

**WCISAP: WASHINGTON CONSTRUCTION INDUSTRY SUBSTANCE ABUSE PROGRAM
TEST AUTHORIZATION**

Collectors - See Instructions Below in Section 2!

Attention: Participating Employers Use this form only when testing the following employees for WCISAP:

**Carpenters
Cement Masons Local 528**

**Laborers
Glaziers Local 188**

**Participating Non-Bargaining
Office Staff**

Employers: Complete Section 1 below. Employees must report to a WCISAP authorized collection site and present this document upon arrival at the facility.

SECTION 1: TEST INFORMATION - MUST BE COMPLETED!

(To receive WCISAP card and reimbursement check,* we must have employee's trade, address & Social Security No.)

_____ Employee Name (please print)	_____ Employer Name (please print)	_____ Employer Phone Number
_____ Employee Social Security Number	_____ Supervisor's Name	
_____ Employee Address (Street)	_____ (City)	_____ (State) (Zip)

Employee Type:

- Bargaining Unit Employee Non-Bargaining Office Staff
 Carpenter Laborer Cement Mason Glazier (*L188 members test on company time -- no reimbursement check is issued.)

Test Type: Pre-Program Post-Accident** Reasonable Suspicion**

**** POST-ACCIDENT AND REASONABLE SUSPICION TESTS REQUIRE A BREATH ALCOHOL TEST.** The employee must report to a collection site that offers this type of test. Note: Necessary medical attention should always be provided before testing an employee for drugs or alcohol. If an employee is suspected to be under the influence of drugs or alcohol, the employer must accompany the employee to the collection site and arrange for transportation to their home. Complete the Post-Accident/Reasonable Suspicion Documentation Form (Tab 1) and retain a copy of it for your files. A copy of this form is not required by the collection site. No reimbursement check is issued for these tests.

SECTION 2: COLLECTION SITE INSTRUCTIONS

- IMPORTANT INFORMATION:** 1. WRITE EMPLOYER NAME IN LOCATION FIELD ON CHAIN OF CUSTODY
2. WHEN COLLECTION IS COMPLETE, FAX THIS FORM, & BAT RESULTS (if applicable) TO (206) 441-3009
3. SEND INVOICE TO US HEALTHWORKS: 28035 Avenue Stanford, Valencia, CA 91355 -- not to the employer

Name of Laboratory: LabCorp
Account Name: WCISAP
Account Number: Bargaining Unit Employee: **273498** Non-Bargaining Unit Employee: **273377**
Test Profiles: Pre-Program: Default
Post-Accident, Reasonable Suspicion: Default plus Breath Alcohol Test
Special Requirements: Split Specimen