

# DRUG/ALCOHOL FREE WORKPLACE SCREENING AUTHORIZATION

## SAFETY FIRST<sup>®</sup>

*A Division of BHS*

### **Company Information:**

Jefferson County Commission  
Room A-670 Courthouse Annex  
716 Richard Arrington, Jr. Blvd N  
Birmingham, AL 35203

Contact: Human Resources  
Phone: 205-325-5249  
Fax: 205-325-5614

Contact: Risk Management  
Phone: 205-325-5110  
Fax: 205-581-7596

### **Instructions to Employee/Prospective Employee**

#### ☐ **Prospective/Promotional Employee/Transfer/Reassignment**

You are hereby notified to report to the collection site listed on the back of this form within 48 hours of contact from the Human Resources Department. Failure to report within the specified time frame or failure to provide a sample for testing within two (2) hours of arrival at the testing site will cause your application for employment to be denied.

Present this form to collection site staff upon arrival. Present your PHOTO I.D. (Drivers License, State I.D., Military I.D., etc.) for identification.

#### ☐ **Current Employee**

You are hereby ordered to **immediately** report to the collection site listed on the back of this form and provide a specimen for drug testing.

You are hereby notified that failure to immediately go to the collection site for testing or failure to provide a sample for testing within two (2) hours of arrival at the testing site will result in the **forfeiture** of all compensation to which you may be entitled under the Worker's Compensation Law of the State of Alabama.

You are further notified that failure to comply with this order shall constitute a violation of Jefferson County's Administrative Order 91-6, and shall also result in disciplinary action, which may include termination of employment or cause your application for employment to be denied.

Present this form to collection site staff upon arrival. Present your PHOTO I.D. (Drivers License, State I.D., Military I.D., etc.) for identification.

Employee Name (please print): \_\_\_\_\_ SS# \_\_\_\_\_

Employee Signature \_\_\_\_\_

## Services Needed

(Please fax copy of chain and/or copy of BAT result and physical to 205-581-7596 immediately upon services rendered.)

- ☐ Urine Drug Screen    ☐ Breath Alcohol Test    ☐ DOT Physical    ☐ Regular Physical  
☐ TB Skin Test    ☐ Fit for Duty    ☐ Hair Drug Screen    ☐ Saliva Drug Screen

## Type of Drug Screen Needed

- ☐ Pre-Employment    ☐ Random    ☐ Post Accident    ☐ On the Job Injury  
☐ Reasonable Suspicion    ☐ Return to Duty    ☐ Follow-Up    ☐ Last Chance  
☐ Promotional/Transfer/Reassignment

## Category of Test

- ☐ Non-DOT Test    ☐ DOT-Test on a DOT mandated employee    ☐ Safety Sensitive

## Instructions to Collector

Notify "Risk Mgt" of confirmation alcohol screen equal to or greater than .02 **immediately** by calling 205-325-5110 or fax to 205-581-7596.

**Supervisor/Manager Designee Signature** (a copy of this form should be forwarded to Risk Management, Courthouse, Room 270, emailed to or fax to 205-581-7596)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Department Number \_\_\_\_\_

## Collection Site

- |  |   |
|--|---|
| <input type="checkbox"/> Middle Creek Medical Center (Drug Screen, BAT, or Injury),<br>4810 Bell Hill Road<br>Bessemer, AL 35022<br>Ph: (205)477-3737  | <input type="checkbox"/> Alabama Comp (Drug Screen, BAT, Fit for Duty, or Injury)<br>114 Wildwood Parkway<br>Birmingham, AL 35209<br>Ph: (205)876-2667  |
| <input type="checkbox"/> UAB St. Vincent's OHC2 (Drug Screen, BAT, or Injury)<br>One Lakeshore Drive, Suite 301<br>Lakewood Medical Building<br>Homewood, Alabama 35209<br>Ph: (205)930-2910 | <input type="checkbox"/> UAB Highlands-ER (Before/After Hours, Weekends or Holidays only)<br>1201 11 <sup>th</sup> Avenue South<br>Birmingham, AL 35209 |

Revised 05/07/25