



Pre-Employment  Random  Post-Accident

**Employee Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employee ID: \_\_\_\_\_

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

Position: \_\_\_\_\_

Location of Test: \_\_\_\_\_

**Authorization and Consent**

I, \_\_\_\_\_ understand that as a condition of employment or continued employment, I am required to submit to drug testing by Sentinel Security & Investigations. The test will screen for the following substances in a 10-panel drug test:

I hereby authorize Sentinel Security & Investigations, and/or its designated medical professionals or third-party administrators, to administer this test and to release the results to the company's management team. I understand that a positive result may affect my employment status.

**Positive Results and Retesting Policy**

In the event of a positive result, I understand that I have the right to challenge the results by undergoing an additional drug test. This test will be conducted by an independent lab chosen by Sentinel Security & Investigations.

- Responsibility for Costs: I acknowledge that if I request an additional test, the cost of the retest will be my responsibility. I will be required to cover all expenses associated with the retesting process.

- Conditions for Retesting: The additional test must be performed within 5 business days of receiving the original positive result. If the retest yields a negative result, the company will reimburse the cost of the additional test.

By signing below, I consent to the drug test and acknowledge that I have received a copy of this form.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Drug Test Results

Temperature in Range  Temperature **NOT** in range

Substance Tested	Result (Positive/Negative)
1. Amphetamines	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
2. Cocaine	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
3. Marijuana (THC)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
4. Opiates	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
5. Phencyclidine (PCP)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
6. Barbiturates	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
7. Benzodiazepines	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
8. Methadone	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
9. Propoxyphene	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
10. Ecstasy (MDMA)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative

**Person Testing:** \_\_\_\_\_

**Signature of Test:** \_\_\_\_\_

**Date of Results:** \_\_\_\_\_

Notes/Comments:

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## Company Use Only

Reviewed by (Manager): \_\_\_\_\_

Date: \_\_\_\_\_