

VANPOOL OFFICE USE ONLY

Cust #: _____



Pace Drug & Alcohol Testing and DOT Physical Compliance Form

Agency/Municipality: _____ Date: _____

Each time a driver is tested for drugs and alcohol, complete this form and send it to:

Pace Suburban Bus Service
Attn: Vanpool Services
550 West Algonquin Road
Arlington Heights, IL 60005

Please mark the envelope "Confidential"

EMPLOYEE INFORMATION

Name: _____

Social Security #: _____

TESTING INFORMATION RESULT:

- Pre-Employment (NIDA-5 & Breath Alcohol): _____
- Post Accident (NIDA-5 & Breath Alcohol): _____ Date of Accident: _____
- Reasonable Suspicion (NIDA-5 & Breath Alcohol): _____
- Return to Duty/Follow-up (NIDA-5 & Breath Alcohol): _____
- Biennial Recertification (10-Panel only/no Breath Alcohol): _____
- DOT Medical Examiner Certificate: _____
(Please include a legible copy of the DOT card)
- Random: _____

Testing Facility: _____ Testing Date: _____

This is to confirm that the employee named above was tested for drugs and alcohol in accordance with Pace guidelines and FTA regulations, and is in compliance with Pace's Drug and Alcohol Testing Policy. Evidence of the testing is on file at the agency/municipality.

Transportation Coordinator's Signature

Date