



Human Resources Department

City of Hickory  
Post Office Box 398  
Hickory, NC 28603  
Phone: (828) 323-7421  
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CITY OF HICKORY  
REQUEST FOR DRUG AND/OR ALCOHOL TEST  
(Refer to the City of Hickory's Drug and Alcohol Policy and Procedure)

Coworker's Name \_\_\_\_\_ Date \_\_\_\_\_

Department/Division \_\_\_\_\_

**Post Accident:**

\_\_\_\_\_ Drug

\_\_\_\_\_ Alcohol

\_\_\_\_\_ Drug (DOT) – Testing will be done under FMCSA authority if there is a fatality or if the City of Hickory driver receives a citation. Test must be conducted within 32 hours of the incident. The employee must have a CDL license and be in a position that requires a CDL license.

\_\_\_\_\_ Alcohol (DOT) – Testing will be done under FMCSA authority if there is a fatality or if the City of Hickory driver receives a citation. Test must be conducted within 8 hours of the incident. The employee must have a CDL license and be in a position that requires a CDL license.

**Reasonable Suspicion:**

Definition -Expressible belief based on objective facts and rational inferences that an employee has used drugs/alcohol. Some indications include observation of use, abnormal conduct or erratic behavior (such as slurred speech, dulled reaction, glassy eyes, mood swings, etc), pattern of excessive absenteeism, tardiness, or poor work performance, pattern of unexplained preventable accidents and/or odor of alcohol.

\_\_\_\_\_ Drug

\_\_\_\_\_ Alcohol

**Other** (Example-Return to Duty Testing, Follow Up Testing, Coworker Requested Testing, etc):  
Explain:

\_\_\_\_\_ Drug

\_\_\_\_\_ Alcohol

Comments:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head or Designee

\_\_\_\_\_  
Date

INSTRUCTIONS FOR REQUESTING DRUG/ALCOHOL TEST

1. Complete the form on the other side of this page. Use the "comments" section for any additional information you feel is needed, such as special circumstances, witnesses, etc.
2. Be sure the form is signed by the immediate supervisor and the department head or designee.
3. Contact the Human Resources Department (323-7421) to arrange for the test(s).
4. Explain the City's drug policy to the coworker.
5. Notify the coworker that he/she will be tested and the reason(s) for the test(s).
6. Have the coworker sign the appropriate consent form.
7. Take the coworker to the test site.
8. Send the completed forms (this form and consent form) to the Human Resources Department. If the City Nurse is conducting the test, bring the forms with you when you bring the coworker for the test.
9. If an accident or other incident occurs after 5:00 p.m. or on a weekend, notify the Human Resources Department at 8:30 a.m. on the next working day. If you believe an immediate test is needed, take the coworker to a hospital emergency room (see special instructions below for CDL tests) and ask them to perform the appropriate test (drug and/or alcohol). Ask the hospital for a release of information form stating that results of the tests will be sent to the City Nurse and have the coworker sign it.

For post-accident tests which are required for CDL drivers under the authority of FMCSA, testing will be done by Catawba Valley Medical Center (emergency room entrance).