



On-Site Testing Information

Job Information	
Company	Job Number
Contact (To Report Results)	Test Date
Phone	Fax
Report Results By <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Web	Secured Fax #
Email Address	Send COC's to <input type="checkbox"/> Jobsite <input type="checkbox"/> Collector <input type="checkbox"/> Company
Jobsite Name	
Jobsite Address	
City, State, Zip	

Day Shift		Night Shift	
Aprox. Number of tests BM # Other#	Start Time	Aprox. Number of tests BM # Other#	Start Time
On-site contact & ph #		On-site contact & ph #	
Testing Needed <input type="checkbox"/> UDS <input type="checkbox"/> PFT <input type="checkbox"/> RFT <input type="checkbox"/> BAT <input type="checkbox"/> Pre Employ <input type="checkbox"/> Random <input type="checkbox"/> Other (specify)			
Specify Other Testing Needed			
# of Tests	PE #	Random #	Random %
COC #'s Sent BM		Other	
Customer will confirm: <input type="checkbox"/> Gate Security Notified <input type="checkbox"/> Water cooler <input type="checkbox"/> Hand-washing area <input type="checkbox"/> Work table & chair <input type="checkbox"/> Safe working temp <input type="checkbox"/> Indoor work area <input type="checkbox"/> Trailer set-up <input type="checkbox"/> Private work area <input type="checkbox"/> Outdoor work area <input type="checkbox"/> Bathroom <input type="checkbox"/> Port-a-john (___feet from work area)			

Billing Information	
Billing Address	
Billing City, State, Zip	
Billing Contact	
Special Instructions/Extra Charges:	

Collector Information	
Collector needs to bring: <input type="checkbox"/> Picture ID <input type="checkbox"/> Hard hat <input type="checkbox"/> Work boots <input type="checkbox"/> Safety glasses	
Clinic Name	Clinic ID
Clinic Address	Techs Needed
Clinic City State Zip	Contact Phone
Clinic Contact	Contact Fax
Charges	
Supplies Needed	Quantity
Supplies Shipped Date & Method	Tracking #