

# ON-SITE HEALTH & SAFETY

## DRUG SCREEN SIGN-IN SHEET

DATE:		TECHNICIAN:	
COMPANY:		PROJECT:	
LOCATION:			
P.O. #:		JOB #:	
SERVICE:		TIME IN:	
		TIME OUT:	

#	EMPLOYEE NAME:	IDENTIFIER	PRE	RAN	P/A	R/C	F/U	IMM	B/A
1									
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19									
20									

<b>COMMENTS</b>

COURIER:		DATE SENT:		TRACKING #:	
LABORATORY:		DROP LOCATION:			

PAID PARKING:	<input type="checkbox"/> YES <input type="checkbox"/> NO	PARKING AMOUNT:		AFTER HOURS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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