

**WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM**

**EMPLOYER NOTICE OF RANDOM SELECTION**

DATE:

FAX NO.

EMPLOYER:

ATTENTION: (Designated Employer Representative)

The following employee(s) has been randomly selected for a **DRUG OR A DRUG & BREATH ALCOHOL TEST** for the Washington Construction Industry Substance Abuse Program (WCISAP). It is your responsibility to deliver, in a timely and confidential manner, the accompanying "NOTICE(S) OF RANDOM SELECTION" to the employee(s). Please note: The last four digits of the employee(s)' Social Security number and the month and day of his/her birth, if known, are provided to ensure accurate identification, particularly in the case of a common name.

Be sure to give a list of collection sites to the employee when you deliver the Notice of Random Selection to him or her. **If a breath alcohol test is required, the employee must report to a site where this equipment is available.** A list of collection sites has been provided to your company's Designated Employer Representative or you may retrieve the list from the Program's website, [www.wcisap.com](http://www.wcisap.com).

Have the employee sign his/her form in the space provided, acknowledging they have read the Release and have received the Notice of Random Selection. Write the date and time you have provided each employee with their Notice on *both* your and the employee's forms. The employee must take his/her copy of the Notice and present it to the collection site upon arrival.

If an employee is not available for random testing, please clearly indicate the reason below, e.g., no longer in your employ, sick, on vacation, working out of the jurisdiction, etc., and the anticipated date of their return, if applicable. Individuals (other than those no longer in your employ) are to be given their Notice of Random Selection upon their return to work. When completed, sign, date and fax the Employer Notice of Random Selection to CleanWorkForce at 206-441-3009.

<u>Employee</u>	<u>SS#</u>	<u>DOB</u>	<u>Date and Time Employee was Notified</u>	<u>Reason Employee was Not Notified and Anticipated Return Date, if Applicable</u>
John Smith	1234	0206	_____	_____
Jane Smith	5678	1124	_____	_____

By signing, I confirm that the above employee(s) has been given his/her Notice of Random Selection on the date and at the time noted above and that the employee(s) have signed the Release section on their Notice.

**DESIGNATED**

**EMPLOYER REP:** \_\_\_\_\_ (Please Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Washington Construction Industry Substance Abuse Program administered by  
CleanWorkForce (206)441-2990 or (866)842-9223**