



FISHBONE SAFETY SOLUTIONS

208 E. X Street, Deer Park, TX 77536
Phone: 281-476-9888 Fax: 281-476-9886

TESTING AUTHORIZATION

Employee Name: _____ Date: _____

Company Name: ALL STAR I & E, INC. SSN #: XXX-XX-

Authorized By: M. BURNETT FSS PO #: _____ CONSORT PO# _____

SERVICES REQUESTED

- Pre-employment Random Suspicion/Cause Post-Accident Periodic Return for Duty
- Re-Certification Annual Follow-Up/Observed Other

DRUG & ALCOHOL

- Breath Alcohol Test
- Instant Drug Screen (**Rapid 10 Panel**)
- Hair Follicle Test
- Drug Screen

OCCUPATIONAL TESTING

- Pulmonary Function Test (PFT includes MEQ Review)
- Respiratory Fit Test: (**FSS no longer provides razors**)
- *FIT TESTING PATIENTS MUST BE CLEAN SHAVEN**
- 3M 6000(Half Face) 3M 6000(Full Face)
- 3M 7800(Full Face) Scott AV2000(Full Face)
- _____ (other respirator)
- _____ (other respirator)
- _____ (other respirator)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> DISA, Inc. <input type="checkbox"/> NASAP <input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT <input type="checkbox"/> Forward Edge <input type="checkbox"/> NASAP <input type="checkbox"/> DOT <input type="checkbox"/> PTC <input type="checkbox"/> DOT | <ul style="list-style-type: none"> <input type="checkbox"/> ASAP Drug Solutions <input type="checkbox"/> LACC <input type="checkbox"/> NASAP <input type="checkbox"/> First Advantage <input type="checkbox"/> NASAP <input type="checkbox"/> DOT <input type="checkbox"/> Labcorp <input type="checkbox"/> NON-DOT <input type="checkbox"/> DOT |
|--|---|

- Audiogram
- Physical (Non-DOT)
- Physical DOT (with UA)

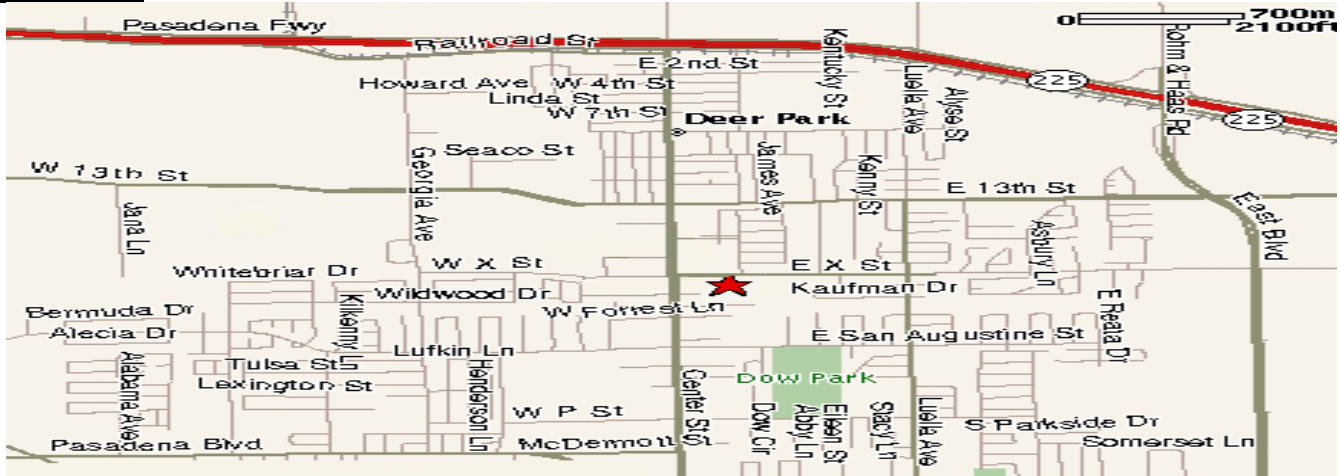
CLASSROOM TRAINING:

- Supplied Air Training (including 5 minute escape pack)
- 10 AM 1 PM 3 PM

MISC: Blood work: (**Call to request**)

Comments: _____

Directions:



Thank You. We appreciate your business.