

ATTACHMENT D

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PLUMBING FOUNDATION CITY OF NEW YORK CONSORTIUM

Designated Employee Representative (DER)
Drug and Alcohol Testing

Employer Name: _____

Employer Address: _____

Preferred Method of Reporting Results (please check one)

Email _____ Fax (call before faxing) _____ Fax (no call necessary) _____

Contacts for Drug and Alcohol Testing Results

Primary Contact: _____
Phone: _____
Fax: _____
Cell: _____
E-mail: _____

Alternate Contact: _____
Phone: _____
Fax: _____
Cell: _____
E-mail: _____

Sign: _____ Date: _____

Print Name : _____