



Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

THE PIPE FITTING COUNCIL OF GREATER CHICAGO SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY SUBSTANCE TESTING ACKNOWLEDGEMENT FORM

(Employer) _____

_____/_____/_____
Date (MO/Day/Year)

_____ am
_____ pm
Time

I acknowledge that I have been notified by my employer on the above date and time, that I have to submit to a drug or drug and alcohol test within 24 hours of this notification. If I do not submit to this request, within the 24 hour period, I am in violation of the policy and will be reclassified to a non-compliant status and subject to the reinstatement requirements as defined in this policy.

As verification that I completed my test within 24 hours, I will provide to my employer a copy of the chain-of-custody form that was given to me by the collection site when I performed my drug test.

Signature of Employee

Print Name

Please fax completed form to: 314-645-6767 or 866-645-6767