



**DRUG & ALCOHOL SCREENING
AUTHORIZATION / RECORD RELEASE**

I understand that in accordance with Company policy, ECM Industries, LLC has the right to test for Drugs and Alcohol should they have reasonable suspicion, cause of presence of Drugs and /or Alcohol or after a workplace incident or injury.

All Drug and Alcohol tests are subject to careful testing procedures with mandatory confirmation of any preliminary positive results. I will be given a reasonable opportunity to explain a confirmed positive Drug / Alcohol test result with a trained physician.

I consent to provide a urine sample / specimen and / or a breath specimen at a collection facility designated by ECM Industries, LLC and consent to having the specimen tested at a laboratory selected by ECM Industries, LLC

I further agree that the Drug/Alcohol test results will be disclosed only to ECM Industries, LLC Human Resources associate(s).

Print Employee Name

Date

Employee Signature

Date

Print Witness Name

Date

Witness Signature

Date