

**VANPOOL OFFICE USE ONLY**

Cust #: \_\_\_\_\_



**Pace Drug & Alcohol Testing and DOT Physical Compliance Form**

Agency/Municipality: \_\_\_\_\_ Date: \_\_\_\_\_

Each time a driver is tested for drugs and alcohol, complete this form and send it to:

Pace Suburban Bus Service  
Attn: Vanpool Services  
550 West Algonquin Road  
Arlington Heights, IL 60005

Please mark the envelope "Confidential"

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**TESTING INFORMATION RESULT:**

- Pre-Employment (NIDA-5 & Breath Alcohol): \_\_\_\_\_
- Post Accident (NIDA-5 & Breath Alcohol): \_\_\_\_\_ Date of Accident: \_\_\_\_\_
- Reasonable Suspicion (NIDA-5 & Breath Alcohol): \_\_\_\_\_
- Return to Duty/Follow-up (NIDA-5 & Breath Alcohol): \_\_\_\_\_
- Biennial Recertification (10-Panel only/no Breath Alcohol): \_\_\_\_\_
- DOT Medical Examiner Certificate: \_\_\_\_\_  
(Please include a legible copy of the DOT card)
- Random: \_\_\_\_\_

Testing Facility: \_\_\_\_\_ Testing Date: \_\_\_\_\_

*This is to confirm that the employee named above was tested for drugs and alcohol in accordance with Pace guidelines and FTA regulations, and is in compliance with Pace's Drug and Alcohol Testing Policy. Evidence of the testing is on file at the agency/municipality.*

\_\_\_\_\_  
Transportation Coordinator's Signature

\_\_\_\_\_  
Date