

Bowen Chiropractic and Wellness Center Drug and Alcohol Account Information

Date: _____

Company Name _____

Physical Address _____

Mailing Address _____

Billing; Address _____

Phone Number () _____

Fax Number () _____

E-Mail _____

Hours of Operation _____ Days Closed _____

Branch Offices Yes No If Yes please list and fill out a separate form.

• Who is the main contact? _____

• To whom and to what number do we report negative test results?

• To whom and to what number do we report positive test results?

• Is there a contact person for after hours in the event of a positive drug or alcohol test that comes in after hours? Yes No _____

• Do you have a written drug and alcohol policy? Yes NO

• May we have a copy? Yes No

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- Do you employ commercial drivers and/or others subject to U.S.D.O.T. testing requirements? Yes No If yes, how many? _____

Here are some questions to help answer this question.

1. Do your employees hold a Commercial Driver's License, or similar license issued by Mexico or Canada?
2. Do your employees operate a Commercial Motor Vehicle in any state?
 - with a gross vehicle weight rating or gross combination weight rating of 26,002 or more lbs
 - with a capacity to carry 16 or more passengers (including driver)
 - of any size that is used to transport hazardous materials which require the vehicle to be placarded.

- Would you like Bowen Chiropractic and Wellness Center to handle your randoms for You? Yes No

About how many DOT randoms do you have? _____

About how many Non-DOT randoms do you have? _____

Please call about our consortium fees.

- If you would like us to handle your randoms we need an updated list of employees along with:

1. Business Information you have listed above.
2. Contact Information listed above and DER.
3. List of driver's names.
4. Provide the last four numbers of the driver's social security number.

- I understand all employees that have not been in a consortium within the last 30 days will be required to have a drug screen to join the consortium. Yes No

Print Name & Position

Signature

Date

