

Encompass Workplace Testing, LLC



COMPANY PROFILE

Company Name:

Mailing Address:

Billing Address/
Contact:

Primary
Contact/DER:

Email:

Phone:

Fax:

Substance Testing

Please circle all that apply: Pre-employment, Post Accident, Random, Reasonable Suspicion

Urine Drug Screen

Federal (DOT) 5 panel	YES	NO
-----------------------	-----	----

Non-Federal (Non-DOT) 5 panel	YES	NO
-------------------------------	-----	----

Non-Federal 10 panel	YES	NO
----------------------	-----	----

Hair Follicle	YES	NO
---------------	-----	----

Instant 5 panel (results within 5 mins.)	YES	NO
--	-----	----

If positive do you want it sent out for confirmation?

Instant 10 panel (results within 5 mins.)	YES	NO
---	-----	----

If positive do you want it sent out for confirmation?

Do you have your own chain of custody forms?	YES	NO
--	-----	----

If yes, what lab and MRO do you use?

Would you like to use our chain of custody forms/MRO	YES	NO
--	-----	----

Breath Alcohol Test	YES	NO
---------------------	-----	----

Pre-Employment	YES	NO
----------------	-----	----

Post- Accident	YES	NO
----------------	-----	----

Random	YES	NO
--------	-----	----

Does the company have a current drug/alcohol policy on file?	YES	NO
--	-----	----

Urine Drug Screen

Would you like a copy of a sample policy or help with creating a policy?	YES	NO
--	-----	----

Physicals for your Employees

Type

Pre-Employment Physicals	YES	NO
DOT Physicals	YES	NO
19A (bus driver) Physicals	YES	NO
Respirator Clearance	YES	NO
Back Evaluation	YES	NO
Silica/Asbestos	YES	NO

Other Services

Audiograms	YES	NO
Spirometry	YES	NO
Respirator Fit Testing	YES	NO
Respirator Clearance	YES	NO
Laboratory Test	YES	NO
Chest X-Ray	YES	NO

Comments

Preference for receiving results: Email Fax Mail Other: _____

Encompass Workplace Testing, LLC
21017 NYS Rt. 12F
Watertown, NY 13601
P 315-788-8701 F 315-782-1037