



110 Merchant St., El Campo, TX 77437

Phone: 979-543-7849 Fax: 979-543-4990

www.drivingsafety.com

Work Order Request Form

Company Name: _____ Address: _____ Phone: _____

City and State: _____ Date: _____ D.E.R.: _____

Employee to be tested: _____

(Employee must provide photo ID prior to testing.)

Social Security # or ID # _____

Type of Test:

- DOT CDL Physical
- NON DOT Physical

Drug

- DOT Drug Test: FMCSA PHMSA
- DOT PHSMA Drug Test -- Pipe Line
- Non DOT panel Drug Test: 5panel 10 panel
- Non DOT Epc9 panel Drug Test
- Non DOT 10 Panel Drug Test
- Rapid Screen 5 Panel Drug Test
- Rapid Screen 10 Panel Drug Test
- Hair Follicle Drug Test 5 panel
- (Note: NOT all locations do Hair Follicle testing please contact your collection site to confirm.)

Collection Locations:
Billing as Quest Providers:
Quest Provider will bill Quest for all collections.

Collection Locations:
Bill All Collection Charges to:
Driving Safety Services
110 Merchant St.
El Campo, Texas 77437
979-543-7849 - Voice
979-543-4990 – Fax

Alcohol

- DOT Alcohol Test
- Non DOT Alcohol Test

Collection Locations: **MRO COPIES**
Fax DOT & NON DOT CCF to:
MRO : 800-547-2966
DSS : 979-543-4990

BREATHE ALCOHOL COPIES. FAXED TO:
DRIVING SAFETY SERVICES
979-543-4990

Reason to test

- Pre-Employment
- Random
- Reasonable Suspicion/ Cause
- Post-Accident
- Return to Duty
- Follow-up
- Other (specify) _____

Custody Control Form

- Driving Safety Services will provide Custody Control Form(s) to the Clinic's.
- Collection locations will provide Custody Control Forms
- Company will send employee with Custody Control Form(s).

This form must be completed by a company representative and received in our office or a Clinic prior to testing. This form must be delivered in person to our office or the clinic being used. Our faxed number is (979) 543-4990

Company representative Signature: _____ Date: _____

Special Notes: