



Champaign
1806 N. Market St.
I-74 Neil Street Exit
P: 217.356.6150
F: 217.356.7167

Decatur
1750 Lakeshore Dr.
Lower Level
P: 217.425.2732
F: 217.425.4778

Mobile Health Services
4790 Janine Way
Mt. Zion, IL 62549
P: 217.864.6000
F: 217.864.6111

Chicago
222 N. LaSalle St.
Suite 260
P: 312.214.2222
F: 312.223.1075

Drug & Alcohol Random Testing Program

Company Name: _____

Address: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Requirements:

*An updated employee list of needs to be sent to SafeWorks Illinois each quarter. If we are pulling DOT and NON-DOT employees, we need separate lists sent for each. Please fax or e-mail these lists to Margie Vanderlaan at 217-864-6111 or mvanderlaan@safeworksillinois.com.

*As a certified Medical Review Officer and Substance Abuse Professional, Dr. Fletcher can handle your company's needs to comply with DOT regulations.

*SafeWorks Illinois will supply your company with a random list each quarter. If we pull DOT and NON-DOT employees; we will send a separate list for each. These lists can be faxed or e-mailed to you. **Please advise which method is preferred.**

*Arrangements can be made for drug testing kits to be sent to your company to be distributed to drivers for them to have on hand in case they are pulled for a random and are out on the road. Please call Margie to make these arrangements.

*SafeWorks Illinois will provide a MIS report quarterly for your reference.

Please sign, date, and fax back to SafeWorks Illinois at 217-864-6111.

Authorized Signature

Date

Title