

**WEST TEXAS SAFETY TRAINING CENTER
11900 W. I-20 E. / Odessa TX 79765 – P.O. Box 60828 / Midland TX 79711
(432) 563-3067 / Fax # (432) 563-3904**

Drug Collection Information Form

Student Name: _____ **SSN (last 4):** _____

Company Name: _____ **WTSTC Number:** _____

Type of Test:

____ **Rapid Cup Test** ____ **DOT Drug Test** ____ **Non-DOT Drug Test**

____ **DOT Breath Alcohol** ____ **Non-DOT Breath Alcohol**

Special Notes: _____

Reason for Test:

____ **Pre-Employment** ____ **Random** ____ **Post Accident** ____ **Reasonable Cause**

____ **Return to Duty** ____ **Follow-up**

Special Notes: _____

