

# Quarterly Drug & Alcohol Report

**On a quarterly basis, the Contractor shall provide information on their drug and alcohol testing processes and program which details:**

Company/Contractor Name: \_\_\_\_\_

Name of consortium Company uses (if applicable): \_\_\_\_\_

Name of MRO: \_\_\_\_\_

Company representative responsible for managing program: \_\_\_\_\_

Frequency of random testing: \_\_\_\_\_

**Note:** The contractor shall not submit any confidential information of the individuals who have been or are subject to testing.

**Form must be completed by end of each quarter and forwarded to Contractor Management**

**PLEASE CHECK THE REPORTING QUARTER:**

First Quarter (Jan – Mar)  Number of persons tested: \_\_\_\_\_ Number of non-negatives: \_\_\_\_\_

Second Quarter (Apr – Jun)  Number of persons tested: \_\_\_\_\_ Number of non-negatives: \_\_\_\_\_

Third Quarter (Jul – Sep)  Number of persons tested: \_\_\_\_\_ Number of non-negatives: \_\_\_\_\_

Forth Quarter (Oct – Dec)  Number of persons tested: \_\_\_\_\_ Number of non-negatives: \_\_\_\_\_

**PERCENTAGE OF EMPLOYEES TESTED:**

First Quarter (Jan – Mar)  Percentage YTD 2023: \_\_\_\_\_

Second Quarter (Apr – Jun)  Percentage YTD 2023: \_\_\_\_\_

Third Quarter (Jul – Sep)  Percentage YTD 2023: \_\_\_\_\_

Forth Quarter (Oct – Dec)  Percentage YTD 2023: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Printed Name: \_\_\_\_\_