

Required Marijuana (THC) Testing Form

The following employee(s) are working on a project requiring marijuana (THC) to be included in the testing panel. Please provide proof of requirement from the owner or general contractor for each project.

Employer Name

Project (jobsite) Name

Designated Employer Contact Name

Contact Email Address

Phone Number: _____ **Fax Number (if applicable)** _____

Employee Name	SSN	DOB	Job Start Date	Job End or Estimated End Date (if known)

Use additional sheets as necessary or provide this information in excel format.

Return this completed form to the following email address or fax number at the time the employee is dispatched to assure proper results reporting. **If emailing, please use a secure email service or password protect the form or spreadsheet.**

Email: dfwp@benesys.com

Fax: 503-228-0149 Attn: Drug Free Client Services