division: _____

3.) Name: _____ 4.) Random Number: _____

Employee Covered Under: Federal Highway Administration

5.) Test Type: Drug Screen (SAMHSA) Breath Alcohol (SAMHSA)

6.) Reason for Testing:

- Random Reasonable Suspicion/Cause Post Accident
 Return to Duty (self-pay) Follow-up (self-pay)

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

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

8.) _____
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 31st Place W.
Everett, WA 98204
(425) 267-0299