

For County Use Only:

For Clinic Use Only:

EMPLOYEE CLINIC PASSPORT

Alameda County

Employee Instructions: Bring this form and your Drivers License to the clinic location indicated.

Collection Site Instructions: **Transfer** all numbers written below into account number spaces on Chain of Custody Form. **Do not attach this sheet to the chain of custody form** to be sent to Alere Laboratory. Send this Passport back to the County. Call County contact, Kimberly Stokes, if you have questions.

US Health Works, 7817 Oakport St. Oakland, 94621/ 510-638-0701/ Hours: M-F 7am-7pm US Healthworks, 13939 E. 14 th St., San Leandro 94578/510-343-8000/ Hours: M-F 8am-5pm US Healthworks, 33560 Alvarado-Niles Rd. Union City, 94587/510-489-8700/Hours: M-F 7am-5pm Amador Valley Medical Ctr., 7667 Amador Valley Blvd Dublin, 94568/925-828-9211/Hours: 8am- 6pm	<p>After Hours Testing Contact Alere (877) 292-1822</p> <p>Listen for the prompt then state you have a <u>post accident/reasonable suspicion situation</u> and need a 24/7 collection location. Alere will call back with an available location as close as geographically possible.</p>
--	---

Testing Purpose and Type: check the appropriate boxes.

<input type="checkbox"/> DOT REQUIRED	<input type="checkbox"/> NON DOT	
<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> Other
<input type="checkbox"/> Drug (urine specimen)	<input type="checkbox"/> Alcohol (breath specimen)	<input type="checkbox"/> Both
<input type="checkbox"/> Random	<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Follow Up
<input type="checkbox"/> Post-Accident	<input type="checkbox"/> Reasonable Suspicion	

Account Number: 554632 [] []

enter 1 for DOT ↗ ↑

enter department code from back

Employee Information

Employee's Social Security Number _____ - _____ - _____
 Or
 Employee Identification Number _____

Employee's Drivers License number _____
(Supervisor must verify that employee has license in possession)

Employee's daytime telephone number () _____

Employee's evening telephone number () _____

If alcohol test is positive or if information is needed, contact: Kimberly Stokes @ 510-272-6452, Michael Chan @ 510-272-6429 or Beth Van Arkel @ 510-272-6045

Instructions To Supervisors For Completing Employee Passport

You must enter the appropriate information and department codes on the employee clinic "passport" and have the employee take the "passport" to the specimen collection location.

1. Check the box for the appropriate clinic location nearest the work site.
2. Check the box indicating whether the test is mandated by the DOT program requirements or not.
3. Check what type of tests the employee is required to take.
4. Account number: The first blank is used for indicating if the test is DOT or NON DOT. Enter the number 1 for DOT. Enter the number 2 if the test is NON DOT. From the list below, select the most appropriate department that the individual being tested is employed or potentially employed in, and place the corresponding number in the last two blanks. Include the "0" if the number leads with a "0".
5. Complete the employee information section.

For example, if you are sending an employee from Roads for a DOT test, then the account number blanks will be filled in to look like this:

Account #: 554632 1 15

If the test is for an individual from the Fire Department and the test is NON DOT the filled in account number will look like this:

Account #: 554632 2 05

DEPARTMENT NUMBERS - (this list is not specific to any one county)

01. Agricultural Commissioner/ Weights and Measures
02. Animal Control/Health and Regulation
03. Environmental Health
04. Facilities Management
05. Fire Department
06. Flood Control
07. General Services
08. Health Care Services
09. Library
10. Marshal
11. Mental Health
12. Parks/Recreation
13. Probation Department
14. Public Works
15. Roads
16. Sheriff
17. Social Services
18. Solid Waste
19. Transportation
20. Vehicle Operations/Dispatch