

American Safety School, LLC

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NON D.O.T. TEST VOUCHER

Date _____

Company Name _____

Address _____

City, State Zip _____

Contact Person _____

Contact Phone

Employee Name _____

SS# or
Employee ID# _____

Services To be Performed (please check)

Drug Testing

Pre-employment _____

Random _____

Post Accident _____

Reason to Suspect _____

Return to Duty _____

Follow-up _____

Other _____

Alcohol Testing

Random _____

Post Accident _____

Reason to
Suspect _____

Return to Duty _____

Follow-up _____

Other _____

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