WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM

POST-ACCIDENT/REASONABLE SUSPICION TESTING & DOCUMENTATION FORM

Employee's Name _____ Social Security No. _____ Date _____

Type of Test: □ Post-Accident
□ Reasonable Suspicion

□ Accident causing a fatality

□ Accident causing an injury requiring off-site medical attention

□ Accident causing significant property damage

□ Observed drug/alcohol use

□ Difficulty maintaining balance

□ Slurred speech

□ Abnormal/erratic behavior

□ Apparent inability to safely perform assigned work

□ Additional observed behavior (Describe in detail)

Comments (*Describe the rationale for requesting testing, including observed facts and circumstances, any sources of information, date and time of observation or accident, other witnesses, actions taken, etc*.)

_____

_____

_____

_____
Requester's Printed Name & Signature Title Date

_____
Reviewer's Printed Name & Signature Title Date

I acknowledge that I have been informed of the company's reasons for requesting this drug and alcohol test and consent to the testing. Signing this form does not necessarily signify agreement with the above statements.

Employee's Signature _____ Date _____