## EMPLOYEE DRUG TESTING REPORT FORM Period Ending:\_\_\_\_\_

4104 Regulations for the Drug Testing of Contractor and Subcontractor Employees Working on Large Public Works Projects requires that Contractors and Subcontractors who work on Large Public Works Contracts funded all or in part with public funds submit Testing Report Forms to the Owner no less than quarterly.

Project Number:	
Project Name:	
Contractor/Subcontractor Name:	
Contractor/Subcontractor Address:	
Number of employees who worked or	n the jobsite during the report period:
Number of employees subject to rand	lom testing during the report period:
Number of Negative Results	Number of Positive Results
Action taken on employee(s) in respo	onse to a failed or positive random test:
Authorized Representative of Contract	
	(typed or printed)
Authorized Representative of Contract	ctor/Subcontractor:(signature)
Date:	