

RANDOM DRUG & ALCOHOL SCREENING POOL NON-DOT ENTRY INFORMATION

Return Form to Pat Eisenbrandt 2009 S Memorial Dr Appleton WI 54915 FAX Number (920)380-4964 Questions (920)380-4948

Email: pat.eisenbrandt@thedacare.org

Company Name:					Sales Person	:		
Address:			Date of Entry:					
Contact Person:				Substance Abuse Professional:				
Contact Phone:				SAP Contact:				
Contact Email:		SAP Phone:						
Start date of Pool		How often Picked ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other						
How many or percentage picked Drug screen only Drug screen and EBT OTHER:								
Employee Name Last, First, M.I.	Social Security #	Home Address	Start Date	Sex M/F	Date of Birth	Home Phone		

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