

# Coastal Transport Co., Inc.

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San Antonio, Texas 78219

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## Drug or Controlled Substance & Alcohol Consent Agreement

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ SSN: \_\_\_\_\_

Coastal Transport Co., Inc., Policies and Procedures require that all employees and/or applicants participate in drug or controlled substance and alcohol testing program.

As a condition of my Employment Application or my continued employment with Coastal Transport., Inc., I consent to a urine and breath sample collections as needed.

I understand that a positive test result for a drug, controlled substance and alcohol will immediately medically disqualify me from employment with Coastal Transport Co., Inc.

The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to Coastal Transport Co., Inc. I give my authorization for the drug, controlled substance and alcohol test results to be given to other parties as required.

✓	Test Required
	Pre-Employment Drivers – Drug Test Only - NIDA Chain of Custody
	Pre-Employment Non-Drivers – Drug Test Only – Non-NIDA Chain of Custody
	Random – Drug Test Only – (Drivers NIDA, Non-Drivers Non-NIDA Chain of Custody)
	Random – Drug & Alcohol Test – (Drivers NIDA, Non-Drivers Non-NIDA Chain of Custody)
	Probable Cause/Reasonable Suspicion - Drug & Alcohol Test – (Drivers NIDA, Non-Drivers Non-NIDA Chain of Custody)
	<b>DOT Reportable Post-Accident</b> –Drug & Alcohol Test NIDA Chain of Custody
	Other: <b>NON-DOT Reportable Accident</b> , On The Job Injury/Illness, & Customer Request. <b>(MUST USE A Non-NIDA CHAIN OF CUSTODY FORM)</b>

I have read and understand the above conditions for the Drug, Controlled Substance & Alcohol Consent Agreement.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Terminal: \_\_\_\_\_

**ATTACH A COPY OF THE DRIVER'S LICENSE OR ID**