

DEPARTMENT OF PUBLIC SAFETY
Mandatory Drug Testing Program

Critical Incident Alcohol & Drug Testing Order

For collections afterhours: 832-943-1695 | 832-943-3940 | 936-661-6712

[Drug Testing Policy | Department of Public Safety](#)

Employee Tested: _____	Employee ID: _____
Supervisor/Investigator: _____	

You have been involved in a critical incident as defined in the Department's Mandatory Drug Testing 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	_____ Date and Time
	A.M./P.M.

☐ Employee Accepts

☐ Employee Refuses

COLLECTION SITE VERIFICATION

_____ Site Representative's Printed Name	_____ Site Representative's Signature
DPS Employee's Valid Texas Driver License No.: _____ OR DPS Issued Photo ID Card: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Specimen Collected: <input type="checkbox"/> Urine <input type="checkbox"/> Blood	
Arrival Time: _____ A.M./P.M.	Departure Time: _____ A.M./P.M.
<input type="checkbox"/> Employee Submitted	<input type="checkbox"/> Employee Refused

BREATH TEST

<input type="checkbox"/> Employee Submitted	Time Collected: _____ A.M./P.M.	<input type="checkbox"/> Employee Refused
Operated By: _____		Results: _____
Witnessed By: _____		Results: _____

Attach a copy of printed results if available.

Return all related documents to drugtest@dps.texas.gov within 48 hours.
Mandatory Drug Testing Program, Human Resources, Texas Department of Public Safety
PO Box 4087, Austin, TX 78773-0251
Phone: 512-424-5756 | 424-2928 | 512-424-2696. Fax: 512-424-2338