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Cust #: \_\_\_\_\_



## Pace Drug & Alcohol Testing and DOT Physical Compliance Form

Agency/Municipality:	Date:
Each time a driver is tested for drugs and al	cohol, complete this form and send it to:
Attn: V 550 Wes	ourban Bus Service Vanpool Services st Algonquin Road n Heights, IL 60005
Please mark the	e envelope "Confidential"
EMPLOYEE INFORMATION	
Name:	
Social Security #:	
TESTING INFORMATION RESULT:	
<ul> <li>Pre-Employment (NIDA-5 &amp; Breath</li> </ul>	n Alcohol):
<ul> <li>Post Accident (NIDA-5 &amp; Breath A</li> </ul>	lcohol): Date of Accident:
<ul> <li>Reasonable Suspicion (NIDA-5 &amp; E</li> </ul>	Breath Alcohol):
<ul> <li>Return to Duty/Follow-up (NIDA-5</li> </ul>	& Breath Alcohol):
<ul> <li>Biennial Recertification (10-Panel o</li> </ul>	nly/no Breath Alcohol):
<ul> <li>DOT Medical Examiner Certificate:</li> </ul>	(Please include a legible copy of the DOT card)
Random:	
Testing Facility:	Testing Date:
	was tested for drugs and alcohol in accordance with Pace ence with Pace's Drug and Alcohol Testing Policy. Evidence ).
Transportation Coordinator's Sign	ature Date