

WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM (WCISAP)
administrated by CleanWorkForce (206) 441-2990 or (866) 842-9223

EMPLOYER NOTICE OF RANDOM SELECTION

DATE: _____ FAX NO. _____

EMPLOYER: _____ ATTENTION: (Designated Employer Representative)

The following employees have been randomly selected for a **DRUG** or a **DRUG & BREATH ALCOHOL TEST** for the Washington Construction Industry Substance Abuse Program. It is your responsibility to deliver, in a timely and confidential manner, the accompanying "NOTICE OF RANDOM SELECTION" to the employees. The notices include the last four digits of the employee's Social Security Number and the month and day of their birth, if known, to assist in identification.

1. Deliver the Notice of Random Selection to each selected employee.
2. Provide the employee with a list of collection sites. **If a breath alcohol test is required, the employee must report to a site where this equipment is available.**
3. Have the employee read the Release language on their Notice and sign and date in the space provided.
4. Advise the employee that they have **twenty-four (24) hours from the time they are handed the Notice to take the test.*** Write the date and time you have provided the employee with their Notice on **both** the employer and employee copies.

*** Glaziers Local 188 test on company time as directed by the employer.**

5. Advise the employee that they must present their Notice upon arrival at the collection site.
6. If an employee cannot test, indicate the reason on the Employer Notice, e.g., no longer in your employ, working out of jurisdiction, etc.. If an employee is temporarily not available to test, due to vacation or sick leave, their Notice should be delivered to them upon their return to work.
7. Sign and fax the completed Employer Notice to CWF at (206) 441-3009 as soon as possible.

<u>Employee</u>	<u>SS#</u>	<u>DOB</u>	<u>Date and Time Employee was Notified</u>	<u>Reason Employee was Not Notified and Anticipated Return Date, if Applicable</u>
John Smith	1234	0206	_____	_____
Jane Smith	5678	1124	_____	_____

By signing, I confirm that the above employees have been given their Notice of Random Selection on the date and at the time noted above and that they have signed the Release section on their Notice.

DESIGNATED EMPLOYER REP: _____
(Please Print)
(Signature)
(Date)