



## 2080 Applicant/Employee Alcohol-Substance Testing Request

Prior to an offer of employment with the County of Summit, the applicant for employment shall be tested for alcohol and controlled substances. The applicant shall not be hired unless the alcohol and controlled substance test is negative. **To complete the drug-screening test you must report immediately to the designated location, present photo identification (e.g. driver's license), and submit sample within two (2) hours of arrival.**

**Please complete all marked sections.** Substance abuse coordinator shall complete this form and fax to collection site immediately in advance of applicant/employee being sent for testing.

### SECTION I – APPLICANT/EMPLOYEE

Name (Last)	(First)	(MI)	Last four digits of SSN	Appointment date	Appointment time
Summa Health Corporate Health collection site:					

### SECTION II – EMPLOYER

Employer County of Summit	Office/branch/division	
Representative	Telephone number	Fax number

### SECTION III – DRUG AND ALCOHOL SCREENS

Drug screens and breath alcohol screens	Reason for drug screen
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\*ALL POSITIVE BREATH ALCOHOL SCREENS MUST BE REPORTED TO THE EMPLOYER REPRESENTATIVE IMMEDIATELY.

Medical marijuana permitted pursuant to meeting the county's policy requirements  Yes  No

Narrative
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### SUMMA HEALTH CORPORATE HEALTH USE ONLY

RESPONSIBILITIES OF COLLECTION SITE: *Use Medtox Chain of Custody forms.* The collection site will follow all procedures prescribed by SAMSHA 49 CFR 40. Collection site shall provide only trained personnel to collect urine specimens and prepare those specimens for shipment according to the protocols and regulations of appropriate local, state, and federal agencies.

**Medical Review Officers (MRO):** **Summa MRO**  
 Summa Health Corporate Health  
 330.940.5770 Phone  
 330.940.5771 Fax

**All services requested above must be completed correctly in order to receive payment.**

#### UPON COMPLETION OF TESTING:

- FAX this form, BAT result form, and/or COC MRO copy to 330.940.5769
- Send all paperwork (MRO and employer copies) to:  
 Summa Health Corporate Health  
 1860 State Road, Suite C  
 Cuyahoga Falls, OH 44223

#### TO BE COMPLETED AT TEST LOCATION

Time donor arrived	Time donor discharged
Collector's name	
Collector's signature	Date