



Company Information

Name: _____
Physical Address: _____
City: _____
Zip Code: _____
State: _____
Phone number: _____
Fax Number: _____
Number of Employees: _____

What does your company do?

What type of shifts and hours do your employees normally work?

Have you completed Job Descriptions?

Yes No *Please send these to us*

Do you hire through a staffing agency?

Yes No

If so, who do you currently partner with?

Contact Information

Primary Contact and DER Information (Required)

Name: _____
Position: _____
Email: _____
Direct Phone: _____
Cell Phone: _____

Secondary Contact Information (Optional)

Name: _____
Position: _____
Email: _____
Direct Phone: _____
Cell Phone: _____

Tertiary Contact Information (Optional)

Name: _____
Position: _____
Email: _____
Direct Phone: _____
Cell Phone: _____

Accounts Payable (Invoices will be emailed monthly)

Name: _____
Position: _____
Email: _____
Direct Phone: _____
Cell Phone: _____
Notes:

Workers' Compensation Information

Work Comp Broker

Company Name: _____

Risk Manager / Broker: _____

Contact Information: _____

Work Comp Insurance / TPA

Insurance Company: _____

Address: _____

Notes:

Workers' Compensation Injury Protocol

Drug Screen: Yes No 5 panel 10 panel

Breath Alcohol: Yes No Reasonable Suspicion

Protocol Notes:

Return to Duty / Fitness for Duty Protocol

Drug Screen: Yes No

Breath Alcohol: Yes No Reasonable Suspicion

Physical: Yes No

Emerg Diagnostics Baseline: Yes No

Protocol Notes:

NON – DOT Pre-Employment Protocol and Special Instructions

Background Screen: Yes No

Drug Screen: Yes No

- 5 panel
- 10 panel
- K2
- WHS House Account
- Company COC

Breath Alcohol: Yes No Reasonable Suspicion

Physical: Yes No

Hair Testing: Yes No

Audiogram: Yes No

Job Function Test (JFT): Yes No

Vision Testing: Yes No

- Jaeger
- Ishihara
- Snellen
- Titmus

EKG: Yes No

Blood Test: Yes No

Please Specify:

Emerge Diagnostics Baseline: Yes No

Pulmonary Function (PFT): Yes No

Fit Test: Yes No

- Full Face
- Half Face
- Both

Brand/Series

Protocol Notes:

DOT Pre-Employment Protocol and Special Instructions

- Background Screen: Yes No
- Drug Screen: Yes No
- WHS House Account
- Company COC
- Breath Alcohol: Yes No Reasonable Suspicion
- Physical: Yes No
- Audiogram: Yes No
- Job Function Test (JFT): Yes No
- Vision Testing: Yes No
- Jaeger
- Ishihara
- Snellen
- Titmus
- EKG: Yes No
- Blood Test: Yes No

Please Specify:

-
- Emerge Diagnostics Baseline: Yes No
- Pulmonary Function (PFT): Yes No
- Fit Test: Yes No
- Full Face
- Half Face
- Both

Brand/Series: _____

Protocol Notes:

On-Site Events

Afterhours Drug and Alcohol Testing: Yes No
Random Drug and Alcohol Testing: Yes No
Hepatitis A & B Testing: Yes No
Flu shots: Yes No
Tetanus Shots: Yes No
Blood Draw Events: Yes No
Please Specify:

Annual Audiometric Testing: Yes No
If so, who do you use?

Annual Respiratory Testing: Yes No
If so, who do you use?

Wellness Events: Yes No When?

Vision Testing: Yes No

- Jaeger
- Ishihara
- Snellen

First Responder Training: Yes No When?

DOT Random Drug Testing Management: Yes No

Random Drug Testing Management: Yes No

Ergonomic Evaluations: Yes No

Stretching Programs: Yes No

Work Place Consulting: Yes No