

Pace Vehicle Program Random Drug/Alcohol Testing Notification
Information Form

Name of Agency/Municipality/Company _____

Drug/Alcohol Program Manager _____
(primary contact for selection notification)

Phone Number _____

Alternate Contact _____

Alternate Phone Number _____

Primary and alternate can not be safety sensitive employees subject to selection for random testing.

Company hours of service for notification of selections _____

Vanpool days of service
(i.e. Monday-Friday, 7 days a week) _____
