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- Substance Abuse Testing
- Third Party Administration
- DOT Compliance
- www.midwesttoxicology.com

BCTD Drug and Alcohol Testing Program Random Testing Worksheet for Contractors

Contractor Name: _____

Project Name or Number: _____

Project Owner Name: _____

Who should be our primary contact for random testing on this project?

Same as documented on Kroll's Account set-up form (no need to fill in the fields below)

Name: _____ Office Phone: _____

Cell Phone: _____ FAX: _____

E-mail: _____ Is e-mail confidential? _____

Who should be our secondary contact for random testing on this project?

Name: _____ Office Phone: _____

Cell Phone: _____ FAX: _____

E-mail: _____ Is e-mail confidential? _____

Can random selections be communicated by e-mail? Yes No

Can random selections be communicated by phone? Yes No

Can random selections be communicated by FAX? Yes No

If communicating by FAX, is FAX secure? Yes No

Please list all crafts and their local union number that you hire from for this project:

Craft: _____ Local union number: _____

Craft: _____ Local union number: _____

Craft: _____ Local union number: _____

Craft: _____ Local union number: _____

Do you have any employees that participate in a substance abuse testing program that has reciprocity with BCTD that would be exempt from participating in this random program?

Yes, please list the reciprocal program: _____

No

Comments/

Questions:

Name and phone number of person completing this form: _____

Please return this form to Midwest Toxicology by fax (317/262-2222, attn: BCTD Program) or e-mail (tiffanym@midwesttoxicology.com). Additional information will be sent to these contact people about the random process that will be used for this particular job site.