

**REASONABLE SUSPICION ALCOHOL AND CONTROLLED SUBSTANCES  
TESTING: SCHEDULING PROCEDURES FOR IMMEDIATE TESTING  
4 - 2019**

Blood or Breath Alcohol Testing may be available 24 hours per day, 7 days per week, either at EHS locations or through EHS contract providers (IMA and COMS). Urine Drug Testing is available during EHS hours of operation and during EHS after hours is available 24/7 through IMA and COMS (various agency locations).

**Procedures:**

**A. Monday-Friday 7AM-3PM (excluding State Holidays)**

1. Call EHS at 518-233-3105. If there is no answer, do not leave a message. Instead call EHS at 518-233-3108 or 518-233-3100 (press 0). You must speak to an EHS representative, so we can begin the scheduling process immediately.
2. After confirming your request with an EHS representative, fax a completed Agency Request for Medical Examination, Form: EHS-707 to 518-233-3131. Section 72 or Disciplinary Agreement must be clearly indicated. You must also include a narrative describing the basis for the evaluation (including the basis for your reasonable suspicion that the employee is using or is impaired from alcohol and/or controlled substances while on the job) and pertinent supporting documentation (e.g. Supervisor's Observation Checklist).

An EHS Physician will review your request and an EHS Scheduler will set up both the immediate testing and the follow-up evaluation.

3. Advise the employee as per Section 72 requirements and transport the employee to the testing site. If the employee does not have a picture identification with a signature, their identity will have to be confirmed by an agency representative. An agency representative must remain with the employee.
4. The EHS Scheduler will advise you if any additional actions are required.

**B. Off-Hours (Evenings, Nights, Weekends and Holidays)**

1. Call EHS at 518-233-3105 and leave a message. Please indicate the date and time of the call, the name of the employee and your agency name, contact person and phone number.

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The following business day, an EHS Physician will review your request and an EHS Scheduler will set up the follow-up evaluation.

3. Call one of the following:

IMA at 518-389-1319 or COMS for Buffalo area at 716-692-6541, for testing at one of their multiple locations throughout NYS or for on-site testing at your facility. You must bring a copy of the following forms, which can be printed from the EHS website: [www.cs.ny.gov/ehs/](http://www.cs.ny.gov/ehs/)

- Directions for Completing Required Forms
- EHS -742.4
- EHS-752
- Drug Testing Custody and Control Form (This is a 5-page carbonless form with attached specimen seals and cannot be printed, copied or faxed. While Breath Alcohol Testing can be performed without this form, Urine Drug Testing cannot. Thus, prior arrangements for drug testing through must be set up with EHS.)

These forms must be completed at the time of testing and mailed to EHS as soon as possible (EHS cannot release any results until they are received).

4. Advise the employee as per Section 72 requirements and transport the employee to the testing site. If the employee does not have a picture identification with a signature, their identity will have to be confirmed by an agency representative. An agency representative must remain with the employee.

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Prior to testing, the following forms must be completed:

1. EHS-752 – Authorization for Drug/Alcohol Testing and Release of Medical information.

Employee must sign and date both sections. Witness (agency representative) must sign and date second section.

2. EHS-742.4 – Authorization for Release and Disclosure of Medical Information to a State Agency.

Section 1 should be completed.

Section 2: Print client's name

Check ☐ Any and all medical information and/or records or  
☐ EHS medical/nursing records of:  
(and write in date of testing)

Check top box in To Section and write in agency name and address of Personnel Department

Section 3: Check top box (Determining your fitness...).

Signature: Employee must sign and date this form.

3. Custody and Control Form to be used and completed by the collector.

**NOTE: IF THE EMPLOYEE REFUSES TO FULLY COMPLETE AND SIGN/DATE ALL FORMS, THE TESTING SHOULD BE CANCELLED.**

**The EHS Copy of the EHS-752 and the EHS-742.4 and the Employer Copy of the Custody and Control Form must be mailed to: EHS, Suite 201, 55 Mohawk Street, Cohoes, NY 12047 (ASAP as EHS cannot release any results until these forms are received).**