Workright Occupational Health Services

Countryside • Alsip, IL • (708) 579-4900 • www.wrohs.com clinic@wrohs.com

Consortium Random Drug Testing Sign-Up Form

6555 Willow Springs Rd, Countryside, IL 60525
11921 S Cicero Ave, Alsip, IL 60803

Complete this form to enroll your company and covered employees in Workright's DOT-compliant random drug and alcohol testing consortium. All enrolled drivers are placed in a random selection pool in compliance with FMCSA 49 CFR Part 382 requirements.

Employer / Company Information

Company / Business Name _____ USDOT Number _____

Primary Contact Name _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____ Fax _____

Program Details

Type of Testing Program
☐ DOT / FMCSA (CDL Drivers) ☐ Non-DOT (Company Policy) ☐ Both

Testing Includes
☐ Drug Testing Only ☐ Alcohol Testing Only ☐ Drug & Alcohol Testing

Desired Annual Random Testing Rate
☐ 50% Drug / 10% Alcohol (FMCSA Minimum) ☐ Higher Rate (specify below)

Specify Rate (if other) _____

Covered Employees / Drivers

List all employees to be enrolled in the random testing pool. Attach additional sheets if needed.

Employee Last Name	First Name	CDL / License #	Date of Birth	DOT or Non-DOT

Total number of employees enrolled: _____

Notification Preference

How should we notify you of random selections?
☐ Email ☐ Phone Call ☐ Fax

Preferred Notification Contact (if different from above) _____

Employer Agreement: By signing below, the employer agrees to: (1) enroll all listed employees in the Workright random testing consortium; (2) comply with all applicable DOT/FMCSA regulations regarding drug and alcohol testing; (3) ensure that selected employees report for testing within the required timeframe upon notification; (4) maintain all required records; and (5) update the employee roster promptly when employees are hired, terminated, or change status.

Authorized Signature

Authorized Signature _____ Printed Name _____ Date _____