



DRUG AND ALCOHOL TESTING COMPLIANCE SERVICES

Website: www.datcs.com

LONGVIEW
450E. LOOP 281, STE. C-2
LONGVIEW, TX 75605
PHONE: (903) 234-1136
FAX: (903) 234-1948
EMERGENCY: (903) 720-2521

BOSSIER CITY/ SHREVEPORT
1701 OLD MINDEN ROAD, STE 23
BOSSIER CITY, LA 71111
PHONE: (318) 212-1125
FAX: (318) 212-1128
EMERGENCY: (318) 402-5056

TYLER
4807 OLD JACKSONVILLE HWY.
TYLER, TX 75703
PHONE: (903) 534-3893
FAX: (903) 534-5983
EMERGENCY: (903) 352-0687

AUTHORIZATION FORM FOR DRUG / ALCOHOL TESTING

Company Name: All Star I+E Location Code: _____
Company DER: Mandie Burnett Phone: 281 296 5157

Donor Name : _____ Time Notified: _____

Scheduled Date: _____ I D NUMBER: _____

DOT DRUG TEST:

DOT ALCOHOL TEST:

NON-REG DRUG TEST :

NON-REG ALCOHOL TEST:

Pre-employment

Pre-Employment

Random

Random

Post-Accident

Post-Accident

Reasonable Suspicion

Reasonable Suspicion

Return-to-Duty

Return-to-Duty

Follow-Up

Pre-Employment

**Pre-Access (non REG test only)

**Pre-Access (non REG test only)

Authorized by: 
SIGNATURE OF DER OR DESIGNATED SUPERVISOR

From the time a donor is notified by a company representative to submit to a D.O.T. drug and/or alcohol test, he or she will be allowed thirty minutes plus travel time to arrive and check in with the approved collection site. Failure to arrive for the required test in the allotted time will result in an "Observed Test" and the company DER will be notified immediately.

By signing this document, I acknowledge that I have read and understand the preceding statement. I furthermore acknowledge that my failure to submit to these instructions will subject me to the disciplinary action outlined in the company's drug/alcohol policy in accordance with 49 Code of Federal Regulations Part 40.

Donor's Signature

Company DER should retain one completed copy with donor signature and donor should submit a completed copy to the collection site.