



(918) 609-1600 Phone
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www.workhs.com

Company Information

Name:
Physical Address:
City: Zip Code: State:
Phone Number: Fax Number: Number of Employees:
What does your company do?

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

Have you completed job descriptions? Yes No **please send to us**
Do you hire through a staffing agency? Yes No
If so who do you partner with?

Contact Information

Primary Contact and Designated Employee Representative (Required)

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

Secondary Contact Information (Required)

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

Accounts Payable (*Invoices will be emailed monthly*)

Name: Position:
Email: Direct Phone: Cell Phone:
Accounts Payable Email Address:

Workers' Compensation Information

Work Comp Broker

Company Name: Risk Manager/Broker:
Contact Information:

Work Comp Insurance

Insurance Company: Address:
Policy Number (Required): Effective & Expiration Date:

Protocol

Drug Test Collection Using WHS Chain of Custody Forms: Yes No
If no please provide chain of custody forms

Drug Screen Panel: 5 Panel 10 Panel Background check through WHS: Yes No

Workers' Compensation Injury Protocol:

Drug Screen: Yes No Breath Alcohol Test: Yes No Reasonable/Requested

Non-DOT Pre-Employment Protocol:

Drug Screen: Yes No Breath Alcohol Test: Yes No Reasonable/Requested

Physical: Yes No Vision Testing: Yes No

Hair Testing: Yes No Job Function Test: Yes No

Vision Testing: Yes No Audiogram: Yes No

Emerge Test: Yes No Pulmonary Function: Yes No

Fit Test: Full Face Half Face Both

Brand/Series:

DOT Pre-Employment Protocol:

Drug Screen: Yes No Breath Alcohol Test: Yes No Reasonable/Requested

DOT Physical: Yes No Emerge Test: Yes No

On-site Events: (Check all that apply)

- Afterhours Drug and Alcohol Testing
- Random Drug and Alcohol testing
- Hepatitis Vaccinations
- Flu Vaccinations
- Tetanus Shots
- Annual Audiometric Testing
- Annual Respiratory Testing
- Wellness Events
- Vision Testing
- First Responder Training
- DOT and Non-DOT Random Drug Testing Management
- Ergonomic Evaluations
- Stretching Programs
- Work Place Consulting
- Blood Draw Events

Additional Notes: