



Nursing and Occupational Testing Services Request Form

Environmental, Health & Safety Solutions, Inc.™

PERSON REQUESTING SERVICES	TITLE	DATE	TIME

Drug/Alcohol/COVID (check all that apply)

- Non-DOT Drug Testing (Lab)
- Non-DOT Drug Testing (Rapid)
- DOT Drug Testing (Lab)
- DOT Drug Testing (Rapid)
- Alcohol Testing
- New Hire Random For Cause
- Accepting Other Drug Cards? Yes No
- COVID-19 Testing

Respiratory/Fit (check all that apply)

- Respiratory Medical Evaluation Online
- Respiratory Medical Evaluation Onsite
- Qualitative Fit Test
- Respirator Type – _____
- Quantitative Fit Test
- Respirator Type – _____
- Blood Lead In
- Blood Lead Out

Onsite Nurses

Start Date: _____ End Date: _____

Shift/Hours: _____ Days of the week: _____

ADDITIONAL DETAILS: _____

SIGNATURE OF CONTACT PERSON: _____ DATE: _____

SIGNATURE OF CONTACT PERSON: _____ DATE: _____

SIGNATURE OF EHSS REPRESENTATIVE: _____ DATE: _____

***EHSS Representative to sign and return after services are complete. ***

COMPANY NAME - _____ NAME OF JOBSITE LOCATION - _____

JOBSITE ADDRESS - _____

CONTACT PERSON - _____ CONTACT PERSON PHONE NUMBER - _____

CONTACT PERSON EMAIL - _____

APPROXIMATE NUMBER OF EMPLOYEES - _____

REQUEST DATE AND TIME OF SERVICE - _____ ACTUAL NUMBER - _____

SEND DRUG AND ALCOHOL OR COVID RESULTS TO - _____

SEND MEDICAL EVALUATION RESULTS TO - _____

SEND FIT TEST RESULTS TO - _____

IS CHAIN OF CUSTODY NEEDED - _____

JOB# AND COST CODE - _____ PURCHASE ORDER - _____

EMAIL INVOICES TO THE FOLLOWING - _____

SIGNATURE: _____

DATE: _____

Ask us about 100/0™ Safety Culture today!