

**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	_____ Employee Date of Birth	_____ 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 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, EMAIL THIS FORM, & BAT RESULT TO [cwf@cleanworkforce.com](mailto:cwf@cleanworkforce.com)  
3. SEND INVOICE TO CleanWorkForce: P.O. Box 34248 Seattle, WA 98124 -- not to the employer

**Name of Laboratory:** LabCorp  
**Account Name:** WCISAP  
**Account Number:** Bargaining Unit Employee: **999147** Non-Bargaining Unit Employee: **999146**  
**Test Profiles:** Pre-Program: Default  
Post-Accident, Reasonable Suspicion: Default plus Breath Alcohol Test  
**Special Requirements:** Split Specimen