



SUBSTANCE ABUSE POLICY
Employee Notification of Post-Accident Test Form

Employee Name: _____ SSN (last four digits): _____

Department: _____ Supervisor's Name: _____

Notification Date: _____ Time of Notification: _____ am/pm

Part A-Manager or Supervisor Reads to the Employee:

- You are required to submit to a Post-Accident Substance Abuse Test (alcohol and drugs) today due to your accident which occurred within the last eight (8) to thirty-two (32) hours.
- In accordance with the City's Substance Abuse Policy, you will be escorted to the Occupational Health Clinic at Retreat Hospital (located at 2621 Grove Avenue, Richmond, VA 23220. Telephone 804-254-5467) **no later than forty-five (45) minutes from the time of this notification.**
- You must present photo identification to the staff at the Occupational Health Clinic at Retreat Hospital. If you do not have photo identification, the escorting supervisor will identify you.
- The City of Richmond will provide you with transportation to the Occupational Health Clinic at Retreat Hospital and will return you to your work site; or-transported home, if necessary.
- If you refuse to comply with these directions, you will be disciplined in accordance with the City's Substance Abuse Policy.

Manager or Supervisor's Signature: _____ Date/Time _____

Part B-Employee Acknowledgement

- Acknowledge being notified to appear for Post-Accident Substance Abuse Testing, and have been notified that I will be transported to the drug-testing station at the Occupational Health Clinic at Retreat Hospital.
- Acknowledge that I must present photo identification to the staff at the Occupational Health Clinic at Retreat Hospital.
- Acknowledge that once notified for Post-Accident Substance Abuse Testing, I will be tested at the Occupational Health Clinic at Retreat Hospital (located at 2621 Grove Avenue, Richmond, VA 23220. Telephone 804-254-5467). **I will have a total of forty-five (45) minutes to report to the Occupational Health Clinic at Retreat Hospital testing site from the time of notification. There are no exceptions.**
- Acknowledge that if I fail to submit to a Post-Accident Substance Abuse Test within forty-five (45) minutes of such notification, my failure to submit to the alcohol and drugs testing shall be considered as a refusal, and shall be the basis for the imposition of discipline, in accordance with the Substance Abuse Policy.
- Acknowledge that if I refuse, I will not be forced to have a test administered, but I will not be allowed to return to duty, and I will be immediately placed on Leave Without Pay (LWOP) and sent or transported home.
- Acknowledge that if I test positive for prohibited substance or alcohol use, I will be disciplined in accordance with the provisions of the Substance Abuse Policy.

Employee Signature: _____ Date/Time _____

Employee and Supervisor are to sign and date the form as requested. Forward the completed form to the Department's Substance Abuse Coordinator accompanied with the Confirmation of Test form.
SAP Form (revised 06-11-07)