Striving to be Drug Free for a Safe Industry
BCRC
Building & Construction Resource Center, Inc. ▪ 6050 Southport Rd. Ste. B ▪ Portage, IN 46368
Office: 219.764.9500 info@bcrcnet.com www.bcrcnet.com

Proud Member NDASA National Drug & Alcohol Screening Association

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, 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****