City of Memphis

CITY OF MEMPHIS

EMPLOYEE NOTIFICATION OF POST - ACCIDENT DRUG AND ALCOHOL TEST

Employee Name _____ **SSN:** _____ **Test Date:** _____

Supervisor Name: _____ **Division:** _____ **Serv. Ctr.:** _____

Collection Site: _____

Collection Type: **DOT REGULATED** ___ ___ (Yes No) **OJI INVOLVED** ___ ___ (Yes No)

Accident Date: _____ **Was this a vehicular accident? Yes** No ___

Accident Time: _____ **(If YES, Accident Report #:** _____ **)**

Accident Involved: (Check All Applicable)

Employee On the Job Injury _____ **Other Property Damage** _____

Other Personal Injury _____ **Employee Death** _____

City Property Damage _____ **Death of Another** _____

Your actions cannot be completely discounted as having possibly contributed to a recent accident. Accordingly, you must report for Post-Accident/Post Injury drug/alcohol test. Your selection does not imply that the City of Memphis has a specific reason to suspect you of using illegal drugs or misusing alcohol. Nonetheless, the City's Substance Abuse Policy requires drug/alcohol testing following an accident or injury. All laboratory results will be reviewed by a Medical Review Officer.

You should report to the collection site immediately upon receipt of this notice. If you refuse to provide a specimen, adulterate the sample, or fail the drug or alcohol test, you will be relieved of your employment duties. You will also be subject to disciplinary action up to and including termination.

Please bring your driver's license or other photo-identification with you for identification at the collection facility. A copy of this NOTICE must also be presented at the collection facility. This copy will be retained in your confidential drug testing file, together with the Medical Review Officer's final determination of the drug test results and the alcohol test result. Test results will be held confidential to the extent permitted by law.

Please read the statement below and sign the bottom of this NOTICE to acknowledge its receipt.

I understand that test results may be used in my behalf or in the City's behalf in any administrative or legal proceedings or situations wherein the test results are relevant to my employment, including, but not limited to disciplinary matters, grievance and arbitration matters, Civil Service Commission appeals, court proceedings and/or Unemployment Compensation matters, and payment of OJI benefits.

_____ Employee's Signature

_____ Time/Date

_____ Notification By:

_____ Time/Date

Distribution: White-Collection Site; Canary-Drug Testing Coordinator; Pink-Division OSHA Coordinator; Goldenrod-Employee