DEPARTMENT OF PUBLIC SAFETY

Mandatory Drug Testing Program

For Cause Alcohol/Drug Testing Order

Employee Tested:	CAPPS Empl ID:	
Supervisor/Investigator:		
I have reason to believe that you have used drugs or alcohol in violation of Department policy and you are hereby ordered to give a specimen of your breath/urine/blood. This specimen will be analyzed to determine the presence of drugs or alcohol in your body.		
You are advised that if you test positive for drugs or alcohol, submit a contaminated or false specimen or otherwise tamper with the process, refuse to take a drug/alcohol test or fail to appear at the collection site or refuse to cooperate with collection site personnel or any department personnel with responsibilities under this program as described by policy, you may be subject to suspension and appropriate disciplinary action, including termination.		
You should also be advised that since you are required to fully cooperate, information obtained from the drug test is information which the courts have held is not generally admissible against you in a criminal prosecution arising out of the same set of facts.		
Supervisor's/Investigator's Signature	Date and Time	A.M./P.M.
Employee's Signature Employee Accepts	Date and Time	A.M./P.M.
<u> </u>	Employee Kei	uses
COLLECTION SITE VERIFICATION		
Site Representative's Printed Name DPS Employee's Valid Texas Driver License No.: Type of Specimen Collected: Urine	Site Representative's Signature OR DPS Issued Photo ID Card: Blood	Yes No
Arrival Time: A.M./P.M.	Departure Time:	A.M./P.M.
☐ Employee Submitted ☐ Employee Refused Chain o	f Custody Specimen ID Number:	
BREATH TEST		
Employee Submitted Time Collected: _ Operated By:	A.M./P.M. Results:	Employee Refused
Witnessed By:	Results:	
Attach a copy of printed results if available.		