



AUTHORIZATION FOR DRUG/ALCOHOL TESTING OF MESA PUBLIC SCHOOL EMPLOYEE

EMPLOYEE NAME: \_\_\_\_\_ SITE/DEPARTMENT: \_\_\_\_\_

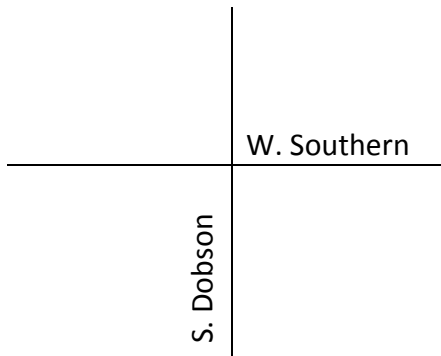
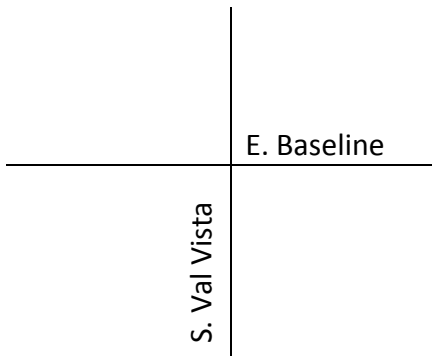
CHECK ONE:  Employment Testing

Reasonable Suspicion – Drugs & Alcohol

THE FOLLOWING CLINICS ARE AUTHORIZED TO PROVIDE DRUG & ALCOHOL TESTING FOR MESA PUBLIC SCHOOL EMPLOYEES:

Concentra – Val Vista  
1959 S. Val Vista Road, Ste #106, Mesa  
Hours: Mon – Fri, 8:00 a.m. – 5:00 p.m.  
Phone: (480) 545-1398

Concentra Medical  
1710 West Southern, Mesa  
Hours: Mon – Fri, 8:00 a.m. – 6:00 p.m.  
Saturday 8:00 p.m. – 12:00 noon  
Phone (480) 644-7900



Services are available 24 hours per day/365 days per year at: **Concentra Airport (602) 244-9500 (Exit 148 I-10 West side of freeway) 1818 E. Sky Harbor Circle, Phoenix, AZ**

FOR TESTING LAB: Please send the completed **Test Request Form & Chain of Custody form** directly to:

Attn: Director of Classified Personnel  
63 East Main Street, #101  
Mesa, AZ 85201-7422  
Phone: (480) 472-0423 FAX: (480) 472-0432

For billing purposes send invoices to above address, marked **CONFIDENTIAL**

NOTE: Food & Nutrition employees should be billed to P.O.# \_\_\_\_\_



**DRUG AND ALCOHOL TESTING DEPARTMENT CHECKLIST**  
(Pursuant to GBKB-R(2))

Date:	School/Site:
Employee Name:	
Initiating Supervisor:	Title:
Confirming Supervisor:	Title:

Employee informed as to reasonable suspicion resulting in testing procedure: \_\_\_\_\_  
(Initials) (Time)

Employee informed as to right not to incriminate self: \_\_\_\_\_  
(Initials) (Time)

<p align="center"><b>Employee transported to facility for test:</b></p> <p>Testing facility: _____</p> <p>Persons transporting employee:</p> <p>1) _____</p> <p>2) _____</p> <p>Time of arrival: _____</p> <p>Authorization form given to testing facility: _____ (Initials)</p> <p>Arrangements made to transport employee home: _____ yes _____ no</p> <p>If employee refuses transportation, police notification of employee's vehicle: _____ (Initials)</p> <p>Make _____ Model _____</p> <p>Employee told they are assigned to home with pay: _____ (Initials)</p>	OR	<p align="center"><b>Employee refuses to be taken for testing:</b></p> <p>Employee told of possible consequences: _____ (Initials)</p> <p>Arrangements made to transport employee home: _____ yes _____ no</p> <p>If employee refuses transportation, police notification of employee's vehicle: _____ (Initials)</p> <p>Make _____ Model _____</p> <p>Employee told they are assigned to home with pay: _____ (Initials)</p>
---	----	---

Reasonable suspicion determination documented and sent along with checklist to Human Resources: \_\_\_\_\_  
(Initials)

Director of Classified Personnel/Designee has been notified: \_\_\_\_\_ / \_\_\_\_\_