



Building & Construction Resource Center, Inc. • 6050 Southport Rd. Ste. B • Portage, IN 46368  
Office: 219.764.9500 info@brcrcnet.com www.brcrcnet.com



## POST ACCIDENT/INCIDENT OR REASONABLE SUSPICION AFTER-HOURS DRUG & ALCOHOL TESTING SITES

**\*SUPERVISOR OR DER IS REQUIRED TO BE PRESENT WITH MEMBER\***



### Occupational Health

#### East Chicago, Indiana

St. Catherine Hospital  
430 Fir Street, Suite 313  
East Chicago, IN 46312  
Monday – Friday: 4:00pm – 7:00am  
Saturday – Sunday: 24 hours  
☎ (219) 392-7424

#### Munster, Indiana

Community Hospital  
901 MacArthur Blvd.  
Munster, IN 46321  
Monday – Friday: 4:00pm – 7:00am  
Saturday – Sunday: 24 hours  
☎ (219) 836-1600

#### Hobart, Indiana

St. Mary Medical Center  
1500 S. Lake Park Avenue  
Hobart, IN 46342  
Monday – Friday: 4:00pm – 7:00am  
Saturday – Sunday: 24 hours  
☎ (219) 942-0551

#### Valparaiso, Indiana

St. Mary Medical Center Emergency Dept.  
3800 St. Mary Drive  
Valparaiso, IN 46383  
Monday – Friday: 4:00pm – 7:00am  
Saturday – Sunday: 24 hours  
☎ (219) 286-3700

**BCRC RANDOM & PRE-EMPLOYMENT TESTING IS OFFERED  
AT THIS CLINIC ONLY DURING THE HOURS LISTED ABOVE**

**Enter through the Emergency Room doors and let registration know you are there for a  
BCRC Post-Accident or BCRC Reasonable Suspicion Testing.**

**THESE BCRC TESTS REQUIRE BOTH A URINE DRUG SCREEN AND A BREATH ALCOHOL TEST**

\*\* all times are subject to change \*\*  
revised 1/24/2025





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# ACCIDENT/INCIDENT TESTING NOTIFICATION FORM

The following form **MUST** be utilized when sending a donor/employee for a post-accident/incident drug and alcohol test or probable cause drug and alcohol test. The DER/Supervisor **MUST** physically accompany the donor/employee and always stay with the donor from the time of the incident to completion of testing. Post-accident and probable cause testing must be performed within 2 hours at an on-site location or within 4 hours at an off-site location. Please inform the collector/collection site that the test **MUST** be a BCRC Urine Drug Screen and a Breath Alcohol Test.

Company: \_\_\_\_\_

DER/Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor/Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor/Employee SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BCRC #: \_\_\_\_\_

Location Incident Occurred: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time of Incident: \_\_\_\_\_  AM  PM

Date of Test: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time of Test: \_\_\_\_\_  AM  PM

Collection Site Location: \_\_\_\_\_

Collection Site Phone: \_\_\_\_\_

Post-Accident/Incident Testing  Probable Cause Testing

After both tests are completed, please immediately email this form to [info@bcrcnet.com](mailto:info@bcrcnet.com), or fax to 219-764-9510. If you have any questions, please contact BCRC at 219-764-9500.

Thank you for your continued cooperation!

\*\*\*CONFIDENTIAL\*\*\*

