



AUTHORIZATION TO TEST
Drug and Alcohol Testing Program

Employee Name: _____

Supervisor Authorizing Test: _____

Collection Site Name: Peachtree Immediate Care
Collection Site Address: 4125 Marietta Hwy., Canton, Ga. 30114 ~ (678)626-7007

Employee Transported to Site: Yes _____ No _____

Name of Transport Supervisor: _____

Date: _____ Time: _____ AM/PM

Testing Authority: FTA (DOT 5 Panel) _____
FMCSA (DOT 5 Panel) _____
INSTANT Non-DOT (10 Panel) _____

Reason for Test:

- _____ **Post-Accident**
- _____ **Random**
- _____ **Return to Duty**
- _____ **Retest Observation Required**
- _____ **Reasonable Suspicion**
- _____ **Return to Duty**
- _____ **Follow-Up**

Test to Be Performed:

Alcohol _____
Drugs _____
DOT Physical and Medical Examiner's Certificate _____

Special Instructions for collection site:
Post-Accident, Reasonable Suspicion, DOT Accident Criteria requires both alcohol and drug tests.

Any deviation must be approved by call the Director of Risk Management, Derek Nelson at 470-380-4772.