

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 2022: _____

Second Quarter (Apr – Jun) Percentage YTD 2022: _____

Third Quarter (Jul – Sep) Percentage YTD 2022: _____

Forth Quarter (Oct – Dec) Percentage YTD 2022: _____

Signature of person completing this form: _____

Printed Name: _____