



Work Zone Traffic Control Inc. Drug testing Authorization

Date: _____

Employee's Name: _____

The above named employee will be tested for the following drug tests.

- DOT – Test
- Non DOT- Test
- Base Line
- New Hire
- Return to Work
- Post Injury
- Incident
- Accident

Employee Signature: _____ Date: _____

Company official to Authorize Testing:

Name: _____ Date: _____